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**SENATE BILL 5557**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Senators Krishnadasan, Dhingra, Kauffman, Slatter, C. Wilson, Saldaña, Orwall, Lovelett, Stanford, Cortes, Frame, Hasegawa, Lias, Nobles, Pedersen, Trudeau, and Valdez

Read first time 01/28/25. Referred to Committee on Health & Long-Term Care.

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; reenacting and amending RCW 70.41.020; adding a new  
5 section to chapter 70.41 RCW; and declaring an emergency.

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

7 **Sec. 1.** RCW 70.41.020 and 2021 c 157 s 3 and 2021 c 61 s 1 are  
8 each reenacted and amended to read as follows:

9 Unless the context clearly indicates otherwise, the following  
10 terms, whenever used in this chapter, shall be deemed to have the  
11 following meanings:

12 (1) "Aftercare" means the assistance provided by a lay caregiver  
13 to a patient under this chapter after the patient's discharge from a  
14 hospital. The assistance may include, but is not limited to,  
15 assistance with activities of daily living, wound care, medication  
16 assistance, and the operation of medical equipment. "Aftercare"  
17 includes assistance only for conditions that were present at the time  
18 of the patient's discharge from the hospital. "Aftercare" does not  
19 include:

1 (a) Assistance related to conditions for which the patient did  
2 not receive medical care, treatment, or observation in the hospital;  
3 or

4 (b) Tasks the performance of which requires licensure as a health  
5 care provider.

6 (2) (a) "Audio-only telemedicine" means the delivery of health  
7 care services through the use of audio-only technology, permitting  
8 real-time communication between the patient at the originating site  
9 and the provider, for the purpose of diagnosis, consultation, or  
10 treatment.

11 (b) "Audio-only telemedicine" does not include:

12 (i) The use of facsimile or email; or

13 (ii) The delivery of health care services that are customarily  
14 delivered by audio-only technology and customarily not billed as  
15 separate services by the provider, such as the sharing of laboratory  
16 results.

17 (3) "Department" means the Washington state department of health.

18 (4) "Discharge" means a patient's release from a hospital  
19 following the patient's admission to the hospital.

20 (5) "Distant site" means the site at which a physician or other  
21 licensed provider, delivering a professional service, is physically  
22 located at the time the service is provided through telemedicine.

23 (6) "Emergency care to victims of sexual assault" means medical  
24 examinations, procedures, and services provided by a hospital  
25 emergency room to a victim of sexual assault following an alleged  
26 sexual assault.

27 (7) "Emergency contraception" means any health care treatment  
28 approved by the food and drug administration that prevents pregnancy,  
29 including but not limited to administering two increased doses of  
30 certain oral contraceptive pills within seventy-two hours of sexual  
31 contact.

32 (8) "Emergency medical condition" means:

33 (a) A condition of such severity that the absence of immediate  
34 medical attention could result in: (i) Placing the health of an  
35 individual (or, with respect to a pregnant person, the health of the  
36 pregnant person or their embryo or fetus) in serious jeopardy; (ii)  
37 serious impairment to bodily functions; or (iii) serious dysfunction  
38 of a bodily organ or part; or

39 (b) With respect to a pregnant person who is having contractions:

40 (i) That there is inadequate time to affect a safe transfer to

1 another hospital before delivery; or (ii) that transfer may pose a  
2 threat to the health or safety of the pregnant person or their embryo  
3 or fetus.

4 (9) "Hospital" means any institution, place, building, or agency  
5 which provides accommodations, facilities and services over a  
6 continuous period of twenty-four hours or more, for observation,  
7 diagnosis, or care, of two or more individuals not related to the  
8 operator who are suffering from illness, injury, deformity, or  
9 abnormality, or from any other condition for which obstetrical,  
10 medical, or surgical services would be appropriate for care or  
11 diagnosis. "Hospital" as used in this chapter does not include  
12 hotels, or similar places furnishing only food and lodging, or simply  
13 domiciliary care; nor does it include clinics, or physician's offices  
14 where patients are not regularly kept as bed patients for twenty-four  
15 hours or more; nor does it include nursing homes, as defined and  
16 which come within the scope of chapter 18.51 RCW; nor does it include  
17 birthing centers, which come within the scope of chapter 18.46 RCW;  
18 nor does it include (~~(psychiatric)~~) behavioral health hospitals,  
19 which come within the scope of chapter 71.12 RCW; nor any other  
20 hospital, or institution specifically intended for use in the  
21 diagnosis and care of those suffering from mental illness,  
22 intellectual disability, convulsive disorders, or other abnormal  
23 mental condition. Furthermore, nothing in this chapter or the rules  
24 adopted pursuant thereto shall be construed as authorizing the  
25 supervision, regulation, or control of the remedial care or treatment  
26 of residents or patients in any hospital conducted for those who rely  
27 primarily upon treatment by prayer or spiritual means in accordance  
28 with the creed or tenets of any well recognized church or religious  
29 denominations.

30 (~~((9))~~) (10) "Immediate jeopardy" means a situation in which the  
31 hospital's noncompliance with one or more statutory or regulatory  
32 requirements has placed the health and safety of patients in its care  
33 at risk for serious injury, serious harm, serious impairment, or  
34 death.

35 (~~((10))~~) (11) "Lay caregiver" means any individual designated as  
36 such by a patient under this chapter who provides aftercare  
37 assistance to a patient in the patient's residence. "Lay caregiver"  
38 does not include a long-term care worker as defined in RCW  
39 74.39A.009.

1       (~~(11)~~) (12) "Originating site" means the physical location of a  
2 patient receiving health care services through telemedicine.

3       (~~(12)~~) (13) "Person" means any individual, firm, partnership,  
4 corporation, company, association, or joint stock association, and  
5 the legal successor thereof.

6       (~~(13)~~) (14) "Secretary" means the secretary of health.

7       (~~(14)~~) (15) "Sexual assault" has the same meaning as in RCW  
8 70.125.030.

9       (~~(15)~~) (16) "Telemedicine" means the delivery of health care  
10 services through the use of interactive audio and video technology,  
11 permitting real-time communication between the patient at the  
12 originating site and the provider, for the purpose of diagnosis,  
13 consultation, or treatment. "Telemedicine" includes audio-only  
14 telemedicine, but does not include facsimile or email.

15       (~~(16)~~) (17) "Victim of sexual assault" means a person who  
16 alleges or is alleged to have been sexually assaulted and who  
17 presents as a patient.

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

20       When providing emergency services, hospitals shall:

21       (1) Comply with 42 U.S.C. Sec. 1395dd and its implementing  
22 regulations as they existed on January 1, 2025, provided that, for  
23 purposes of this subsection, "emergency medical condition" shall have  
24 the meaning provided in RCW 70.41.020 and "unborn child" shall mean  
25 "embryo or fetus" where those terms are used in 42 U.S.C. Sec. 1395dd  
26 and its implementing regulations as they existed on January 1, 2025.  
27 Hospitals must comply with any requirements of this chapter or any  
28 other law that provide greater access to care or are otherwise more  
29 favorable to patients than the requirements of 42 U.S.C. Sec. 1395dd  
30 and its implementing regulations as they existed on January 1, 2025;  
31 and

32       (2) Provide treatment to a pregnant person who comes to the  
33 hospital with an emergency medical condition that is consistent with  
34 the applicable standard of care for such condition or, if authorized  
35 by law, transfer the patient to another hospital capable of providing  
36 the treatment, with the informed consent of the patient. If  
37 termination of the pregnancy is the treatment that is consistent with  
38 the applicable standard of care, the hospital must provide such  
39 treatment following and as promptly as dictated by the standard of

1 care or, if authorized by law, transfer the patient to another  
2 hospital capable of providing the treatment, with the informed  
3 consent of the patient. Neither the continuation of the pregnancy nor  
4 the health of any embryo or fetus shall be a basis for withholding  
5 care from the pregnant person, and neither the continuation of the  
6 pregnancy nor the health of any embryo or fetus shall be prioritized  
7 over the health or safety of the pregnant person absent the informed  
8 consent of the pregnant person.

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

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

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

16 (b) A significant reduction in the proportion of individuals  
17 admitted for inpatient hospital services for which payment is, or is  
18 likely to be, less than the anticipated charges for or costs of such  
19 services; or

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

24 (2) No hospital shall adopt or maintain practices or policies  
25 which would deny access to emergency care based on ability to pay. No  
26 hospital which maintains an emergency department shall transfer a  
27 patient with an emergency medical condition or who is in active  
28 labor, in such circumstances and as promptly as dictated by the  
29 standard of care, unless the transfer is performed at the request of  
30 the patient or is due to the limited medical resources of the  
31 transferring hospital. Hospitals must follow reasonable procedures in  
32 making transfers to other hospitals including confirmation of  
33 acceptance of the transfer by the receiving hospital.

34 (3) The department shall develop definitions by rule, as  
35 appropriate, for subsection (1) of this section and, with reference  
36 to federal requirements, subsection (2) of this section. The  
37 department shall monitor hospital compliance with subsections (1) and  
38 (2) of this section. The department shall report individual instances

1 of possible noncompliance to the state attorney general or the  
2 appropriate federal agency.

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

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

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

12 (5) For the purpose of providing charity care, each hospital  
13 shall develop, implement, and maintain a policy which shall enable  
14 indigent persons access to charity care. The policy shall include  
15 procedures for identifying patients who may be eligible for health  
16 care coverage through medical assistance programs under chapter 74.09  
17 RCW or the Washington health benefit exchange and actively assisting  
18 patients to apply for any available coverage. If a hospital  
19 determines that a patient or their guarantor is qualified for  
20 retroactive health care coverage through the medical assistance  
21 programs under chapter 74.09 RCW, a hospital shall assist the patient  
22 or guarantor with applying for such coverage. If a hospital  
23 determines that a patient or their guarantor qualifies for  
24 retroactive health care coverage through the medical assistance  
25 programs under chapter 74.09 RCW, a hospital is not obligated to  
26 provide charity care under this section to any patient or their  
27 guarantor if the patient or their guarantor fails to make reasonable  
28 efforts to cooperate with the hospital's efforts to assist them in  
29 applying for such coverage. Hospitals may not impose application  
30 procedures for charity care or for assistance with retroactive  
31 coverage applications which place an unreasonable burden upon the  
32 patient or guarantor, taking into account any physical, mental,  
33 intellectual, or sensory deficiencies, or language barriers which may  
34 hinder the responsible party's capability of complying with  
35 application procedures. It is an unreasonable burden to require a  
36 patient to apply for any state or federal program where the patient  
37 is obviously or categorically ineligible or has been deemed  
38 ineligible in the prior 12 months.

39 (a) At a minimum, a hospital owned or operated by a health system  
40 that owns or operates three or more acute hospitals licensed under

1 chapter 70.41 RCW, an acute care hospital with over 300 licensed beds  
2 located in the most populous county in Washington, or an acute care  
3 hospital with over 200 licensed beds located in a county with at  
4 least 450,000 residents and located on Washington's southern border  
5 shall grant charity care per the following guidelines:

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

10 (ii) All patients and their guarantors whose income is between  
11 301 and 350 percent of the federal poverty level, adjusted for family  
12 size, shall be entitled to a 75 percent discount for the full amount  
13 of the patient responsibility portion of their hospital charges,  
14 which may be reduced by amounts reasonably related to assets  
15 considered pursuant to (c) of this subsection;

16 (iii) All patients and their guarantors whose income is between  
17 351 and 400 percent of the federal poverty level, adjusted for family  
18 size, shall be entitled to a 50 percent discount for the full amount  
19 of the patient responsibility portion of their hospital charges,  
20 which may be reduced by amounts reasonably related to assets  
21 considered pursuant to (c) of this subsection.

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

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

28 (ii) All patients and their guarantors whose income is between  
29 201 and 250 percent of the federal poverty level, adjusted for family  
30 size, shall be entitled to a 75 percent discount for the full amount  
31 of the patient responsibility portion of their hospital charges,  
32 which may be reduced by amounts reasonably related to assets  
33 considered pursuant to (c) of this subsection; and

34 (iii) All patients and their guarantors whose income is between  
35 251 and 300 percent of the federal poverty level, adjusted for family  
36 size, shall be entitled to a 50 percent discount for the full amount  
37 of the patient responsibility portion of their hospital charges,  
38 which may be reduced by amounts reasonably related to assets  
39 considered pursuant to (c) of this subsection.

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

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

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

12 (B) Any equity in a primary residence;

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

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

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

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

19 (iii) In considering assets, a hospital may not impose procedures  
20 which place an unreasonable burden on the responsible party.  
21 Information requests from the hospital to the responsible party for  
22 the verification of assets shall be limited to that which is  
23 reasonably necessary and readily available to substantiate the  
24 responsible party's qualification for charity sponsorship and may not  
25 be used to discourage application for such sponsorship. Only those  
26 facts relevant to eligibility may be verified and duplicate forms of  
27 verification may not be demanded.

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

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

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

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



1 (6) Each hospital shall post and prominently display notice of  
2 charity care availability. Notice must be posted in all languages  
3 spoken by more than ten percent of the population of the hospital  
4 service area. Notice must be displayed in at least the following  
5 locations:

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

7 (b) Emergency departments, if any; and

8 (c) Financial service or billing areas where accessible to  
9 patients.

10 (7) Current versions of the hospital's charity care policy, a  
11 plain language summary of the hospital's charity care policy, and the  
12 hospital's charity care application form must be available on the  
13 hospital's website. The summary and application form must be  
14 available in all languages spoken by more than ten percent of the  
15 population of the hospital service area.

16 (8)(a) All hospital billing statements and other written  
17 communications concerning billing or collection of a hospital bill by  
18 a hospital must include the following or a substantially similar  
19 statement prominently displayed on the first page of the statement in  
20 both English and the second most spoken language in the hospital's  
21 service area:

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

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

29 (9) Hospital obligations under federal and state laws to provide  
30 meaningful access for limited English proficiency and non-English-  
31 speaking patients apply to information regarding billing and charity  
32 care. Hospitals shall develop standardized training programs on the  
33 hospital's charity care policy and use of interpreter services, and  
34 provide regular training for appropriate staff, including the  
35 relevant and appropriate staff who perform functions relating to  
36 registration, admissions, or billing.

37 (10) Each hospital shall make every reasonable effort to  
38 determine:

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

4 (b) The annual family income of the patient as classified under  
5 federal poverty income guidelines as of the time the health care  
6 services were provided, or at the time of application for charity  
7 care if the application is made within two years of the time of  
8 service, the patient has been making good faith efforts towards  
9 payment of health care services rendered, and the patient  
10 demonstrates eligibility for charity care; and

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

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

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

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

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

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