
Health Care & Wellness Committee

HB 1926

Brief Description: Exempting certain hospice agencies from certificate of need requirements.

Sponsors: Representatives Cody, Ericksen, Appleton, Pettigrew, Kenney, Moeller and Ormsby.

Brief Summary of Bill

- Exempts hospice agencies from the certificate of need process if the agencies provide services designed to meet the religious or cultural needs of religious groups or ethnic minorities.

Hearing Date: 2/13/09

Staff: Jim Morishima (786-7191)

Background:

A certificate of need is required before:

- a health care facility may be constructed, renovated, or sold;
- the bed capacity at certain health care facilities is increased;
- the number of dialysis stations at a kidney disease center is increased; or
- the addition of specialized health services.

When determining whether to issue a certificate of need, the Department of Health must consider:

- the population's need for the service;
 - the availability of less costly or more effective methods of providing the service;
 - the financial feasibility and probable impact of the proposal of on the cost of health care in the community;
 - the need and availability of services and facilities for physicians and patients in the community;
 - the efficiency and appropriateness of the use of existing similar services and facilities;
- and

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- improvements in the financing and delivery of health services that contain costs and promote quality assurance.

Summary of Bill:

A certificate of need is not required for a hospice agency if:

- the hospice agency is designed to serve the unique religious or cultural needs of a religious group or ethnic minority and commits to furnishing hospice services in a manner specifically aimed at meeting those needs;
- the hospice agency is operated by an organization that has operated, for at least 10 consecutive years, a facility or group of facilities that offers a comprehensive continuum of long-term care services (including, at a minimum, a licensed, Medicare-certified nursing home, assisted living, independent living, day health, and community-based support services) designed to meet the unique religious or cultural needs of a religious group or ethnic minority;
- the hospice agency commits to coordinating with existing hospice programs in its community when appropriate;
- the hospice agency anticipates an average daily census of under 35 patients by its third year of operation; and
- the hospice agency commits to obtaining and maintaining Medicare certification.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.