

ASSEMBLY BILL

No. 1862

Introduced by Assembly Member Logue

February 22, 2012

An act to add Section 1250.9 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1862, as introduced, Logue. Health facilities: licensure.

Existing law provides for the licensure and regulation of health facilities, including general acute care hospitals, by the State Department of Public Health. Existing law requires the department, when an applicant for a general acute care hospital license meets the applicable requirements of licensure, to issue a single consolidated general acute care hospital license that includes more than one physical plant maintained and operated on separate premises or that has multiple licenses for a single health facility on the same premises, if any of certain criteria are met. One of these criteria is that the physical plants maintained and operated by the licensee that are to be covered by the single consolidated license are located not more than 15 miles apart.

This bill would require the department to issue a single consolidated license to certain general acute care hospitals that include more than one physical plant maintained and operated on separate premises, if one of the physical plants is used as an emergency center that provides service 24 hours a day, 7 days a week, and other specified conditions are met. The bill would authorize the transfer of ownership of a freestanding emergency center if specified conditions are met. It would also require the department to establish a committee to evaluate the quality and efficiency of services and improvement in patient access

provided by freestanding emergency centers and provide a specified report to the Legislature and the Governor.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature hereby finds and declares all of
2 the following:

3 (a) There are currently 241 freestanding emergency departments
4 (FSEDS) in the United States.

5 (b) FSEDS are regulated by state licensing requirements and
6 federal certification requirements.

7 (c) Many emergency departments in the state are overcrowded.

8 (d) Eighteen hospitals in the state and their respective emergency
9 departments have closed in the last 10 years.

10 (e) FSEDS have the ability to provide services to patients who
11 may not otherwise have access to emergency services.

12 SEC. 2. Section 1250.9 is added to the Health and Safety Code,
13 to read:

14 1250.9. (a) Notwithstanding Section 1250.8 OR any other law,
15 upon application of a general acute care hospital that meets all the
16 criteria of paragraphs (1) to (3), inclusive, of subdivision (b) of
17 Section 1250.8, other applicable requirements of licensure, and is
18 approved to provide emergency center special services, the
19 department shall issue a single consolidated license where that
20 hospital includes more than one physical plant maintained and
21 operated on separate premises if one of the physical plants is used
22 as an emergency center that provides service 24 hours a day, seven
23 days a week, and either of the following conditions is met:

24 (1) The general acute care hospital is a rural general acute care
25 hospital and the emergency center is located within 30 miles of
26 the primary physical plant of the hospital and at least 20 miles
27 from an emergency center owned or operated by another general
28 acute care hospital.

29 (2) The general acute care hospital is not a rural general acute
30 care hospital and the emergency center is located within 15 miles
31 of the primary physical plant of the hospital and at least seven
32 miles from an emergency center owned or operated by another
33 general acute care hospital.

1 (b) The department shall issue not more than 12 consolidated
2 licenses pursuant to this section and not more than six consolidated
3 licenses to rural general acute care hospitals.

4 (c) A general acute care hospital, including a rural general acute
5 care hospital, that continuously operates for at least three years an
6 approved emergency center at a physical plant that is separate from
7 the primary physical plant of the hospital may transfer ownership
8 of the emergency center to another general acute care hospital that
9 is approved to provide emergency center special services, if the
10 conditions of subdivisions (a) and (b) will be met subsequent to
11 the transfer.

12 SEC. 3. The State Department of Public Health shall establish
13 a committee to evaluate the quality and efficiency of services and
14 improvement in patient access provided by freestanding emergency
15 centers established pursuant to a consolidated license issued
16 pursuant to Section 1250.9 of the Health and Safety Code. The
17 membership of the committee shall include a physician and surgeon
18 who has experience providing medical services within a rural
19 freestanding emergency department, a physician and surgeon who
20 has experience providing medical services within an urban
21 freestanding emergency department, a nurse who has experience
22 working within a rural freestanding emergency department, a nurse
23 who has experience working within an urban freestanding
24 emergency department, a patient who was treated within an urban
25 freestanding emergency department, a patient who was treated
26 within a rural freestanding emergency department, a representative
27 from a rural general acute care hospital with a freestanding
28 emergency center, and a representative from an urban general acute
29 care hospital with a freestanding emergency center. The committee
30 shall be established within five years after the first emergency
31 center is established pursuant to a consolidated license issued
32 pursuant to Section 1250.9 of the Health and Safety Code. The
33 committee shall prepare and submit its evaluation to the Legislature
34 and the Governor within six months of the first meeting of the
35 committee.

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