

SENATE BILL REPORT

SB 5165

As Reported by Senate Committee On:
Health Care, February 9, 2015

Title: An act relating to coverage of home health benefits for persons seeking palliative care treatments.

Brief Description: Authorizing palliative care in conjunction with treatment or management of chronic or life-threatening illness.

Sponsors: Senators Angel and Frockt.

Brief History:

Committee Activity: Health Care: 2/03/15, 2/09/15 [DPS].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 5165 be substituted therefor, and the substitute bill do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

Staff: Mich'l Needham (786-7442)

Background: Palliative care is specialized medical care for a person with serious illness that is focused on providing relief from symptoms and improving the quality of life. Services can be provided to patients in any stage of illness to assist with symptoms such as pain, shortness of breath, fatigue, or depression. Palliative care is provided in many settings including homes, hospitals, hospices, nursing facilities, and assisted living facilities.

Hospice care includes a set of services that are generally provided to a person with a life expectancy of six months. Palliative care can be a component of hospice care but is not limited to terminally ill patients. Medicare recently modified their hospice care benefit to allow patients to concurrently receive palliative care and curative care.

Health plans licensed as health care service contractors and disability insurance contractors must offer optional health coverage for home health care and hospice care. Coverage is focused on persons who are homebound and would otherwise require hospitalization. The focus on homebound patients has created some concerns when providing palliative care.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill (Recommended Substitute): The home health care and hospice care benefit provided by health plans licensed as health care service contractors and disability insurance contractors is modified. Patients seeking palliative care in conjunction with treatment or management of serious or life-threatening illness need not be homebound in order to be eligible for coverage.

EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Substitute): The reference to chronic illness is changed to serious illness.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: PRO: This modernizes coverage by removing an outdated reference to homebound requirements. It promotes flexibility for patients and removes barriers to care. The current statute requires coverage for 130 home health visits but they require certification that the patient is homebound which is an unnecessary limitation for palliative care. It can be provided with more flexibility, at the best place for the patient, at the best time, and reduce hospitalizations.

The homebound standard is too restrictive for many patients that can benefit from palliative care. The homebound requirement limits access to care that may help many have improved patient outcomes and a better quality of life.

Persons Testifying: PRO: Senator Angel, prime sponsor; Melinda Papen, EvergreenHealth; Lisa M Butler, WA State Hospice & Palliative Care Organization; Chris Bandoli, Regence BlueShield; Mary McHale, American Cancer Society Cancer Action Network.