
SUBSTITUTE SENATE BILL 6632

State of Washington

59th Legislature

2006 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Kastama, Eide, Keiser, Roach, Johnson, Regala, Fraser, Haugen, Kline, Hewitt, Swecker, Finkbeiner, McAuliffe, Poulsen and Spanel)

READ FIRST TIME 02/03/06.

1 AN ACT Relating to Washington state participation in the Johns
2 Hopkins Atlantic cardiovascular patient outcomes research team elective
3 angioplasty study to determine, through evidence-based medicine,
4 whether nonemergency percutaneous coronary interventions can be
5 performed safely and effectively at hospitals without on-site open
6 heart surgery programs; amending RCW 70.38.105; adding new sections to
7 chapter 70.38 RCW; and providing an expiration date.

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

9 NEW SECTION. **Sec. 1.** (1) The legislature finds that the current
10 system in this state of allowing hospitals without on-site open heart
11 surgery programs to perform emergency but not nonemergency angioplasty
12 and stent placements, also known as percutaneous coronary intervention,
13 is an inefficient system and is impacting access to and quality of
14 cardiac services in many communities throughout the state. Negative
15 consequences of the current system include:

16 (a) An inability for many communities to recruit and retain
17 cardiologists resulting in a shortage of cardiologists that impacts the
18 availability, accessibility, and quality of comprehensive cardiac
19 services;

1 (b) Duplication of diagnostic tests, evaluations, and other
2 procedures, which leads to increased patient risk; and

3 (c) Higher costs associated with duplication, transfers, and longer
4 hospital stays.

5 (2) While advancements in technology have expanded the availability
6 of nonemergency percutaneous coronary interventions at many hospitals
7 without on-site open heart surgery programs both nationally and
8 internationally, Washington state only allows hospitals without on-site
9 open heart surgery programs to perform percutaneous coronary
10 interventions on an emergency basis. The number of hospitals
11 performing nonemergency percutaneous coronary interventions without
12 on-site open heart surgery programs continues to grow in the United
13 States. These interventions are also being performed in every
14 industrialized country in Europe, and this practice is approved by the
15 European society for cardiology. Despite this growing trend, concerns
16 regarding whether nonemergency percutaneous coronary interventions can
17 be performed safely and effectively in hospitals without on-site open
18 heart surgery programs continue to be raised because existing data is
19 gathered from registries, not randomized trials.

20 (3) The Johns Hopkins cardiovascular patient outcomes research team
21 elective angioplasty study, conducted in partnership with nationally
22 renowned cardiologists and researchers from the nation's top research
23 institutions, is a randomized clinical trial comparing nonemergency
24 percutaneous coronary interventions performed at hospitals with and
25 without on-site open heart surgery programs. The Johns Hopkins study
26 is designed to gather the highest quality evidence-based data to answer
27 the concerns raised.

28 (4) It is the intent of the legislature that Washington state allow
29 qualified hospitals to participate in the Johns Hopkins study, without
30 certificate of need review. The study will ensure that future
31 decisions on cardiac service delivery in Washington are made on
32 evidence-based data, and where possible, such data shall include data
33 specific to Washington state. The legislature finds that participation
34 in the study is in the best interests of our citizens.

35 NEW SECTION. **Sec. 2.** (1) As used in sections 1 through 3 of this
36 act and RCW 70.38.105, "Johns Hopkins study" means the Johns Hopkins

1 cardiovascular patient outcomes research team elective angioplasty
2 study.

3 (2) The department, in selecting Washington state hospitals to
4 participate in the Johns Hopkins study, shall require that each
5 hospital:

6 (a) Develop and maintain an agreement with another hospital that
7 has an existing on-site open heart surgery program and agrees to accept
8 emergency and nonemergency transfers of patients for additional
9 intervention, cardiac surgery, or other medical care from the
10 participating hospital;

11 (b) Develop and maintain agreements with emergency transfer or
12 ambulance services capable of providing advanced life support,
13 including an intra-aortic balloon pump;

14 (c) Currently operate an emergency percutaneous coronary
15 intervention program;

16 (d) Demonstrate the ability to perform a minimum of two hundred
17 nonemergency and emergency percutaneous coronary interventions per
18 year. Hospitals shall provide documentation on current diagnostic
19 catheterization procedures and emergency percutaneous coronary
20 intervention volumes, as well as current cardiologist procedure
21 volumes. The department shall, in consultation with Johns Hopkins,
22 determine if the documentation is sufficient to meet this criterion;
23 and

24 (e) Meet all Johns Hopkins study criteria, be accepted for
25 participation in the Johns Hopkins study, and agree to abide by the
26 Johns Hopkins study protocols.

27 (3) The department, in consultation with Johns Hopkins, shall not
28 approve any hospital to participate in the Johns Hopkins study if:

29 (a) Participation would reduce the number of emergency and
30 nonemergency percutaneous coronary interventions at any hospital with
31 an existing open heart surgery program that currently performs more
32 than three hundred total interventions annually to below three hundred
33 interventions per year;

34 (b) Participation would reduce the number of emergency and
35 nonemergency percutaneous coronary interventions at any hospital with
36 an existing open heart surgery program that currently performs less
37 than three hundred emergency and nonemergency percutaneous coronary

1 interventions annually to below two hundred twenty interventions per
2 year; or

3 (c) Another hospital located within a two-mile radius of a hospital
4 being considered for participation submits a written objection to such
5 participation.

6 (4) Any hospital that meets the requirements of this section shall
7 be selected by the department for participation in the Johns Hopkins
8 study up to a maximum of three. If qualified, at least one hospital
9 shall be from a rural area.

10 (5) Those hospitals selected to participate in the Johns Hopkins
11 study shall be allowed to perform nonemergency percutaneous coronary
12 interventions without on-site open heart surgery programs and shall not
13 be subject to the certificate of need review requirements in RCW
14 70.38.105 (3) and (4) only for the specific time period and purpose of
15 the Johns Hopkins study. This limited exemption from certificate of
16 need review is in the public interest and is necessary to the conduct
17 of the study.

18 (6) The department shall monitor the outcomes of the Johns Hopkins
19 study, obtain quarterly reports from Johns Hopkins, and send those
20 reports to the chairs of the house of representatives and senate health
21 committees.

22 (7) The department may terminate any hospital's participation in
23 the study if, after consultation with Johns Hopkins, it finds that the
24 hospital's participation is endangering the health and safety of
25 Washington citizens. The department may also terminate Washington
26 state participation in the Johns Hopkins study if, after consultation
27 with Johns Hopkins, it finds that the study is endangering the health
28 and safety of Washington citizens.

29 NEW SECTION. **Sec. 3.** The department shall require hospitals
30 participating in the Johns Hopkins study to submit an application fee
31 to the department to cover appropriate costs, not covered by the Johns
32 Hopkins study, for the administration of the Johns Hopkins study by the
33 department.

34 **Sec. 4.** RCW 70.38.105 and 2004 c 261 s 6 are each amended to read
35 as follows:

1 (1) The department is authorized and directed to implement the
2 certificate of need program in this state pursuant to the provisions of
3 this chapter.

4 (2) There shall be a state certificate of need program which is
5 administered consistent with the requirements of federal law as
6 necessary to the receipt of federal funds by the state.

7 (3) No person shall engage in any undertaking which is subject to
8 certificate of need review under subsection (4) of this section without
9 first having received from the department either a certificate of need
10 or an exception granted in accordance with this chapter.

11 (4) Except for nonemergency percutaneous coronary interventions
12 performed at hospitals selected by the department to participate in the
13 Johns Hopkins study as provided in sections 1 through 3 of this act,
14 the following shall be subject to certificate of need review under this
15 chapter:

16 (a) The construction, development, or other establishment of a new
17 health care facility;

18 (b) The sale, purchase, or lease of part or all of any existing
19 hospital as defined in RCW 70.38.025;

20 (c) Any capital expenditure for the construction, renovation, or
21 alteration of a nursing home which substantially changes the services
22 of the facility after January 1, 1981, provided that the substantial
23 changes in services are specified by the department in rule;

24 (d) Any capital expenditure for the construction, renovation, or
25 alteration of a nursing home which exceeds the expenditure minimum as
26 defined by RCW 70.38.025. However, a capital expenditure which is not
27 subject to certificate of need review under (a), (b), (c), or (e) of
28 this subsection and which is solely for any one or more of the
29 following is not subject to certificate of need review:

30 (i) Communications and parking facilities;

31 (ii) Mechanical, electrical, ventilation, heating, and air
32 conditioning systems;

33 (iii) Energy conservation systems;

34 (iv) Repairs to, or the correction of, deficiencies in existing
35 physical plant facilities which are necessary to maintain state
36 licensure, however, other additional repairs, remodeling, or
37 replacement projects that are not related to one or more deficiency

1 citations and are not necessary to maintain state licensure are not
2 exempt from certificate of need review except as otherwise permitted by
3 (d)(vi) of this subsection or RCW 70.38.115(13);

4 (v) Acquisition of equipment, including data processing equipment,
5 which is not or will not be used in the direct provision of health
6 services;

7 (vi) Construction or renovation at an existing nursing home which
8 involves physical plant facilities, including administrative, dining
9 areas, kitchen, laundry, therapy areas, and support facilities, by an
10 existing licensee who has operated the beds for at least one year;

11 (vii) Acquisition of land; and

12 (viii) Refinancing of existing debt;

13 (e) A change in bed capacity of a health care facility which
14 increases the total number of licensed beds or redistributes beds among
15 acute care, nursing home care, and boarding home care if the bed
16 redistribution is to be effective for a period in excess of six months,
17 or a change in bed capacity of a rural health care facility licensed
18 under RCW 70.175.100 that increases the total number of nursing home
19 beds or redistributes beds from acute care or boarding home care to
20 nursing home care if the bed redistribution is to be effective for a
21 period in excess of six months. A health care facility certified as a
22 critical access hospital under 42 U.S.C. 1395i-4 may increase its total
23 number of licensed beds to the total number of beds permitted under 42
24 U.S.C. 1395i-4 for acute care and may redistribute beds permitted under
25 42 U.S.C. 1395i-4 among acute care and nursing home care without being
26 subject to certificate of need review. If there is a nursing home
27 licensed under chapter 18.51 RCW within twenty-seven miles of the
28 critical access hospital, the critical access hospital is subject to
29 certificate of need review except for:

30 (i) Critical access hospitals which had designated beds to provide
31 nursing home care, in excess of five swing beds, prior to December 31,
32 2003; or

33 (ii) Up to five swing beds.

34 Critical access hospital beds not subject to certificate of need
35 review under this subsection (4)(e) will not be counted as either acute
36 care or nursing home care for certificate of need review purposes. If
37 a health care facility ceases to be certified as a critical access

1 hospital under 42 U.S.C. 1395i-4, the hospital may revert back to the
2 type and number of licensed hospital beds as it had when it requested
3 critical access hospital designation;

4 (f) Any new tertiary health services which are offered in or
5 through a health care facility or rural health care facility licensed
6 under RCW 70.175.100, and which were not offered on a regular basis by,
7 in, or through such health care facility or rural health care facility
8 within the twelve-month period prior to the time such services would be
9 offered;

10 (g) Any expenditure for the construction, renovation, or alteration
11 of a nursing home or change in nursing home services in excess of the
12 expenditure minimum made in preparation for any undertaking under
13 subsection (4) of this section and any arrangement or commitment made
14 for financing such undertaking. Expenditures of preparation shall
15 include expenditures for architectural designs, plans, working
16 drawings, and specifications. The department may issue certificates of
17 need permitting predevelopment expenditures, only, without authorizing
18 any subsequent undertaking with respect to which such predevelopment
19 expenditures are made; and

20 (h) Any increase in the number of dialysis stations in a kidney
21 disease center.

22 (5) The department is authorized to charge fees for the review of
23 certificate of need applications and requests for exemptions from
24 certificate of need review. The fees shall be sufficient to cover the
25 full cost of review and exemption, which may include the development of
26 standards, criteria, and policies.

27 (6) No person may divide a project in order to avoid review
28 requirements under any of the thresholds specified in this section.

29 NEW SECTION. **Sec. 5.** Sections 1 through 3 of this act expire
30 December 31, 2010.

31 NEW SECTION. **Sec. 6.** Sections 1 through 3 of this act are each
32 added to chapter 70.38 RCW.

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