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## SENATE BILL 5629

State of Washington 63rd Legislature 2013 Regular Session

By Senators Schlicher and Frockt

Read first time 02/06/13. Referred to Committee on Health Care .

- AN ACT Relating to emergency department overcrowding; adding a new section to chapter 70.41 RCW; creating new sections; prescribing
- 3 penalties; and providing an expiration date.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- NEW SECTION. **Sec. 1.** Given the multiple complex forces that lead to boarding and overcrowding in emergency departments, the legislature intends to not prescribe a solution, but to provide incentives for each individual institution to find its own solution to emergency department
- 9 overcrowding.
- NEW SECTION. Sec. 2. (1) The department of health must convene a stakeholders meeting to include, but not be limited to, the following: The Washington state medical association, the Washington state hospital association, the Washington chapter of the American college of emergency physicians, and other interested parties. At a minimum, the stakeholder group must review the following recommendations and
- 16 determine which methods are in use now in the state of Washington, and
- 17 which will best reduce boarding practices in hospitals, taking into

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account the varying patient needs and hospital resources in hospitals throughout the state:

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- (a) Moving patients out of emergency departments as soon as they are admitted by requiring other hospital departments to care for additional emergency department patients;
- (b) Using industrial production models to move patients through the emergency department more efficiently;
- (c) Eliminating delays in registration and laboratory tests for emergency department patients;
- (d) Providing patients with home care aides to avoid admission of emergency department patients;
- (e) Coordinating the discharge of hospital patients before noon to improve the flow of patients through emergency departments by making more inpatient beds available to emergency patients; and
- (f) Coordinating the scheduling of elective patients and surgical patients to avoid high use of inpatient beds during the week and exploring scheduling some procedures to use beds on weekends.
- (2) To assist the department in developing recommendations under subsection (1) of this section, all hospitals subject to chapter 70.41 RCW must provide the department of health with data on their emergency department boarding rates and current activities aimed at reducing boarding at their facilities.
- 23 (3) For the purposes of this section, "boarding" has the same 24 meaning as in section 3 of this act.
  - (4) The health care authority must report the results of the stakeholder group's activities to the health care committees of the senate and the house of representatives by December 31, 2013.
    - (5) This section expires January 1, 2014.
- NEW SECTION. Sec. 3. A new section is added to chapter 70.41 RCW to read as follows:
- 31 (1) Except as provided in subsection (2) of this section, beginning 32 January 1, 2015, hospitals that experience boarding and overcrowding 33 are subject to a fine of five hundred dollars per patient held per day, 34 determined at six o'clock in the morning daily.
  - (2) Fines collected under this section must be used to fund the prescription monitoring program and to assist in the coordination of care efforts identified by the stakeholder group under section 2 of

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this act. If fines exceed the amount needed to fund the prescription monitoring program, excess funds must be used to fund access to care for uninsured patients programs.

- (3) The penalty under subsection (1) of this section does not apply during recognized epidemic periods and other unforeseen events to be determined by the stakeholder group in section 2 of this act.
- (4) The department of health must adopt rules establishing what constitutes a recognized epidemic period and other unforeseen events for the purposes of enforcing this section.
- (5) For the purposes of this section, "boarding" means the practice of holding patients in a hospital emergency department after the decision to admit them to the hospital has been made and who do not require emergency care.

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