

**RCW 74.60.100 Critical access hospital payments. (Contingent expiration date.)** In each fiscal year commencing upon satisfaction of the conditions in RCW 74.60.150(1), the authority shall make access payments to critical access hospitals that do not qualify for or receive a small rural disproportionate share hospital payment in a given fiscal year in the total amount of two million thirty-eight thousand dollars from the fund. The amount of payments to individual hospitals under this section must be determined using a methodology that provides each hospital with a proportional allocation of the group's total amount of medicaid and state children's health insurance program payments determined from claims and encounter data using the same general methodology set forth in RCW 74.60.120 (3) and (4). Payments must be made after the authority determines a hospital's payments under RCW 74.60.110. These payments shall be in addition to any other amount payable with respect to services provided by critical access hospitals and shall not reduce any other payments to critical access hospitals. The authority shall provide a report of such payments to the Washington state hospital association within thirty days after payments are made. [2017 c 228 s 7; 2015 2nd sp.s. c 5 s 6; 2013 2nd sp.s. c 17 s 9; 2010 1st sp.s. c 30 s 11.]

**Effective date—2017 c 228:** See note following RCW 74.60.005.

**Effective date—2015 2nd sp.s. c 5:** See note following RCW 74.60.005.

**Effective date—2013 2nd sp.s. c 17:** See note following RCW 74.60.005.

**RCW 74.60.100 Grants to financially distressed hospitals. (Contingent effective date.)** (1) In each calendar year commencing upon satisfaction of the conditions in RCW 74.60.150(1), the authority may make grants to financially distressed hospitals.

(2) To qualify for a grant, a hospital must:

(a) Be located in Washington, and not be part of a system of three or more hospitals;

(b) Serve individuals enrolled in state and federal medical assistance programs;

(c) Continue to provide services to a medicaid population;

(d) Demonstrate a plan for long-term financial sustainability;

(e) Meet one or more of the following criteria at the time of application:

(i) Have 60 or fewer days cash on hand;

(ii) Have negative net income during the prior or current hospital fiscal year; or

(iii) Be at risk of bankruptcy; and

(f) Not have received funds under this section for a period of more than five consecutive years.

(3) The authority shall create an application process that identifies the amount of the request, how the moneys will be used, and includes a brief written response to the items listed in subsection (2)(a) through (d) of this section and documentation evidencing one or more of the criteria in subsection (2)(e) of this section.

(4) The authority shall allocate the funds so as to give proportionately more money to eligible hospitals with more severe

financial distress as measured by days cash on hand and that serve a higher proportion of medicaid patients.

(5) If the total of qualified applications from financially distressed hospitals for these funds in a biennium is less than \$10,000,000, the balance will be retained in the fund to be used in subsequent years for these purposes. [2023 c 430 s 9; 2017 c 228 s 7; 2015 2nd sp.s. c 5 s 6; 2013 2nd sp.s. c 17 s 9; 2010 1st sp.s. c 30 s 11.]

**Contingent effective date—2023 c 430:** See note following RCW 74.60.005.

**Effective date—2017 c 228:** See note following RCW 74.60.005.

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