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SENATE BILL 5606
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State of Washington   **60th Legislature**   **2007 Regular Session**

By Senators Kastama, Roach, Keiser, Swecker, Fairley, Stevens and Rasmussen

Read first time 01/25/2007.   Referred to Committee on Health & Long-Term Care.

1   AN ACT Relating to improving the cardiac delivery system in the
2   state of Washington by creating a new statutory certificate of need
3   category for adult nonemergent interventional cardiology for hospitals
4   without on-site open heart surgery programs; adding new sections to
5   chapter 70.38 RCW; and creating a new section.

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

7   NEW SECTION. **Sec. 1.** The legislature finds that:
8   (1) Cardiovascular disease is the second leading cause of death in
9   Washington state, accounting for approximately twenty-four percent of
10   all deaths, many of which occur in individuals under the age of
11   sixty-five.   Through the work of the blue ribbon commission, the
12   governor and legislature have called for improving the health status of
13   Washington citizens through the use of evidence-based medicine.   The
14   current system in this state of allowing hospitals without on-site open
15   heart surgery programs to perform adult emergency but not nonemergent
16   coronary interventions is an inefficient system that is not consistent
17   with evidence-based medicine.
18   (2) Appropriate and timely access to coronary interventions for
19   both emergency and nonemergent patients is an effective means of

reducing the rate of premature deaths or morbidity from cardiovascular disease. In many communities, timely access is not available and the current system negatively impacts all cardiac delivery such that access, quality, and outcomes are adversely impacted. Negative consequences include:

(a) Severe restrictions on access to the right cardiac care at the right time resulting in adverse health outcomes, even death;

(b) Provider shortages due to communities' inability to recruit or retain an adequate supply of cardiologists and related providers, which affects not only access but also the quality of both emergency and nonemergent cardiac care; and

(c) Unnecessary patient transfer and duplication of diagnostic tests, evaluations, and other procedures, which leads to increased patient risk as well as higher costs.

(3) Advancements in technology have expanded the ability to safely and effectively perform adult nonemergent coronary interventions in hospitals that do not have on-site open heart surgery programs. Published literature demonstrates that these interventions can be safely performed in hospitals without on-site surgical back-up as long as certain volume levels and other quality controls are met. The number of states allowing hospitals to perform these interventions without on-site open heart surgery programs continues to grow in the United States such that Washington state is now in the minority of states.

(4) Current department of health certificate of need rules, in effect since 1992, require hospitals to have an on-site open heart surgery program in order to perform nonemergent coronary interventions. Emergency coronary interventions are not subject to certificate of need review in Washington, and therefore any hospital can perform these procedures.

(5) Over the past fourteen years, technological advances have affected the methods used and safety of these cardiac interventions. The current rule limits patient access unreasonably.

(6) As recently as December 2001, the department of health released the report of the advisory committee on certificate of need heart surgery methodology review. The committee's report, required by legislation passed in 2000, recommended the creation of a separate

1 certificate of need category for adult nonemergent interventional
2 cardiology that did not require a hospital to have on-site open heart
3 surgery.

4   In order to improve the cardiac delivery system in this state, the
5 legislature intends to allow hospitals without on-site open heart
6 surgery programs the opportunity to perform adult nonemergent coronary
7 interventions by applying for a separate certificate of need for these
8 services. This change will significantly improve the cardiac delivery
9 system in the state. It will strengthen the delivery of both emergency
10 and nonemergent cardiac care by assuring that more Washington residents
11 get the right cardiac care at the right time.

12   NEW SECTION. **Sec. 2.** A new section is added to chapter 70.38 RCW
13 to read as follows:

14   (1) Adult nonemergent coronary interventions are tertiary services
15 and shall be performed only in hospitals licensed pursuant to chapter
16 70.41 RCW that have obtained a certificate of need from the department
17 pursuant to rules adopted by the department. The department's rules
18 for granting a certificate of need to a licensed hospital to provide
19 adult nonemergent coronary interventions shall not require the hospital
20 to have an on-site open heart surgery program. If a hospital has an
21 existing open heart surgery program, the hospital shall not be required
22 to obtain a separate certificate of need to provide adult nonemergent
23 coronary interventions.

24   (2) For purposes of this section and section 3 of this act, "adult
25 nonemergent coronary interventions" means catheter-based nonsurgical
26 interventions in the coronary arteries performed on individuals age
27 eighteen or older. These interventions include insertion of coronary
28 artery stents and percutaneous transluminal coronary angioplasty.

29   (3) Nothing in this section or section 3 of this act is to be
30 interpreted as requiring a hospital to obtain a certificate of need
31 prior to performing emergency coronary interventions.

32   NEW SECTION. **Sec. 3.** A new section is added to chapter 70.38 RCW
33 to read as follows:

34   (1) The department of health shall adopt by rule, no later than
35 April 1, 2008, a separate certificate of need methodology and standards

1 implementing this section and section 2 of this act. The department
2 shall begin accepting nonemergent coronary intervention certificate of
3 need applications no later than May 1, 2008.
4   (2) In developing the standards under this section, the department
5 shall:
6   (a) Include evidence-based minimum volume standards for both the
7 applicant hospital and the performing cardiologists, taking into
8 consideration that standards may need to be different for rural areas
9 and other communities with special populations in order to provide
10 adequate access;
11   (b) Include standards to ensure that new adult nonemergent coronary
12 intervention programs do not adversely impact the ability of hospitals
13 currently performing these procedures to operate at volume levels noted
14 in (a) of this subsection;
15   (c) Establish standards to ensure that adult nonemergent coronary
16 intervention volumes at the University of Washington academic medical
17 center are maintained at levels required for training of cardiologists
18 consistent with applicable accreditation requirements;
19   (d) Establish standards to ensure that both emergency and
20 nonemergent adult coronary intervention volumes are included in the
21 count of volumes needed to attain the volume levels noted in (a) of
22 this subsection;
23   (e) Require applying hospitals to develop and maintain an agreement
24 with a hospital that has an on-site open heart surgery program for
25 transfer, case selection, and quality assurance review;
26   (f) Use geographic areas no larger than the hospital subplanning
27 areas defined in the 1987 Washington state health plan as the planning
28 areas for evaluating need;
29   (g) Require approved hospitals to submit outcome data to the
30 American college of cardiology-national cardiovascular data registry.
31   (3) Following the initial implementation of the rules, the
32 department shall convene an expert panel at least every three years to
33 review and recommend appropriate revision to these rules based on
34 advances in technology and treatment.

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