

PCI Rulemaking Workshop

A Summary of Providence's Petition for Rulemaking

Proposal to Amend WAC 246-310-720

In October 2023, Providence Health & Services – Washington contacted the WA State Department of Health with a petition to undertake rulemaking related to **WAC 246-310-720 (Hospital volume standards)**.

While we recognize there are additional opportunities to modernize the PCI rules, **we narrowly focused our petition on a single WAC that is most urgent to address.**

Providence's requested change to modify WAC 246-310-720 would **eliminate an inherent shortcoming that prevents approval of a new elective PCI program when numeric need is shown in a planning area** but where an existing elective PCI program is non-compliant in meeting the requirements set forth in WAC 246-310-720 (1) and WAC 246-310-755.

Proposed Rule Change

WAC 246-310-720 Hospital volume standards.

(1) Hospitals with an elective PCI program must perform a minimum of two hundred adult PCIs per year by the end of the third year of operation and each year thereafter.

(2) The department shall only grant a certificate of need to new programs within the identified planning area if the state need forecasting methodology projects unmet volumes sufficient to establish one or more programs within the planning area. :

~~(a) The state need forecasting methodology projects unmet volumes sufficient to establish one or more programs within a planning area; and~~

~~(b) All existing PCI programs in that planning area are meeting or exceeding the minimum volume standard.~~

[Statutory Authority: RCW [70.38.135](#) and [70.38.115](#). WSR 18-07-102, § 246-310-720, filed 3/20/18, effective 4/20/18. Statutory Authority: RCW [70.38.128](#). WSR 09-01-113, § 246-310-720, filed 12/19/08, effective 12/19/08.]

Why the Change is Needed

- In its current entirety, **WAC 246-310-720 does not serve the primary purpose for which it was adopted**, which is to improve access to elective PCI services in planning areas where numeric need is demonstrated.
- For years, the DOH CN Program **has not had in place a timely and consistent enforcement mechanism** for long-term, non-compliant, CN-approved elective PCI programs.
- These **programs remain in operation**, despite their failure to comply with the State of Washington's annual PCI volume standards of 200 cases by the end of year three of operations (WAC 246-310-720(1); WAC 246-310-715(2)).
- As WAC 246-310-720 is currently written, coupled with the lack of enforcement of the PCI volume standards, the Department **has prevented new elective PCI programs from being approved, despite numeric need models demonstrating a need** for increased access for planning area residents.

Value of Maintaining Volume Standards

- **Providence's petition for rulemaking does not suggest that the volume standards be eliminated.**
- Volume standards are important, as there is a **known and well-established relationship between PCI volumes performed by a facility and the quality outcomes** of those procedures.
- The PCI annual minimum volume standard was adopted by the Department after receiving **extensive clinical input from stakeholders.**
- The volume standards serve to **ensure patient safety and maintenance of high-quality clinical care** with respect to the provision of elective PCI services.
- Volume standards should be maintained, but **failure of CN approved elective PCI program to meet the volume standards should not create a barrier to approving additional elective PCI programs when numeric need is demonstrated** in a planning area.

Benefits of the Proposed Rule Change

- The requested amendment to WAC 246-310-720 will **improve access for planning area residents closer to home** when numeric need is shown for an additional elective PCI program(s), based upon the annual DOH PCI Numeric Need Methodology.
- The requested modification to this single WAC will **allow a new elective PCI program(s) to be established regardless of whether an existing elective PCI program in the planning area is operating out of compliance** with WAC 246-310-720(1), WAC 246-310-715(2) and WAC 246-310-755.
- The proposed change **does not impact the ability of the Department to pursue enforcement action** of the minimum volume standards, as needed.
- Ultimately, eliminating WAC 246-310-720(2)(b) would **increase access to care without undermining the viability of underperforming programs.**





For questions or to share feedback

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