

# SENATE BILL REPORT

## SB 5606

---

---

As of February 7, 2007

**Title:** An act relating to improving the cardiac delivery system in the state of Washington by creating a new statutory certificate of need category for adult nonemergent interventional cardiology for hospitals without on-site open heart surgery programs.

**Brief Description:** Improving the cardiac delivery system in the state of Washington by creating a new statutory certificate of need category for adult nonemergent interventional cardiology for hospitals without on-site open heart surgery programs.

**Sponsors:** Senators Kastama, Roach, Keiser, Swecker, Fairley, Stevens and Rasmussen.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/07/07.

---

### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Staff:** Edith Rice (786-7444)

**Background:** Current law permits hospitals that have an on-site open heart surgery program to perform adult nonemergency coronary interventions. Nonemergent interventional cardiology procedures are considered tertiary services. Tertiary health services are specialized, meeting complicated medical needs and require sufficient patient volumes to optimize provider effectiveness, quality of service, and improved outcomes of care. Hospitals that do not have an on-site open heart surgery program are permitted to perform these procedures only in an emergency.

**Summary of Bill:** Adult nonemergent coronary interventions are tertiary services and must be performed in hospitals which have obtained a certificate of need to provide such services in compliance with rules adopted by the Department of Health (DOH). DOH cannot require the hospital to have an on-site open heart surgery program in order to perform these services. Hospitals with existing open heart surgery programs are exempt from the requirement to obtain a separate certificate of need. DOH is required to adopt the certificate of need standards by April 1, 2008, and must accept certificate of need applications for these services by May 1, 2008.

Specific criteria for DOH to use are enumerated and include setting volume standards, providing for quality assurance review, and submission of outcome data.

DOH will have a panel of experts review the agency rules every three years to recommend revisions based on advances in technology and treatment.

---

*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.*

**Appropriation:** None.

**Fiscal Note:** Requested on January 26, 2007.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: This bill is a step in the right direction. We need legislation to require that we do this. Although the American Heart Association opposes this concept they are behind the times. This is critical for the Skagit Valley area since we are 30 miles from the closest facility that can perform these on a nonemergency basis.

CON: We are ready to end the impasse. Reasonable minds can differ, but the literature shows that it is possible to do this without an open heart surgery program on site. However, we still have issues that relate to appropriate volume. The Governor and the Secretary of DOH should be involved. This proposal threatens to put existing programs at risk due to the volume issue.

**Persons Testifying:** PRO: Senator Kastama, prime sponsor; Representative Morrell; Representative Grant; Jody Carona, Health Facilities Planning; Dr. Warren Appleton, Evergreen Health Care; Dr. Robert Stewart, Skagit Valley Hospital.

CON: Linda Hull, Providence Hospital, Swedish Hospital; Denny Eliason, Yakima Regional Medical and Cardiac Center.