
SUBSTITUTE SENATE BILL 5557

State of Washington

69th Legislature

2025 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Krishnadasan, Dhingra, Kauffman, Slatter, C. Wilson, Saldaña, Orwall, Lovelett, Stanford, Cortes, Frame, Hasegawa, Lias, Nobles, Pedersen, Trudeau, and Valdez)

READ FIRST TIME 02/21/25.

1 AN ACT Relating to codifying emergency rules to protect the right
2 of a pregnant person to access treatment for emergency medical
3 conditions in hospital emergency departments; amending RCW
4 70.170.060; adding a new section to chapter 70.41 RCW; creating a new
5 section; and declaring an emergency.

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

7 NEW SECTION. **Sec. 1.** The legislature finds that access to
8 reproductive health care is a long-established right in Washington
9 state. The people of Washington have repeatedly affirmed this right,
10 and it is the legislature's responsibility to ensure that our
11 residents have access to care that puts patients first regardless of
12 federal actions. Pregnant patients have been able to rely on federal
13 protections when they seek emergency medical care, but due to renewed
14 uncertainty at the federal level, the legislature must provide these
15 rights in state law so that pregnant patients in Washington state
16 have the strongest protections when seeking care. The legislature
17 finds the existing state law, including chapter 70.400 RCW, along
18 with current federal laws ensure that both physicians and hospitals
19 have a shared responsibility to deliver the highest quality of care
20 to pregnant patients to guarantee their legal access to all medically
21 appropriate options.

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

3 When providing emergency services, hospitals shall provide
4 treatment to a pregnant person who comes to the hospital with an
5 emergency medical condition that is consistent with the applicable
6 standard of care for such condition or, if authorized by law,
7 transfer the patient to another hospital capable of providing the
8 treatment, with the informed consent of the patient. If termination
9 of the pregnancy is the treatment that is consistent with the
10 applicable standard of care, the hospital must provide such treatment
11 following and as promptly as dictated by the standard of care or, if
12 authorized by law, transfer the patient to another hospital capable
13 of providing the treatment, with the informed consent of the patient.
14 Neither the continuation of the pregnancy nor the health of any
15 embryo or fetus shall be a basis for withholding care from the
16 pregnant person, and neither the continuation of the pregnancy nor
17 the health of any embryo or fetus shall be prioritized over the
18 health or safety of the pregnant person absent the informed consent
19 of the pregnant person.

20 **Sec. 3.** RCW 70.170.060 and 2022 c 197 s 2 are each amended to
21 read as follows:

22 (1) No hospital or its medical staff shall adopt or maintain
23 admission practices or policies which result in:

24 (a) A significant reduction in the proportion of patients who
25 have no third-party coverage and who are unable to pay for hospital
26 services;

27 (b) A significant reduction in the proportion of individuals
28 admitted for inpatient hospital services for which payment is, or is
29 likely to be, less than the anticipated charges for or costs of such
30 services; or

31 (c) The refusal to admit patients who would be expected to
32 require unusually costly or prolonged treatment for reasons other
33 than those related to the appropriateness of the care available at
34 the hospital.

35 (2) No hospital shall adopt or maintain practices or policies
36 which would deny access to emergency care based on ability to pay. No
37 hospital which maintains an emergency department shall transfer a
38 patient with an emergency medical condition or who is in active labor
39 unless the transfer is performed at the request of the patient or is

1 due to the limited medical resources of the transferring hospital.
2 Hospitals must make transfers to other hospitals in such
3 circumstances and as promptly as dictated by the standard of care and
4 follow reasonable procedures in making transfers to other hospitals
5 including confirmation of acceptance of the transfer by the receiving
6 hospital.

7 (3) The department shall develop definitions by rule, as
8 appropriate, for subsection (1) of this section and, with reference
9 to federal requirements, subsection (2) of this section. The
10 department shall monitor hospital compliance with subsections (1) and
11 (2) of this section. The department shall report individual instances
12 of possible noncompliance to the state attorney general or the
13 appropriate federal agency.

14 (4) The department shall establish and maintain by rule,
15 consistent with the definition of charity care in RCW 70.170.020, the
16 following:

17 (a) Uniform procedures, data requirements, and criteria for
18 identifying patients receiving charity care; and

19 (b) A definition of residual bad debt including reasonable and
20 uniform standards for collection procedures to be used in efforts to
21 collect the unpaid portions of hospital charges that are the
22 patient's responsibility.

23 (5) For the purpose of providing charity care, each hospital
24 shall develop, implement, and maintain a policy which shall enable
25 indigent persons access to charity care. The policy shall include
26 procedures for identifying patients who may be eligible for health
27 care coverage through medical assistance programs under chapter 74.09
28 RCW or the Washington health benefit exchange and actively assisting
29 patients to apply for any available coverage. If a hospital
30 determines that a patient or their guarantor is qualified for
31 retroactive health care coverage through the medical assistance
32 programs under chapter 74.09 RCW, a hospital shall assist the patient
33 or guarantor with applying for such coverage. If a hospital
34 determines that a patient or their guarantor qualifies for
35 retroactive health care coverage through the medical assistance
36 programs under chapter 74.09 RCW, a hospital is not obligated to
37 provide charity care under this section to any patient or their
38 guarantor if the patient or their guarantor fails to make reasonable
39 efforts to cooperate with the hospital's efforts to assist them in
40 applying for such coverage. Hospitals may not impose application

1 procedures for charity care or for assistance with retroactive
2 coverage applications which place an unreasonable burden upon the
3 patient or guarantor, taking into account any physical, mental,
4 intellectual, or sensory deficiencies, or language barriers which may
5 hinder the responsible party's capability of complying with
6 application procedures. It is an unreasonable burden to require a
7 patient to apply for any state or federal program where the patient
8 is obviously or categorically ineligible or has been deemed
9 ineligible in the prior 12 months.

10 (a) At a minimum, a hospital owned or operated by a health system
11 that owns or operates three or more acute hospitals licensed under
12 chapter 70.41 RCW, an acute care hospital with over 300 licensed beds
13 located in the most populous county in Washington, or an acute care
14 hospital with over 200 licensed beds located in a county with at
15 least 450,000 residents and located on Washington's southern border
16 shall grant charity care per the following guidelines:

17 (i) All patients and their guarantors whose income is not more
18 than 300 percent of the federal poverty level, adjusted for family
19 size, shall be deemed charity care patients for the full amount of
20 the patient responsibility portion of their hospital charges;

21 (ii) All patients and their guarantors whose income is between
22 301 and 350 percent of the federal poverty level, adjusted for family
23 size, shall be entitled to a 75 percent discount for the full amount
24 of the patient responsibility portion of their hospital charges,
25 which may be reduced by amounts reasonably related to assets
26 considered pursuant to (c) of this subsection;

27 (iii) All patients and their guarantors whose income is between
28 351 and 400 percent of the federal poverty level, adjusted for family
29 size, shall be entitled to a 50 percent discount for the full amount
30 of the patient responsibility portion of their hospital charges,
31 which may be reduced by amounts reasonably related to assets
32 considered pursuant to (c) of this subsection.

33 (b) At a minimum, a hospital not subject to (a) of this
34 subsection shall grant charity care per the following guidelines:

35 (i) All patients and their guarantors whose income is not more
36 than 200 percent of the federal poverty level, adjusted for family
37 size, shall be deemed charity care patients for the full amount of
38 the patient responsibility portion of their hospital charges;

39 (ii) All patients and their guarantors whose income is between
40 201 and 250 percent of the federal poverty level, adjusted for family

1 size, shall be entitled to a 75 percent discount for the full amount
2 of the patient responsibility portion of their hospital charges,
3 which may be reduced by amounts reasonably related to assets
4 considered pursuant to (c) of this subsection; and

5 (iii) All patients and their guarantors whose income is between
6 251 and 300 percent of the federal poverty level, adjusted for family
7 size, shall be entitled to a 50 percent discount for the full amount
8 of the patient responsibility portion of their hospital charges,
9 which may be reduced by amounts reasonably related to assets
10 considered pursuant to (c) of this subsection.

11 (c)(i) If a hospital considers the existence, availability, and
12 value of assets in order to reduce the discount extended, it must
13 establish and make publicly available a policy on asset
14 considerations and corresponding discount reductions.

15 (ii) If a hospital considers assets, the following types of
16 assets shall be excluded from consideration:

17 (A) The first \$5,000 of monetary assets for an individual or
18 \$8,000 of monetary assets for a family of two, and \$1,500 of monetary
19 assets for each additional family member. The value of any asset that
20 has a penalty for early withdrawal shall be the value of the asset
21 after the penalty has been paid;

22 (B) Any equity in a primary residence;

23 (C) Retirement plans other than 401(k) plans;

24 (D) One motor vehicle and a second motor vehicle if it is
25 necessary for employment or medical purposes;

26 (E) Any prepaid burial contract or burial plot; and

27 (F) Any life insurance policy with a face value of \$10,000 or
28 less.

29 (iii) In considering assets, a hospital may not impose procedures
30 which place an unreasonable burden on the responsible party.
31 Information requests from the hospital to the responsible party for
32 the verification of assets shall be limited to that which is
33 reasonably necessary and readily available to substantiate the
34 responsible party's qualification for charity sponsorship and may not
35 be used to discourage application for such sponsorship. Only those
36 facts relevant to eligibility may be verified and duplicate forms of
37 verification may not be demanded.

38 (A) In considering monetary assets, one current account statement
39 shall be considered sufficient for a hospital to verify a patient's
40 assets.

1 (B) In the event that no documentation for an asset is available,
2 a hospital shall rely upon a written and signed statement from the
3 responsible party.

4 (iv) Asset information obtained by the hospital in evaluating a
5 patient for charity care eligibility shall not be used for collection
6 activities.

7 (v) Nothing in this section prevents a hospital from considering
8 assets as required by the centers for medicare and medicaid services
9 related to medicare cost reporting.

10 (6) Each hospital shall post and prominently display notice of
11 charity care availability. Notice must be posted in all languages
12 spoken by more than ten percent of the population of the hospital
13 service area. Notice must be displayed in at least the following
14 locations:

15 (a) Areas where patients are admitted or registered;

16 (b) Emergency departments, if any; and

17 (c) Financial service or billing areas where accessible to
18 patients.

19 (7) Current versions of the hospital's charity care policy, a
20 plain language summary of the hospital's charity care policy, and the
21 hospital's charity care application form must be available on the
22 hospital's website. The summary and application form must be
23 available in all languages spoken by more than ten percent of the
24 population of the hospital service area.

25 (8)(a) All hospital billing statements and other written
26 communications concerning billing or collection of a hospital bill by
27 a hospital must include the following or a substantially similar
28 statement prominently displayed on the first page of the statement in
29 both English and the second most spoken language in the hospital's
30 service area:

31 You may qualify for free care or a discount on your hospital
32 bill, whether or not you have insurance. Please contact our
33 financial assistance office at (~~[[website]] and [[phone~~
34 ~~number]]~~) ... (website) ... and ... (phone number)

35 (b) Nothing in (a) of this subsection requires any hospital to
36 alter any preprinted hospital billing statements existing as of
37 October 1, 2018.

38 (9) Hospital obligations under federal and state laws to provide
39 meaningful access for limited English proficiency and non-English-
40 speaking patients apply to information regarding billing and charity

1 care. Hospitals shall develop standardized training programs on the
2 hospital's charity care policy and use of interpreter services, and
3 provide regular training for appropriate staff, including the
4 relevant and appropriate staff who perform functions relating to
5 registration, admissions, or billing.

6 (10) Each hospital shall make every reasonable effort to
7 determine:

8 (a) The existence or nonexistence of private or public
9 sponsorship which might cover in full or part the charges for care
10 rendered by the hospital to a patient;

11 (b) The annual family income of the patient as classified under
12 federal poverty income guidelines as of the time the health care
13 services were provided, or at the time of application for charity
14 care if the application is made within two years of the time of
15 service, the patient has been making good faith efforts towards
16 payment of health care services rendered, and the patient
17 demonstrates eligibility for charity care; and

18 (c) The eligibility of the patient for charity care as defined in
19 this chapter and in accordance with hospital policy. An initial
20 determination of sponsorship status shall precede collection efforts
21 directed at the patient.

22 (11) At the hospital's discretion, a hospital may consider
23 applications for charity care at any time, including any time there
24 is a change in a patient's financial circumstances.

25 (12) The department shall monitor the distribution of charity
26 care among hospitals, with reference to factors such as relative need
27 for charity care in hospital service areas and trends in private and
28 public health coverage. The department shall prepare reports that
29 identify any problems in distribution which are in contradiction of
30 the intent of this chapter. The report shall include an assessment of
31 the effects of the provisions of this chapter on access to hospital
32 and health care services, as well as an evaluation of the
33 contribution of all purchasers of care to hospital charity care.

34 (13) The department shall issue a report on the subjects
35 addressed in this section at least annually, with the first report
36 due on July 1, 1990.

37 NEW SECTION. **Sec. 4.** If any provision of this act or its
38 application to any person or circumstance is held invalid, the

1 remainder of the act or the application of the provision to other
2 persons or circumstances is not affected.

3 NEW SECTION. **Sec. 5.** This act is necessary for the immediate
4 preservation of the public peace, health, or safety, or support of
5 the state government and its existing public institutions, and takes
6 effect immediately.

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