

HOUSE BILL REPORT

HB 2304

As Reported by House Committee On:

Health Care & Wellness

Appropriations

Title: An act relating to criteria for the issuance of a certificate of need for certain cardiac care services.

Brief Description: Providing for the issuance of a certificate of need for certain cardiac care services.

Sponsors: Representatives Morrell, Quall, McDonald, Bailey, Grant, Walsh, Haler, McCune, Seaquist, McDermott, Kenney, Cody, Darneille, Dunn, Schual-Berke, Kessler, Conway, Springer, Hudgins, Green, Blake, Rodne, Goodman, Campbell, VanDeWege, Williams, Hunter, Takko and Moeller.

Brief History:

Committee Activity:

Health Care & Wellness: 2/26/07 [DP];

Appropriations: 3/3/07 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Health to adopt certificate of need criteria relating to the performance of percutaneous coronary interventions at hospitals that do not provide on-site cardiac surgery.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 13 members: Representatives Cody, Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Barlow, Campbell, Condotta, Curtis, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Staff: Chris Blake (786-7392).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Percutaneous coronary interventions are procedures used to treat patients with diseased arteries of the heart. One common intervention is coronary angioplasty. This medical procedure is used to restore blood flow through an artery in the heart that has been blocked due to the accumulation of plaque on the inner walls of the artery. The procedure involves the insertion of a thin tube into a blood vessel which is directed to the site of the blockage. At the end of the tube is a small balloon or other device which is inflated to push the plaque against the wall of the artery to widen the artery and increase blood flow.

In Washington, only hospitals that have an established on-site open heart surgery program may perform nonemergent interventional cardiology procedures. Open heart surgery relates to the care of patients who have surgery on the heart muscle, valves, arteries, or other structures and require the use of a heart lung bypass machine. Open heart surgery is considered a tertiary service which requires that a hospital receive a certificate of need from the Department of Health (Department) prior to offering these services. To obtain a certificate of need to provide open heart surgery services, the hospital must perform a minimum of 250 open heart surgeries per year.

Summary of Bill:

By July 1, 2008, the Department must adopt rules that establish criteria for issuing a certificate of need to perform elective percutaneous coronary interventions at hospitals that do not provide on-site cardiac surgery. Prior to beginning the rulemaking process, the Department must contract for an independent, evidence-based review of the circumstances in which elective percutaneous coronary interventions should be allowed at hospitals that do not provide on-site cardiac surgery. The review must address access to care, patient safety, quality outcomes, costs, and the stability of Washington's cardiac care delivery system and existing cardiac providers.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) This bill will develop rules with consideration to the latest evidence and the state's cardiac system as a whole. This will establish a solid framework for the identification of levels of cardiac care across the state.

(Opposed) None.

Persons Testifying: Representative Morrell, prime sponsor.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 34 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Buri, Chandler, Cody, Conway, Darneille, Dunn, Ericks, Fromhold, Grant, Haigh, Hinkle, Hunt, Hunter, Kagi, Kenney, Kessler, Kretz, Linville, McDermott, McDonald, McIntire, Morrell, Pettigrew, Priest, Schual-Berke, Seaquist, P. Sullivan and Walsh.

Staff: Bernard Dean (786-7130).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

A null and void clause was added to the bill.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Almost all of the hospitals in the state are in support of this bill. For over seven years this bill has been in the making and we whole heartedly hope that you pass it.

(Opposed) None.

Persons Testifying: Melanie Stewart, Health Facilities Development.

Persons Signed In To Testify But Not Testifying: None.