

2SHB 2574 - H AMD 851

By Representative Cody

ADOPTED 2/13/2006

1 On page 1, line 16, after "care or," strike "where a provision
2 does not expressly exclude third-party coverage" and insert "except
3 to the extent provided otherwise in RCW 70.170.060(6)"

4 On page 2, line 13, after "report." insert "If a recalculation
5 of the cost-to-charge ratio occurs sooner than twelve months from
6 the last update to the hospital's discount policy, the calculation
7 existing prior to the recalculation may be used for purposes of
8 updating hospital discount policies. The secretary shall develop
9 alternate means of determining hospital costs for hospitals that do
10 not file medicare cost reports, in consultation with such
11 hospitals."

12 On page 3, line 34, after "For" strike "persons with no third-
13 party coverage and" and insert "uninsured persons"

14 On page 4, line 13, after "qualify." insert "The department
15 shall develop model language, not to exceed fifty words, and type
16 font and style standards that hospitals must use to satisfy the
17 requirement to provide notice in the bill sent to patients. The
18 language may be written on the patient's actual bill if it complies
19 with the department's type font and style requirements."

20 On page 4, line 15, after "English" strike all material through
21 "area" on line 16 and insert "and in each of the five most common
22 languages in Washington other than English that are spoken by more
23 than five percent of residents of the county where the hospital is
24 located. The department shall make a biennial determination of the
25 five most common languages spoken in Washington and the languages
26 needed for posting in each county"

1 On page 5, at the beginning of line 2, strike "procedures" and
2 insert "diagnosis related groups"

3 On page 5, line 7, after "(1)" strike all material through
4 "(2)" on line 14

5 On page 5, at the beginning of line 32, strike "(3)" and insert
6 "(2)"

7 On page 6, after line 32, insert the following:

8 "NEW SECTION. **Sec. 5.** The department of financial
9 institutions shall establish a work group to make recommendations
10 related to hospital patient debt repayment and collection
11 practices. The work group shall develop standards for appropriate,
12 predictable, and fair repayment and debt collection practices for
13 hospitals to apply to patients who are eligible for charity care,
14 a sliding fee schedule, or maximum charge as defined in RCW
15 70.170.060.

16 The work group shall include representatives of the department
17 of licensing, the department of health, hospitals, debt collection
18 agencies, consumers and patients, and other interested
19 stakeholders. The work group shall submit its recommendations to
20 the legislature by November 15, 2006."

21 Correct the title.

EFFECT: Eliminates the requirement that charity care policies be posted in the five most commonly spoken languages other than English in the hospital's service area. Requires that notice of charity care policies be posted in the five most common languages other than English that are spoken by more than five percent of the residents where the hospital is located.

Requires the Department of Health to establish model language and type font and style standards for charity care notice statements to be provided in the patient's bill.

Requires that the Secretary of Health establish an alternative method for determining hospital costs for hospitals that do not file Medicare cost reports. Allows hospitals that have had their cost-to-charge ratios recalculated within the prior year, to use the previous calculation for charity care policies.

Removes the requirement that hospitals offer eligible patients the ability to pay their bills in installments with maximum interest rates. Directs the Department of Financial Institutions to establish a work group to make recommendations regarding hospital patient debt repayment and collection practices.

Changes terminology.