## SENATE BILL 6273

State of Washington 65th Legislature 2018 Regular Session

By Senators Cleveland, Rivers, Fain, and Mullet

Read first time 01/11/18. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to state charity care law; amending RCW 2 70.170.020 and 70.170.060; and providing an effective date.

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

4 **Sec. 1.** RCW 70.170.020 and 1995 c 269 s 2203 are each amended to 5 read as follows:

6 As used in this chapter:

(1) "Department" means department of health.

8 (2) "Hospital" means any health care institution which is 9 required to qualify for a license under RCW 70.41.020((<del>(2)</del>)) <u>(7)</u>; or 10 as a psychiatric hospital under chapter 71.12 RCW.

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(3) "Secretary" means secretary of health.

12 (4) "Charity care" means <u>medically</u> necessary hospital health care 13 rendered to indigent persons <u>when third-party coverage has been</u> 14 <u>exhausted</u>, to the extent that the persons are unable to pay for the 15 care or to pay deductibles or coinsurance amounts required by a 16 third-party payer, as determined by the department.

17 (5) <u>"Third-party coverage" means an obligation on the part of an</u> 18 insurance company, health care service contractor, health maintenance 19 organization, group health plan, government program, tribal health 20 benefits, or health care sharing ministry as defined in 26 U.S.C. 21 Sec. 5000A to pay for the care of covered patients and services, and

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1 may include settlements, judgments, or awards actually received 2 related to the negligent acts of others which have resulted in the 3 medical condition for which the patient has received hospital health 4 care services.

5 (6) "Sliding fee schedule" means a hospital-determined, publicly 6 available schedule of discounts to charges for persons deemed 7 eligible for charity care; such schedules shall be established after 8 consideration of guidelines developed by the department.

9 ((<del>(6)</del>)) <u>(7)</u> "Special studies" means studies which have not been 10 funded through the department's biennial or other legislative 11 appropriations.

12 Sec. 2. RCW 70.170.060 and 1998 c 245 s 118 are each amended to 13 read as follows:

14 (1) No hospital or its medical staff shall adopt or maintain15 admission practices or policies which result in:

16 (a) A significant reduction in the proportion of patients who 17 have no third-party coverage and who are unable to pay for hospital 18 services;

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

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

27 (2) No hospital shall adopt or maintain practices or policies which would deny access to emergency care based on ability to pay. No 28 hospital which maintains an emergency department shall transfer a 29 30 patient with an emergency medical condition or who is in active labor unless the transfer is performed at the request of the patient or is 31 due to the limited medical resources of the transferring hospital. 32 Hospitals must follow reasonable procedures in making transfers to 33 other hospitals including confirmation of acceptance of the transfer 34 35 by the receiving hospital.

36 (3) The department shall develop definitions by rule, <u>consistent</u>
 37 <u>with RCW 70.170.020</u>, as appropriate, for subsection (1) of this
 38 section and, with reference to federal requirements, subsection (2)
 39 of this section. The department shall monitor hospital compliance

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with subsections (1) and (2) of this section. The department shall report individual instances of possible noncompliance to the state attorney general or the appropriate federal agency.

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

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

9 (b) A definition of residual bad debt including reasonable and 10 uniform standards for collection procedures to be used in efforts to 11 collect the unpaid portions of hospital charges that are the 12 patient's responsibility.

(5) For the purpose of providing charity care, each hospital 13 shall develop, implement, and maintain a charity care policy which, 14 consistent with subsection (1) of this section, shall enable people 15 16 below the federal poverty level access to appropriate hospital-based 17 medical services, and a sliding fee schedule for determination of discounts from charges for persons who qualify for such discounts 18 19 ((by January 1, 1990)). The department shall develop specific guidelines to assist hospitals in setting sliding fee schedules 20 21 required by this section. All persons with family income below one hundred percent of the federal poverty standard shall be deemed 22 charity care patients for the full amount of hospital charges, 23 provided that such persons are not eligible for ((other private or 24 25 public health coverage sponsorship. Persons who may be eligible for charity care shall be notified by the hospital)) third-party 26 27 coverage.

28 (6) <u>Hospitals must inform patients about the availability of</u> 29 <u>charity care using the following methods:</u>

30 <u>(a) The hospital must offer a plain language summary of the</u> 31 <u>hospital's charity care policy to patients as part of the intake or</u> 32 <u>discharge process. A plain language summary must include the current</u> 33 <u>federal poverty guidelines and sliding fee schedule and be available</u> 34 <u>in all languages spoken by more than ten percent of the population of</u> 35 <u>the hospital service area;</u>

36 (b) If the hospital orally asks patients about the availability 37 of any third-party coverage, the hospital must orally offer patients 38 information about applicable government programs and charity care;

39 <u>(c) Current versions of the hospital's charity care policy, a</u> 40 plain language summary of the hospital's charity care policy, the

| 1  | hospital's charity care application form, and the federal poverty     |
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| 2  | guidelines must be conspicuously posted on the hospital's web site;   |
| 3  | (d) All hospital billing statements and other written                 |
| 4  | communications concerning billing or collection of a hospital bill    |
| 5  | must include the following or substantially similar statement         |
| 6  | prominently displayed on the first page of the statement in both      |
| 7  | English and the second most spoken language in the hospital's service |
| 8  | <u>area:</u>  |
| 9  | You may qualify for free care or a discount on your hospital          |
| 10 | bill, whether or not you have insurance. Please contact our           |
| 11 | financial assistance office at  |
| 12 | Nothing in this subsection requires any hospital to alter any         |
| 13 | preprinted hospital billing statements existing as of January 1,      |
| 14 | 2019;   |
| 15 | (e) At least one postdischarge hospital billing statement must        |
| 16 | include a plain language summary of the hospital's charity care       |
| 17 | policy; and   |
| 18 | (f) Signage notifying patients and visitors of the availability       |
| 19 | of charity care must be available in all languages spoken by more     |
| 20 | than ten percent of the population of the hospital service area. Such |
| 21 | signage must be clearly and conspicuously posted in at least the      |
| 22 | following locations:  |
| 23 | (i) Emergency departments, if any; and                                |
| 24 | (ii) Admission and registration areas.                                |
| 25 | (7) Hospital obligations under federal and state laws to provide      |
| 26 | meaningful access for limited English proficiency and non-English-    |
| 27 | speaking patients apply to information regarding billing and charity  |
| 28 | care. Hospitals must develop standardized training programs on the    |
| 29 | hospital's charity care policy and use of interpreter services and    |
| 30 | provide regular training for appropriate staff, including the         |
| 31 | relevant and appropriate staff who work in registration, admissions,  |
| 32 | and billing.  |
| 33 | (8)(a) Charity care applications must be completed and submitted      |
| 34 | within two hundred forty days of the first postdischarge billing. If  |
| 35 | a patient has begun the application process during the two hundred    |
| 36 | forty-day application period, the patient has sixty days from the     |
| 37 | date of notice to complete the charity care application if the        |
| 38 | hospital provides written notice to the patient that the application  |
| 39 | is incomplete and a description of the additional information or      |

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1 documentation needed to complete the application. During the two
2 hundred forty-day application period and, if applicable, the sixty3 day completion period, a hospital may not report adverse information
4 to consumer credit reporting agencies or credit bureaus in connection
5 with a bill for medically necessary hospital health care.

6 (b) Hospitals may require patients to use an application process 7 attesting to the accuracy of the information provided to the hospital 8 and reflecting the patient's income and family size at the time the 9 service was provided. Hospitals may also require patients to provide 10 a supporting document regarding each family income source for 11 purposes of determining the person's qualification for charity care.

12 (c) Nothing in this section prohibits hospitals from considering 13 a patient for charity care at any time based upon individual 14 financial circumstances or other circumstances.

15 (9) Subject to the requirements of this chapter and this section, 16 each hospital shall make every reasonable effort to determine the 17 existence or nonexistence of ((private or public sponsorship)) thirdparty coverage which might cover in full or part the charges for care 18 19 rendered by the hospital to a patient; the family income of the patient as classified under federal poverty income guidelines; and 20 21 the eligibility of the patient for charity care as defined in this in accordance with hospital policy. ((An initial 22 chapter and 23 determination of sponsorship status shall precede collection efforts directed at the patient.)) Patients who are potentially eligible for 24 25 government programs must have applied for and been determined to be ineligible to receive government program coverage, including medicare 26 and medicaid, before being eligible for hospital charity care. If 27 28 denied such program coverage, the patient must provide the hospital with a copy of the denial. 29

30 (((7))) (10) The department shall monitor the distribution of 31 charity care among hospitals, with reference to factors such as 32 relative need for charity care in hospital service areas and trends in private and public health coverage. The department shall prepare 33 reports that identify any problems in distribution which are in 34 contradiction of the intent of this chapter. The report shall include 35 an assessment of the effects of the provisions of this chapter on 36 access to hospital and health care services, as well as an evaluation 37 of the contribution of all purchasers of care to hospital charity 38 39 care.

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1 (((+8))) (11) The department shall issue a report on the subjects addressed in this section at least annually((, with the first report 2 due on July 1, 1990)). 3 (12)(a) The department shall amend any existing rules established 4 under this section to be consistent with this act and adopt rules 5 б necessary to implement the priorities established in this act including improving the notice and information provided by hospitals 7 to patients regarding charity care, improving training regarding 8 interpreter services and charity care eligibility, and establishing 9 clear deadlines by which patients must complete a charity care 10 application, taking into consideration any applicable federal 11 12 requirements. (b) In developing the rules, the department shall amend or 13 rescind any existing rules in conflict with the provisions of this 14 15 act. 16 (c) The legislature's delegation of authority to the department 17 under this act is strictly limited to the minimum delegation necessary to administer the clear and unambiguous directives of this 18 19 act.

20 <u>NEW SECTION.</u> Sec. 3. This act takes effect January 1, 2019.

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