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**HOUSE BILL 2695**

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**State of Washington**

**66th Legislature**

**2020 Regular Session**

**By** Representatives Pollet, Robinson, Tarleton, Lovick, Valdez, Davis, Goodman, Orwall, Frame, and Macri

Read first time 01/17/20. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to establishing an asthma statewide home  
2 assistance program; and adding a new chapter to Title 70 RCW.

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

4 NEW SECTION. **Sec. 1.** The legislature finds that:

5 (1) Asthma is a chronic respiratory condition that, when poorly  
6 controlled, can lead to hospitalization and even death;

7 (2) The prevalence of asthma in Washington state is among the  
8 highest in the nation;

9 (3) Between eight and eleven percent of children in middle  
10 school, or about one hundred twenty thousand children in Washington,  
11 have asthma;

12 (4) Youth of color and low-income individuals have a higher  
13 prevalence of asthma;

14 (5) Dust mites, mold, and pests in the home can exacerbate asthma  
15 symptoms;

16 (6) Washington researchers have found that home health  
17 interventions, including education from a community health worker and  
18 supplies to remediate triggers, are successful;

19 (7) Children whose families participated in home health  
20 intervention programs had reduced urgent care utilization and more  
21 symptom-free days;

1 (8) These programs can reduce costly emergency room visits for  
2 the state because public funds pay for about sixty percent of  
3 Washington's asthma-related hospitalization costs; and

4 (9) Research shows that home visit programs have a one dollar and  
5 ninety cent return on investment for every dollar spent.

6 NEW SECTION. **Sec. 2.** The definitions in this section apply  
7 throughout this chapter unless the context clearly requires  
8 otherwise.

9 (1) "Community asthma health worker" means a person who has been  
10 trained and determined to meet competency standards established by  
11 the department for conducting home visits to assess environmental  
12 asthma triggers and providing home environment asthma-related  
13 supplies and guidance to program clients.

14 (2) "Department" means the department of health.

15 (3) "Home environment asthma-related supplies" or "supplies"  
16 means supplies for the prevention or mitigation of environmental  
17 factors that may aggravate the symptoms of asthma experienced by  
18 program clients in a dwelling, including vacuum cleaners, allergen  
19 control bedding covers, green cleaning kits, plastic bins, air  
20 filters, spacers for inhalers, peak flow meters, binders for  
21 educational materials, medicine boxes, walk-off mats, and other items  
22 identified by the department.

23 (4) "Local health jurisdiction" means a local health department  
24 as established under chapter 70.05 RCW, a combined city-county health  
25 department as established under chapter 70.08 RCW, or a health  
26 district established under chapter 70.05 or 70.46 RCW.

27 (5) "Program" means the asthma statewide home assistance program  
28 established under section 3 of this act, to be known as the "ASTHMA"  
29 program.

30 (6) "Program client" means a person who meets the criteria  
31 established in section 4 of this act for eligibility to receive  
32 services and supplies pursuant to the program.

33 NEW SECTION. **Sec. 3.** The department shall establish the asthma  
34 statewide home assistance program, to be known as the "ASTHMA"  
35 program. The goals of the program are to improve asthma control in  
36 children and teenagers, to reduce the prevalence of asthma  
37 exacerbations in children and teenagers, and reduce emergency room  
38 visits and hospitalizations for asthma-related illness, through the

1 use of evidence-based self-management support of parents and  
2 guardians in their homes, coupled with the provision of home supplies  
3 and instruction. Under the program, the department shall coordinate  
4 with local health jurisdictions to establish a referral process for  
5 community asthma health workers to provide home visitation services  
6 and home environment asthma-related supplies to persons under  
7 nineteen years old and below three hundred twelve percent of the  
8 federal poverty level who meet the medical necessity criteria  
9 established by the department. The local health jurisdiction may be  
10 the sole provider of the program services and supplies or may  
11 collaborate with one or more local organizations to provide some or  
12 all of the services and supplies.

13 NEW SECTION. **Sec. 4.** The department shall:

14 (1) Enter into agreements with each local health jurisdiction to  
15 establish the terms for participation in the program, including  
16 training responsibilities, the delivery of services and supplies, the  
17 role of local organizations performing program functions within a  
18 local health jurisdiction, conditions for reimbursement for services  
19 and supplies, reporting standards, and other necessary terms;

20 (2) Establish a process for:

21 (a) Accepting referrals from health care providers and authorized  
22 entities on behalf of potential program clients who meet medical  
23 necessity criteria for the program; and

24 (b) Directing the referrals that it receives to the appropriate  
25 local health jurisdiction to serve the potential program client;

26 (3) Develop materials for local health jurisdictions to use to  
27 train and supervise community asthma health workers and evaluate  
28 compliance with competency standards;

29 (4) Establish medical necessity criteria related to client  
30 eligibility for the program;

31 (5) Establish a process for determining a potential program  
32 client's financial eligibility for the program;

33 (6) Adopt program parameters for the number and content of home  
34 visits by a community asthma health worker and the types and numbers  
35 of home environment asthma-related supplies that may be provided to a  
36 program client. In establishing these parameters, the department  
37 shall consult available research and existing programs to determine  
38 best practices;

1 (7) Establish procedures for reimbursing local health  
2 jurisdictions for services and supplies provided to a program client;

3 (8) Develop an awareness campaign to inform primary care  
4 providers and providers at emergency departments of the availability  
5 of the program, the referral process, and the medical necessity  
6 criteria for clients to participate in the program;

7 (9) Coordinate with medicaid managed care plans and health plans  
8 to encourage referrals of potential program clients to the program;  
9 and

10 (10) Adopt rules as necessary to implement the program.

11 NEW SECTION. **Sec. 5.** Each local health jurisdiction receiving  
12 funding from the department for the asthma statewide home assistance  
13 program shall establish a program in compliance with the requirements  
14 of this chapter and pursuant to the terms of its agreement with the  
15 department.

16 (1) Local health jurisdictions shall:

17 (a) Establish a program for recruiting, training, supervising,  
18 and determining the competence of community asthma health workers;

19 (b) Establish a process for accepting referrals received by the  
20 department, contacting the potential program client, and, for persons  
21 who agree to become a program client, sending a community asthma  
22 health worker to conduct a home visit and deliver any home  
23 environment asthma-related supplies that may be deemed medically  
24 necessary;

25 (c) Distribute educational and awareness materials for program  
26 clients and health care providers; and

27 (d) Report data, as required by the department, related to  
28 program participation and services and supplies provided by the local  
29 health jurisdiction.

30 (2) Local health jurisdictions may enter into agreements with  
31 local organizations to collaborate in providing some or all of the  
32 services and supplies under the program. Local health jurisdictions  
33 that choose to enter into agreements with local organizations, rather  
34 than providing service themselves may not delegate the  
35 responsibilities for training and determining the competence of  
36 community asthma health workers.

37 NEW SECTION. **Sec. 6.** In establishing a system for accepting  
38 referrals on behalf of potential program clients, the department

1 shall allow for referrals to come from primary care providers and  
2 emergency departments. The department may examine various methods for  
3 accepting referrals from emergency departments, primary care  
4 providers, and other health care providers, such as allergists and  
5 pulmonologists, including direct referrals and reporting through  
6 existing databases related to notifiable conditions or emergency  
7 department visits. The department may examine options to authorize  
8 other entities to refer potential clients to the program, such as  
9 referrals from managed care organizations based on utilization data.  
10 The department shall consider referral pathways already established  
11 by existing programs and options for allowing local health  
12 jurisdictions and local organizations to participate in the referral  
13 process.

14 NEW SECTION. **Sec. 7.** The department shall collaborate with the  
15 health care authority to identify areas of the program that may be  
16 eligible for federal matching funds from federal centers for medicare  
17 and medicaid services or other funds from other federal agencies and  
18 ways to design the program to maximize the potential for receiving  
19 federal support. The department may apply for any federal grants or  
20 funds that may support the activities of the program. The health care  
21 authority shall apply for a waiver from the federal centers for  
22 medicare and medicaid services for any components of the program that  
23 may be eligible for federal matching funds under medicaid.

24 NEW SECTION. **Sec. 8.** (1) By November 15, 2021, the department  
25 shall report to the governor and the health policy and fiscal  
26 committees of the legislature on the initial implementation of the  
27 program. The report shall include:

28 (a) An overview of the implementation of the program in each of  
29 the local health jurisdictions, including the training and  
30 availability of community asthma health workers, the number of  
31 referrals for services and supplies, and the extent to which services  
32 and supplies are available statewide;

33 (b) An assessment of the potential elements of the program that  
34 may be eligible for federal matching funds under medicaid or other  
35 federal funding opportunities; and

36 (c) A summary of any elements of the program that have been  
37 barriers to implementation or factors contributing to successful  
38 implementation, including the availability of community asthma health

1 workers, funding, and program awareness, and any recommendations  
2 requiring state or local support to improve the proper implementation  
3 of the program as well as any recommendations to provide additional  
4 referral pathways for potential program clients.

5 (2) By November 15, 2023, the department shall report to the  
6 governor and the health policy and fiscal committees of the  
7 legislature on the outcomes of the program and evaluation of the  
8 program components in subsection (1)(c) of this section. The report  
9 shall include information on the number of program clients served,  
10 the ongoing costs of the program, and any reportable outcomes in  
11 improvements in health and reductions in spending on asthma-related  
12 care, including any reductions in emergency department visits. In  
13 developing information for the report, the department and the health  
14 care authority shall collaborate to evaluate claims data, as  
15 necessary and available.

16 NEW SECTION. **Sec. 9.** Any health care information received by  
17 the department or a local health jurisdiction under this chapter is  
18 exempt from public inspection and copying pursuant to chapter 42.56  
19 RCW. Records may only be released in aggregated form so that health  
20 care information is deidentified.

21 NEW SECTION. **Sec. 10.** Sections 1 through 9 of this act  
22 constitute a new chapter in Title 70 RCW.

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