

CERTIFICATION OF ENROLLMENT

SENATE BILL 5398

Chapter 102, Laws of 2007

60th Legislature
2007 Regular Session

SPECIALTY HOSPITALS--LICENSING

EFFECTIVE DATE: 07/22/07

Passed by the Senate March 8, 2007
YEAS 42 NAYS 2

BRAD OWEN

President of the Senate

Passed by the House April 5, 2007
YEAS 66 NAYS 31

FRANK CHOPP

Speaker of the House of Representatives

Approved April 18, 2007, 10:56 a.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5398** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

Secretary

FILED

April 18, 2007

**Secretary of State
State of Washington**

SENATE BILL 5398

Passed Legislature - 2007 Regular Session

State of Washington 60th Legislature 2007 Regular Session

By Senators Marr, Brandland and Keiser

Read first time 01/18/2007. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to licensing specialty hospitals; adding a new
2 section to chapter 70.41 RCW; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The legislature finds that specialty
5 hospitals jeopardize the financial balance of community hospitals by
6 selectively providing care to less ill patients, treating fewer
7 medicare, medicaid, and uninsured patients, providing primarily care
8 that is profitable to investors, and reducing community hospital
9 staffing. To assure that private and public hospitals in Washington
10 remain financially viable institutions able to provide general acute
11 care in their communities and maintain the capacity to respond to
12 local, state, and national emergencies, the legislature has concluded
13 that specialty hospitals must meet certain conditions in order to be
14 licensed. These conditions will ensure that specialty hospitals and
15 community hospitals compete on a level playing field and, therefore,
16 will minimize the adverse impacts of specialty hospitals on community
17 general hospitals while assuring quality patient care.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.41 RCW
2 to read as follows:

3 (1) The definitions in this subsection apply throughout this
4 section unless the context clearly requires otherwise.

5 (a) "Emergency services" means health care services medically
6 necessary to evaluate and treat a medical condition that manifests
7 itself by the acute onset of a symptom or symptoms, including severe
8 pain, that would lead a prudent layperson acting reasonably to believe
9 that a health condition exists that requires immediate medical
10 attention, and that the absence of immediate medical attention could
11 reasonably be expected to result in serious impairment to bodily
12 functions or serious dysfunction of an organ or part of the body, or
13 would place the person's health, or in the case of a pregnant woman,
14 the health of the woman or her unborn child, in serious jeopardy.

15 (b) "General hospital" means a hospital that provides general acute
16 care services, including emergency services.

17 (c) "Specialty hospital" means a subclass of hospital that is
18 primarily or exclusively engaged in the care and treatment of one of
19 the following categories: (i) Patients with a cardiac condition; (ii)
20 patients with an orthopedic condition; (iii) patients receiving a
21 surgical procedure; and (iv) any other specialized category of services
22 that the secretary of health and human services designates as a
23 specialty hospital.

24 (d) "Transfer agreement" means a written agreement providing an
25 effective process for the transfer of a patient requiring emergency
26 services to a general hospital providing emergency services and for
27 continuity of care for that patient.

28 (e) "Health service area" has the same meaning as in RCW 70.38.025.

29 (2) To be licensed under this chapter, a specialty hospital shall:

30 (a) Be significantly engaged in providing inpatient care;

31 (b) Comply with all standards and rules adopted by the department
32 for hospitals;

33 (c) Provide appropriate discharge planning;

34 (d) Provide staff proficient in resuscitation and respiration
35 maintenance twenty-four hours per day, seven days per week;

36 (e) Participate in the medicare and medicaid programs and provide
37 at least the same percentage of services to medicare and medicaid
38 beneficiaries, as a percent of gross revenues, as the lowest percentage

1 of services provided to medicare and medicaid beneficiaries by a
2 general hospital in the same health service area. The lowest
3 percentage of services provided to medicare and medicaid beneficiaries
4 shall be determined by the department in consultation with the general
5 hospitals in the health service area but shall not be the percentage of
6 medicare and medicaid services of a hospital that serves primarily
7 members of a particular health plan or government sponsor;

8 (f) Provide at least the same percentage of charity care, as a
9 percent of gross revenues, as the lowest percentage of charity care
10 provided by a general hospital in the same health service area. The
11 lowest percentage of charity care shall be determined by the department
12 in consultation with the general hospitals in the health service area
13 but shall not be the percentage of charity care of a hospital that
14 serves primarily members of a particular health plan or government
15 sponsor;

16 (g) Require any physician owner to: (i) In accordance with chapter
17 19.68 RCW, disclose a financial interest in the specialty hospital and
18 provide a list of alternative hospitals before referring a patient to
19 the specialty hospital; and (ii) if the specialty hospital does not
20 have an intensive care unit, notify the patient that if intensive care
21 services are required, the patient will be transferred to another
22 hospital;

23 (h) Provide emergency services twenty-four hours per day, seven
24 days per week in a designated area of the hospital, and comply with
25 requirements for emergency facilities that are established by the
26 department;

27 (i) Establish procedures to stabilize a patient with an emergency
28 medical condition until the patient is transported or transferred to
29 another hospital if emergency services cannot be provided at the
30 specialty hospital to meet the needs of the patient in an emergency,
31 and maintain a transfer agreement with a general hospital in the same
32 health service area that establishes a process for patient transfers in
33 a situation in which the specialty hospital cannot provide continuing
34 care for a patient because of the specialty hospital's scope of
35 services and for the transfer of patients; and

36 (j) Accept the transfer of patients from general hospitals when the
37 patients require the category of care or treatment provided by the
38 specialty hospital.

1 (3) This section does not apply to:

2 (a) A specialty hospital that provides only psychiatric, pediatric,
3 long-term acute care, cancer, or rehabilitative services; or

4 (b) A hospital that was licensed under this chapter before January
5 1, 2007.

Passed by the Senate March 8, 2007.

Passed by the House April 5, 2007.

Approved by the Governor April 18, 2007.

Filed in Office of Secretary of State April 18, 2007.