

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 2341

62nd Legislature
2012 Regular Session

Passed by the House February 13, 2012
Yeas 63 Nays 35

Speaker of the House of Representatives

Passed by the Senate February 29, 2012
Yeas 42 Nays 6

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2341** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 2341

Passed Legislature - 2012 Regular Session

State of Washington 62nd Legislature 2012 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Jinkins, Cody, Ladenburg, Van De Wege, Green, Reykdal, Moeller, Tharinger, McCoy, Darneille, and Hunt)

READ FIRST TIME 01/31/12.

1 AN ACT Relating to community benefits provided by hospitals; and
2 adding a new section to chapter 70.41 RCW.

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

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

6 (1) As of January 1, 2013, each hospital that is recognized by the
7 internal revenue service as a 501(c)(3) nonprofit entity must make its
8 federally required community health needs assessment widely available
9 to the public within fifteen days of submission to the internal revenue
10 service. Following completion of the initial community health needs
11 assessment, each hospital in accordance with the internal revenue
12 service, shall complete and make widely available to the public an
13 assessment once every three years.

14 (2) Unless contained in the community health needs assessment under
15 subsection (1) of this section, a hospital subject to the requirements
16 under subsection (1) of this section shall make public a description of
17 the community served by the hospital, including both a geographic
18 description and a description of the general population served by the
19 hospital; and demographic information such as leading causes of death,

1 levels of chronic illness, and descriptions of the medically
2 underserved, low-income, and minority, or chronically ill populations
3 in the community.

4 (3)(a) Each hospital subject to the requirements of subsection (1)
5 of this section shall make widely available to the public a community
6 benefit implementation strategy within one year of completing its
7 community health needs assessment. In developing the implementation
8 strategy, hospitals shall consult with community-based organizations
9 and stakeholders, and local public health jurisdictions, as well as any
10 additional consultations the hospital decides to undertake. Unless
11 contained in the implementation strategy under this subsection (3)(a),
12 the hospital must provide a brief explanation for not accepting
13 recommendations for community benefit proposals identified in the
14 assessment through the stakeholder consultation process, such as
15 excessive expense to implement or infeasibility of implementation of
16 the proposal.

17 (b) Implementation strategies must be evidence-based, when
18 available; or development and implementation of innovative programs and
19 practices should be supported by evaluation measures.

20 (4) For the purposes of this section, the term "widely available to
21 the public" has the same meaning as in the internal revenue service
22 guidelines.

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