
ENGROSSED SUBSTITUTE SENATE BILL 5557

State of Washington

69th Legislature

2025 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Krishnadasan, Dhingra, Kauffman, Slatter, C. Wilson, Saldaña, Orwall, Lovelett, Stanford, Cortes, Frame, Hasegawa, Lias, Nobles, Pedersen, Trudeau, and Valdez)

READ FIRST TIME 02/21/25.

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; creating a new section; and declaring
6 an emergency.

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

8 NEW SECTION. **Sec. 1.** The legislature finds that access to
9 reproductive health care is a long-established right in Washington
10 state. The people of Washington have repeatedly affirmed this right,
11 and it is the legislature's responsibility to ensure that our
12 residents have access to care that puts patients first regardless of
13 federal actions. Pregnant patients have been able to rely on federal
14 protections when they seek emergency medical care, but due to renewed
15 uncertainty at the federal level, the legislature must provide these
16 rights in state law so that pregnant patients in Washington state
17 have the strongest protections when seeking care. The legislature
18 finds the existing state law, including chapter 70.400 RCW, along
19 with current federal laws ensure that both physicians and hospitals
20 have a shared responsibility to deliver the highest quality of care

1 to pregnant patients to guarantee their legal access to all medically
2 appropriate options.

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

5 When providing emergency services, hospitals shall provide
6 treatment to a pregnant person who comes to the hospital with an
7 emergency medical condition that is consistent with the applicable
8 standard of care for such condition or, if authorized by law,
9 transfer the patient to another hospital capable of providing the
10 treatment, with the informed consent of the patient. If termination
11 of the pregnancy is the treatment that is consistent with the
12 applicable standard of care, the hospital must provide such treatment
13 following and as promptly as dictated by the standard of care or, if
14 authorized by law, transfer the patient to another hospital capable
15 of providing the treatment, with the informed consent of the patient.
16 Neither the continuation of the pregnancy nor the health of any
17 embryo or fetus shall be a basis for withholding care from the
18 pregnant person, and neither the continuation of the pregnancy nor
19 the health of any embryo or fetus shall be prioritized over the
20 health or safety of the pregnant person absent the informed consent
21 of the pregnant person.

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

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

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

29 (b) A significant reduction in the proportion of individuals
30 admitted for inpatient hospital services for which payment is, or is
31 likely to be, less than the anticipated charges for or costs of such
32 services; or

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

37 (2) No hospital shall adopt or maintain practices or policies
38 which would deny access to emergency care based on ability to pay. No

1 hospital which maintains an emergency department shall transfer a
2 patient with an emergency medical condition or who is in active labor
3 unless the transfer is performed at the request of the patient or is
4 due to the limited medical resources of the transferring hospital.
5 Hospitals must make transfers to other hospitals in such
6 circumstances and as promptly as dictated by the standard of care and
7 follow reasonable procedures in making transfers to other hospitals
8 including confirmation of acceptance of the transfer by the receiving
9 hospital.

10 (3) The department shall develop definitions by rule, as
11 appropriate, for subsection (1) of this section and, with reference
12 to federal requirements, subsection (2) of this section. The
13 department shall monitor hospital compliance with subsections (1) and
14 (2) of this section. The department shall report individual instances
15 of possible noncompliance to the state attorney general or the
16 appropriate federal agency.

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

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

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

26 (5) For the purpose of providing charity care, each hospital
27 shall develop, implement, and maintain a policy which shall enable
28 indigent persons access to charity care. The policy shall include
29 procedures for identifying patients who may be eligible for health
30 care coverage through medical assistance programs under chapter 74.09
31 RCW or the Washington health benefit exchange and actively assisting
32 patients to apply for any available coverage. If a hospital
33 determines that a patient or their guarantor is qualified for
34 retroactive health care coverage through the medical assistance
35 programs under chapter 74.09 RCW, a hospital shall assist the patient
36 or guarantor with applying for such coverage. If a hospital
37 determines that a patient or their guarantor qualifies for
38 retroactive health care coverage through the medical assistance
39 programs under chapter 74.09 RCW, a hospital is not obligated to
40 provide charity care under this section to any patient or their

1 guarantor if the patient or their guarantor fails to make reasonable
2 efforts to cooperate with the hospital's efforts to assist them in
3 applying for such coverage. Hospitals may not impose application
4 procedures for charity care or for assistance with retroactive
5 coverage applications which place an unreasonable burden upon the
6 patient or guarantor, taking into account any physical, mental,
7 intellectual, or sensory deficiencies, or language barriers which may
8 hinder the responsible party's capability of complying with
9 application procedures. It is an unreasonable burden to require a
10 patient to apply for any state or federal program where the patient
11 is obviously or categorically ineligible or has been deemed
12 ineligible in the prior 12 months.

13 (a) At a minimum, a hospital owned or operated by a health system
14 that owns or operates three or more acute hospitals licensed under
15 chapter 70.41 RCW, an acute care hospital with over 300 licensed beds
16 located in the most populous county in Washington, or an acute care
17 hospital with over 200 licensed beds located in a county with at
18 least 450,000 residents and located on Washington's southern border
19 shall grant charity care per the following guidelines:

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

24 (ii) All patients and their guarantors whose income is between
25 301 and 350 percent of the federal poverty level, adjusted for family
26 size, shall be entitled to a 75 percent discount for the full amount
27 of the patient responsibility portion of their hospital charges,
28 which may be reduced by amounts reasonably related to assets
29 considered pursuant to (c) of this subsection;

30 (iii) All patients and their guarantors whose income is between
31 351 and 400 percent of the federal poverty level, adjusted for family
32 size, shall be entitled to a 50 percent discount for the full amount
33 of the patient responsibility portion of their hospital charges,
34 which may be reduced by amounts reasonably related to assets
35 considered pursuant to (c) of this subsection.

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

38 (i) All patients and their guarantors whose income is not more
39 than 200 percent of the federal poverty level, adjusted for family

1 size, shall be deemed charity care patients for the full amount of
2 the patient responsibility portion of their hospital charges;

3 (ii) All patients and their guarantors whose income is between
4 201 and 250 percent of the federal poverty level, adjusted for family
5 size, shall be entitled to a 75 percent discount for the full amount
6 of the patient responsibility portion of their hospital charges,
7 which may be reduced by amounts reasonably related to assets
8 considered pursuant to (c) of this subsection; and

9 (iii) All patients and their guarantors whose income is between
10 251 and 300 percent of the federal poverty level, adjusted for family
11 size, shall be entitled to a 50 percent discount for the full amount
12 of the patient responsibility portion of their hospital charges,
13 which may be reduced by amounts reasonably related to assets
14 considered pursuant to (c) of this subsection.

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

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

21 (A) The first \$5,000 of monetary assets for an individual or
22 \$8,000 of monetary assets for a family of two, and \$1,500 of monetary
23 assets for each additional family member. The value of any asset that
24 has a penalty for early withdrawal shall be the value of the asset
25 after the penalty has been paid;

26 (B) Any equity in a primary residence;

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

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

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

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

33 (iii) In considering assets, a hospital may not impose procedures
34 which place an unreasonable burden on the responsible party.
35 Information requests from the hospital to the responsible party for
36 the verification of assets shall be limited to that which is
37 reasonably necessary and readily available to substantiate the
38 responsible party's qualification for charity sponsorship and may not
39 be used to discourage application for such sponsorship. Only those

1 facts relevant to eligibility may be verified and duplicate forms of
2 verification may not be demanded.

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

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

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

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

15 (6) Each hospital shall post and prominently display notice of
16 charity care availability. Notice must be posted in all languages
17 spoken by more than ten percent of the population of the hospital
18 service area. Notice must be displayed in at least the following
19 locations:

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

21 (b) Emergency departments, if any; and

22 (c) Financial service or billing areas where accessible to
23 patients.

24 (7) Current versions of the hospital's charity care policy, a
25 plain language summary of the hospital's charity care policy, and the
26 hospital's charity care application form must be available on the
27 hospital's website. The summary and application form must be
28 available in all languages spoken by more than ten percent of the
29 population of the hospital service area.

30 (8)(a) All hospital billing statements and other written
31 communications concerning billing or collection of a hospital bill by
32 a hospital must include the following or a substantially similar
33 statement prominently displayed on the first page of the statement in
34 both English and the second most spoken language in the hospital's
35 service area:

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

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

4 (9) Hospital obligations under federal and state laws to provide
5 meaningful access for limited English proficiency and non-English-
6 speaking patients apply to information regarding billing and charity
7 care. Hospitals shall develop standardized training programs on the
8 hospital's charity care policy and use of interpreter services, and
9 provide regular training for appropriate staff, including the
10 relevant and appropriate staff who perform functions relating to
11 registration, admissions, or billing.

12 (10) Each hospital shall make every reasonable effort to
13 determine:

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

17 (b) The annual family income of the patient as classified under
18 federal poverty income guidelines as of the time the health care
19 services were provided, or at the time of application for charity
20 care if the application is made within two years of the time of
21 service, the patient has been making good faith efforts towards
22 payment of health care services rendered, and the patient
23 demonstrates eligibility for charity care; and

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

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

31 (12) The department shall monitor the distribution of charity
32 care among hospitals, with reference to factors such as relative need
33 for charity care in hospital service areas and trends in private and
34 public health coverage. The department shall prepare reports that
35 identify any problems in distribution which are in contradiction of
36 the intent of this chapter. The report shall include an assessment of
37 the effects of the provisions of this chapter on access to hospital
38 and health care services, as well as an evaluation of the
39 contribution of all purchasers of care to hospital charity care.

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

4 **Sec. 4.** RCW 70.41.020 and 2021 c 157 s 3 and 2021 c 61 s 1 are
5 each reenacted and amended to read as follows:

6 Unless the context clearly indicates otherwise, the following
7 terms, whenever used in this chapter, shall be deemed to have the
8 following meanings:

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

17 (a) Assistance related to conditions for which the patient did
18 not receive medical care, treatment, or observation in the hospital;
19 or

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

22 (2)(a) "Audio-only telemedicine" means the delivery of health
23 care services through the use of audio-only technology, permitting
24 real-time communication between the patient at the originating site
25 and the provider, for the purpose of diagnosis, consultation, or
26 treatment.

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

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

29 (ii) The delivery of health care services that are customarily
30 delivered by audio-only technology and customarily not billed as
31 separate services by the provider, such as the sharing of laboratory
32 results.

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

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

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

1 (6) "Emergency care to victims of sexual assault" means medical
2 examinations, procedures, and services provided by a hospital
3 emergency room to a victim of sexual assault following an alleged
4 sexual assault.

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

10 (8) "Emergency medical condition" means:

11 (a) A condition of such severity that the absence of immediate
12 medical attention could result in: (i) Placing the health of an
13 individual or, with respect to a pregnant person, the health of the
14 pregnant person or their embryo or fetus in serious jeopardy; (ii)
15 serious impairment to bodily functions; or (iii) serious dysfunction
16 of a bodily organ or part;

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

18 (i) That there is inadequate time to affect a safe transfer to
19 another hospital before delivery; or (ii) that transfer may pose a
20 threat to the health or safety of the pregnant person or their embryo
21 or fetus; or

22 (c) Any of the following conditions: Ectopic pregnancy; emergent
23 complications resulting from pregnancy or of pregnancy loss;
24 previabile preterm premature rupture of membranes; emergent placental
25 abnormalities; or emergent hypertensive disorders, such as
26 preeclampsia.

27 (9) "Hospital" means any institution, place, building, or agency
28 which provides accommodations, facilities and services over a
29 continuous period of twenty-four hours or more, for observation,
30 diagnosis, or care, of two or more individuals not related to the
31 operator who are suffering from illness, injury, deformity, or
32 abnormality, or from any other condition for which obstetrical,
33 medical, or surgical services would be appropriate for care or
34 diagnosis. "Hospital" as used in this chapter does not include
35 hotels, or similar places furnishing only food and lodging, or simply
36 domiciliary care; nor does it include clinics, or physician's offices
37 where patients are not regularly kept as bed patients for twenty-four
38 hours or more; nor does it include nursing homes, as defined and
39 which come within the scope of chapter 18.51 RCW; nor does it include
40 birthing centers, which come within the scope of chapter 18.46 RCW;

1 nor does it include (~~(psychiatric)~~) behavioral health hospitals,
2 which come within the scope of chapter 71.12 RCW; nor any other
3 hospital, or institution specifically intended for use in the
4 diagnosis and care of those suffering from mental illness,
5 intellectual disability, convulsive disorders, or other abnormal
6 mental condition. Furthermore, nothing in this chapter or the rules
7 adopted pursuant thereto shall be construed as authorizing the
8 supervision, regulation, or control of the remedial care or treatment
9 of residents or patients in any hospital conducted for those who rely
10 primarily upon treatment by prayer or spiritual means in accordance
11 with the creed or tenets of any well recognized church or religious
12 denominations.

13 (~~((9))~~) (10) "Immediate jeopardy" means a situation in which the
14 hospital's noncompliance with one or more statutory or regulatory
15 requirements has placed the health and safety of patients in its care
16 at risk for serious injury, serious harm, serious impairment, or
17 death.

18 (~~((10))~~) (11) "Lay caregiver" means any individual designated as
19 such by a patient under this chapter who provides aftercare
20 assistance to a patient in the patient's residence. "Lay caregiver"
21 does not include a long-term care worker as defined in RCW
22 74.39A.009.

23 (~~((11))~~) (12) "Originating site" means the physical location of a
24 patient receiving health care services through telemedicine.

25 (~~((12))~~) (13) "Person" means any individual, firm, partnership,
26 corporation, company, association, or joint stock association, and
27 the legal successor thereof.

28 (~~((13))~~) (14) "Secretary" means the secretary of health.

29 (~~((14))~~) (15) "Sexual assault" has the same meaning as in RCW
30 70.125.030.

31 (~~((15))~~) (16) "Telemedicine" means the delivery of health care
32 services through the use of interactive audio and video technology,
33 permitting real-time communication between the patient at the
34 originating site and the provider, for the purpose of diagnosis,
35 consultation, or treatment. "Telemedicine" includes audio-only
36 telemedicine, but does not include facsimile or email.

37 (~~((16))~~) (17) "Victim of sexual assault" means a person who
38 alleges or is alleged to have been sexually assaulted and who
39 presents as a patient.

1 NEW SECTION. **Sec. 5.** If any provision of this act or its
2 application to any person or circumstance is held invalid, the
3 remainder of the act or the application of the provision to other
4 persons or circumstances is not affected.

5 NEW SECTION. **Sec. 6.** This act is necessary for the immediate
6 preservation of the public peace, health, or safety, or support of
7 the state government and its existing public institutions, and takes
8 effect immediately.

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