

SENATE BILL REPORT

HB 1755

As Reported by Senate Committee On:
Health & Long-Term Care, March 27, 2025

Title: An act relating to exempting elective percutaneous coronary intervention performed in certain hospitals owned or operated by a state entity from certificate of need requirements.

Brief Description: Exempting elective percutaneous coronary intervention performed in certain hospitals owned or operated by a state entity from certificate of need requirements.

Sponsors: Representatives Street, Macri, Schmick, Parshley, Thai, Salahuddin, Ormsby, Stonier and Reed.

Brief History: Passed House: 3/8/25, 96-0.

Committee Activity: Health & Long-Term Care: 3/21/25, 3/27/25 [DP].

Brief Summary of Bill

- Exempts elective percutaneous coronary interventions provided in a hospital owned or operated by a state entity from certificate of need requirements.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Christian, Harris, Holy, Riccelli, Robinson and Slatter.

Staff: Greg Attanasio (786-7410)

Background: Before certain health care facilities, including hospitals, may be constructed, renovated, or sold, the Department of Health (DOH) must issue a certificate of need. A certificate of need is also required for any new tertiary health services that are offered by a health care facility if the services were not offered on a regular basis within the previous 12-

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month period. A tertiary health service is a specialized service that meets complicated medical needs of people and requires sufficient patient volume to optimize provider effectiveness, quality of service, and improved outcomes.

Under rules adopted by DOH, adult elective percutaneous coronary interventions (PCIs) are tertiary services subject to the certificate of need requirement. PCIs are invasive but nonsurgical mechanical procedures or devices used for the revascularization of obstructed coronary arteries.

DOH calculates the projections for PCI needs using individual geographic areas designed in rule. When submitting an application for a certificate of need for PCI, the applicant hospital must include a variety of information, including an analysis of the impact of the services on training programs at the University of Washington, projected volumes for PCIs in the first three years of operations, and a plan detailing how the hospital will recruit and staff the new program. The hospital must also maintain one catheterization lab used primarily for cardiology and be prepared and staffed to perform emergent PCIs 24-hours per day. Hospitals providing PCIs are also subject to requirements relating to volume, staffing, partnering with other hospitals, and quality assurance.

Summary of Bill: Elective PCIs provided in a hospital owned or operated by a state entity are exempt from certificate of need requirements.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: Harborview can already perform this procedure on an emergency basis but cannot perform them electively. Patients should not have to wait for an emergency to receive this procedure.

OTHER: The inability to perform elective PCIs is not just an issue for Harborview. Once any hospital invests in emergency PCI care they should be able to perform the elective procedure.

Persons Testifying: PRO: Representative Chipalo Street, Prime Sponsor; Rashi Gupta, UW Medicine; Michael Chen MD, Harborview Medical Center Division of Cardiology.

OTHER: Teddi McGuire, Providence Health; Katherine Mahoney.

Persons Signed In To Testify But Not Testifying: No one.