
SENATE BILL 5557

State of Washington

69th Legislature

2025 Regular Session

By Senators Krishnadasan, Dhingra, Kauffman, Slatter, C. Wilson, Saldaña, Orwall, Lovelett, and Stanford

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; and declaring an emergency.

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

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

9 Unless the context clearly indicates otherwise, the following
10 terms, whenever used in this chapter, shall be deemed to have the
11 following meanings:

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

1 (a) Assistance related to conditions for which the patient did
2 not receive medical care, treatment, or observation in the hospital;
3 or

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

6 (2) (a) "Audio-only telemedicine" means the delivery of health
7 care services through the use of audio-only technology, permitting
8 real-time communication between the patient at the originating site
9 and the provider, for the purpose of diagnosis, consultation, or
10 treatment.

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

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

13 (ii) The delivery of health care services that are customarily
14 delivered by audio-only technology and customarily not billed as
15 separate services by the provider, such as the sharing of laboratory
16 results.

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

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

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

23 (6) "Emergency care to victims of sexual assault" means medical
24 examinations, procedures, and services provided by a hospital
25 emergency room to a victim of sexual assault following an alleged
26 sexual assault.

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

32 (8) "Emergency medical condition" means:

33 (a) A condition of such severity that the absence of immediate
34 medical attention could result in: (i) Placing the health of an
35 individual (or, with respect to a pregnant person, the health of the
36 pregnant person or their embryo or fetus) in serious jeopardy; (ii)
37 serious impairment to bodily functions; or (iii) serious dysfunction
38 of a bodily organ or part; or

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

40 (i) That there is inadequate time to affect a safe transfer to

1 another hospital before delivery; or (ii) that transfer may pose a
2 threat to the health or safety of the pregnant person or their embryo
3 or fetus.

4 (9) "Hospital" means any institution, place, building, or agency
5 which provides accommodations, facilities and services over a
6 continuous period of twenty-four hours or more, for observation,
7 diagnosis, or care, of two or more individuals not related to the
8 operator who are suffering from illness, injury, deformity, or
9 abnormality, or from any other condition for which obstetrical,
10 medical, or surgical services would be appropriate for care or
11 diagnosis. "Hospital" as used in this chapter does not include
12 hotels, or similar places furnishing only food and lodging, or simply
13 domiciliary care; nor does it include clinics, or physician's offices
14 where patients are not regularly kept as bed patients for twenty-four
15 hours or more; nor does it include nursing homes, as defined and
16 which come within the scope of chapter 18.51 RCW; nor does it include
17 birthing centers, which come within the scope of chapter 18.46 RCW;
18 nor does it include (~~(psychiatric)~~) behavioral health hospitals,
19 which come within the scope of chapter 71.12 RCW; nor any other
20 hospital, or institution specifically intended for use in the
21 diagnosis and care of those suffering from mental illness,
22 intellectual disability, convulsive disorders, or other abnormal
23 mental condition. Furthermore, nothing in this chapter or the rules
24 adopted pursuant thereto shall be construed as authorizing the
25 supervision, regulation, or control of the remedial care or treatment
26 of residents or patients in any hospital conducted for those who rely
27 primarily upon treatment by prayer or spiritual means in accordance
28 with the creed or tenets of any well recognized church or religious
29 denominations.

30 (~~((9))~~) (10) "Immediate jeopardy" means a situation in which the
31 hospital's noncompliance with one or more statutory or regulatory
32 requirements has placed the health and safety of patients in its care
33 at risk for serious injury, serious harm, serious impairment, or
34 death.

35 (~~((10))~~) (11) "Lay caregiver" means any individual designated as
36 such by a patient under this chapter who provides aftercare
37 assistance to a patient in the patient's residence. "Lay caregiver"
38 does not include a long-term care worker as defined in RCW
39 74.39A.009.

1 (~~(11)~~) (12) "Originating site" means the physical location of a
2 patient receiving health care services through telemedicine.

3 (~~(12)~~) (13) "Person" means any individual, firm, partnership,
4 corporation, company, association, or joint stock association, and
5 the legal successor thereof.

6 (~~(13)~~) (14) "Secretary" means the secretary of health.

7 (~~(14)~~) (15) "Sexual assault" has the same meaning as in RCW
8 70.125.030.

9 (~~(15)~~) (16) "Telemedicine" means the delivery of health care
10 services through the use of interactive audio and video technology,
11 permitting real-time communication between the patient at the
12 originating site and the provider, for the purpose of diagnosis,
13 consultation, or treatment. "Telemedicine" includes audio-only
14 telemedicine, but does not include facsimile or email.

15 (~~(16)~~) (17) "Victim of sexual assault" means a person who
16 alleges or is alleged to have been sexually assaulted and who
17 presents as a patient.

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

20 When providing emergency services, hospitals shall:

21 (1) Comply with 42 U.S.C. Sec. 1395dd and its implementing
22 regulations as they existed on January 1, 2025, provided that, for
23 purposes of this subsection, "emergency medical condition" shall have
24 the meaning provided in RCW 70.41.020 and "unborn child" shall mean
25 "embryo or fetus" where those terms are used in 42 U.S.C. Sec. 1395dd
26 and its implementing regulations as they existed on January 1, 2025.
27 Hospitals must comply with any requirements of this chapter or any
28 other law that provide greater access to care or are otherwise more
29 favorable to patients than the requirements of 42 U.S.C. Sec. 1395dd
30 and its implementing regulations as they existed on January 1, 2025;
31 and

32 (2) Provide treatment to a pregnant person who comes to the
33 hospital with an emergency medical condition that is consistent with
34 the applicable standard of care for such condition or, if authorized
35 by law, transfer the patient to another hospital capable of providing
36 the treatment, with the informed consent of the patient. If
37 termination of the pregnancy is the treatment that is consistent with
38 the applicable standard of care, the hospital must provide such
39 treatment following and as promptly as dictated by the standard of

1 care or, if authorized by law, transfer the patient to another
2 hospital capable of providing the treatment, with the informed
3 consent of the patient. Neither the continuation of the pregnancy nor
4 the health of any embryo or fetus shall be a basis for withholding
5 care from the pregnant person, and neither the continuation of the
6 pregnancy nor the health of any embryo or fetus shall be prioritized
7 over the health or safety of the pregnant person absent the informed
8 consent of the pregnant person.

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

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

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

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

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

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

34 (3) The department shall develop definitions by rule, as
35 appropriate, for subsection (1) of this section and, with reference
36 to federal requirements, subsection (2) of this section. The
37 department shall monitor hospital compliance with subsections (1) and
38 (2) of this section. The department shall report individual instances

1 of possible noncompliance to the state attorney general or the
2 appropriate federal agency.

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

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

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

12 (5) For the purpose of providing charity care, each hospital
13 shall develop, implement, and maintain a policy which shall enable
14 indigent persons access to charity care. The policy shall include
15 procedures for identifying patients who may be eligible for health
16 care coverage through medical assistance programs under chapter 74.09
17 RCW or the Washington health benefit exchange and actively assisting
18 patients to apply for any available coverage. If a hospital
19 determines that a patient or their guarantor is qualified for
20 retroactive health care coverage through the medical assistance
21 programs under chapter 74.09 RCW, a hospital shall assist the patient
22 or guarantor with applying for such coverage. If a hospital
23 determines that a patient or their guarantor qualifies for
24 retroactive health care coverage through the medical assistance
25 programs under chapter 74.09 RCW, a hospital is not obligated to
26 provide charity care under this section to any patient or their
27 guarantor if the patient or their guarantor fails to make reasonable
28 efforts to cooperate with the hospital's efforts to assist them in
29 applying for such coverage. Hospitals may not impose application
30 procedures for charity care or for assistance with retroactive
31 coverage applications which place an unreasonable burden upon the
32 patient or guarantor, taking into account any physical, mental,
33 intellectual, or sensory deficiencies, or language barriers which may
34 hinder the responsible party's capability of complying with
35 application procedures. It is an unreasonable burden to require a
36 patient to apply for any state or federal program where the patient
37 is obviously or categorically ineligible or has been deemed
38 ineligible in the prior 12 months.

39 (a) At a minimum, a hospital owned or operated by a health system
40 that owns or operates three or more acute hospitals licensed under

1 chapter 70.41 RCW, an acute care hospital with over 300 licensed beds
2 located in the most populous county in Washington, or an acute care
3 hospital with over 200 licensed beds located in a county with at
4 least 450,000 residents and located on Washington's southern border
5 shall grant charity care per the following guidelines:

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

10 (ii) All patients and their guarantors whose income is between
11 301 and 350 percent of the federal poverty level, adjusted for family
12 size, shall be entitled to a 75 percent discount for the full amount
13 of the patient responsibility portion of their hospital charges,
14 which may be reduced by amounts reasonably related to assets
15 considered pursuant to (c) of this subsection;

16 (iii) All patients and their guarantors whose income is between
17 351 and 400 percent of the federal poverty level, adjusted for family
18 size, shall be entitled to a 50 percent discount for the full amount
19 of the patient responsibility portion of their hospital charges,
20 which may be reduced by amounts reasonably related to assets
21 considered pursuant to (c) of this subsection.

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

24 (i) All patients and their guarantors whose income is not more
25 than 200 percent of the federal poverty level, adjusted for family
26 size, shall be deemed charity care patients for the full amount of
27 the patient responsibility portion of their hospital charges;

28 (ii) All patients and their guarantors whose income is between
29 201 and 250 percent of the federal poverty level, adjusted for family
30 size, shall be entitled to a 75 percent discount for the full amount
31 of the patient responsibility portion of their hospital charges,
32 which may be reduced by amounts reasonably related to assets
33 considered pursuant to (c) of this subsection; and

34 (iii) All patients and their guarantors whose income is between
35 251 and 300 percent of the federal poverty level, adjusted for family
36 size, shall be entitled to a 50 percent discount for the full amount
37 of the patient responsibility portion of their hospital charges,
38 which may be reduced by amounts reasonably related to assets
39 considered pursuant to (c) of this subsection.

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

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

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

12 (B) Any equity in a primary residence;

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

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

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

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

19 (iii) In considering assets, a hospital may not impose procedures
20 which place an unreasonable burden on the responsible party.
21 Information requests from the hospital to the responsible party for
22 the verification of assets shall be limited to that which is
23 reasonably necessary and readily available to substantiate the
24 responsible party's qualification for charity sponsorship and may not
25 be used to discourage application for such sponsorship. Only those
26 facts relevant to eligibility may be verified and duplicate forms of
27 verification may not be demanded.

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

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

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

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

1 (6) Each hospital shall post and prominently display notice of
2 charity care availability. Notice must be posted in all languages
3 spoken by more than ten percent of the population of the hospital
4 service area. Notice must be displayed in at least the following
5 locations:

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

7 (b) Emergency departments, if any; and

8 (c) Financial service or billing areas where accessible to
9 patients.

10 (7) Current versions of the hospital's charity care policy, a
11 plain language summary of the hospital's charity care policy, and the
12 hospital's charity care application form must be available on the
13 hospital's website. The summary and application form must be
14 available in all languages spoken by more than ten percent of the
15 population of the hospital service area.

16 (8)(a) All hospital billing statements and other written
17 communications concerning billing or collection of a hospital bill by
18 a hospital must include the following or a substantially similar
19 statement prominently displayed on the first page of the statement in
20 both English and the second most spoken language in the hospital's
21 service area:

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

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

29 (9) Hospital obligations under federal and state laws to provide
30 meaningful access for limited English proficiency and non-English-
31 speaking patients apply to information regarding billing and charity
32 care. Hospitals shall develop standardized training programs on the
33 hospital's charity care policy and use of interpreter services, and
34 provide regular training for appropriate staff, including the
35 relevant and appropriate staff who perform functions relating to
36 registration, admissions, or billing.

37 (10) Each hospital shall make every reasonable effort to
38 determine:

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

4 (b) The annual family income of the patient as classified under
5 federal poverty income guidelines as of the time the health care
6 services were provided, or at the time of application for charity
7 care if the application is made within two years of the time of
8 service, the patient has been making good faith efforts towards
9 payment of health care services rendered, and the patient
10 demonstrates eligibility for charity care; and

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

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

18 (12) The department shall monitor the distribution of charity
19 care among hospitals, with reference to factors such as relative need
20 for charity care in hospital service areas and trends in private and
21 public health coverage. The department shall prepare reports that
22 identify any problems in distribution which are in contradiction of
23 the intent of this chapter. The report shall include an assessment of
24 the effects of the provisions of this chapter on access to hospital
25 and health care services, as well as an evaluation of the
26 contribution of all purchasers of care to hospital charity care.

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

30 NEW SECTION. **Sec. 4.** This act is necessary for the immediate
31 preservation of the public peace, health, or safety, or support of
32 the state government and its existing public institutions, and takes
33 effect immediately.

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