

HOUSE BILL REPORT

SSB 5936

As Passed House:
February 29, 2024

Title: An act relating to convening a work group to design a palliative care benefit for fully insured health plans.

Brief Description: Convening a palliative care benefit work group.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Conway, Dozier, Frame, Hasegawa, Kuderer, Nobles, Rivers and Salomon).

Brief History:

Committee Activity:

Health Care & Wellness: 2/14/24, 2/16/24 [DP].

Floor Activity:

Passed House: 2/29/24, 96-0.

Brief Summary of Substitute Bill

- Establishes a work group to design the parameters of a palliative care benefit for fully insured health plans and a payment model for that benefit.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 15 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Harris, Macri, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Chris Blake (786-7392).

Background:

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

According to a 2019 report by the Bree Collaborative, "palliative care" is the expert assessment and management of a patient's symptoms, the assessment and support of caregiver needs, and the coordination of care related to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. Palliative care is a person- and family-centered approach to care intended to provide persons living with a serious illness relief from the symptoms and stress of the illness. The report noted that palliative care may be offered in conjunction with life-prolonging or curative care, as opposed to hospice care which is generally intended for people with six months or less to live.

The 2022 Supplemental Operating Budget provided funds for the Health Care Authority (Authority) to design a standardized payment methodology for a palliative care benefit for the Medicaid program and public employee health programs. The Authority contracted with the Center for Evidence-based Policy (Center) at the Oregon Health Sciences University to develop eligibility criteria, covered services, and a payment model for a palliative care benefit. The Center released its summary report in March 2023.

Summary of Bill:

The Office of the Insurance Commissioner (Office), in consultation with the Health Care Authority (Authority), must convene a work group related to palliative care. The term "palliative care" is defined as the expert assessment and management of a patient's symptoms, including: (1) coordination of care; (2) attending to the physical, functional, psychological, practical, and spiritual consequences of serious illness; and (3) assessment and support of caregiver needs. In addition, it is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of the illness and may be delivered in conjunction with life-prolonging or curative care.

For fully insured plans, the work group must design parameters of a palliative care benefit and a payment model for the benefit. The work group must consider clinical eligibility criteria, covered services, appropriate staffing, evaluation criteria and reporting requirements, and payment models. The work group must coordinate its work with the Authority's work related to designing a palliative care benefit for the Medicaid program and public employee health programs.

The membership of the work group consists of one representative from: the Office, the Authority, the Department of Social and Health Services, the Department of Health's in-home services program, the Washington Health Benefit Exchange, the Washington State Hospice and Palliative Care Organization, the Association of Washington Health Care Plans, a commercial carrier, a Medicaid managed care organization, the Washington State Hospital Association, the Washington Health Alliance, and the Washington State Nurses Association. In addition, the Washington State Hospice and Palliative Care Organization must select four representatives, including at least one physician, who are currently providing palliative care as either clinicians or operational leaders.

The work group must submit a report that details its work and any recommendations to the Legislature by November 1, 2025.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Many people are living with serious illness for months to years, and there needs to be a benefit that looks to their needs and helps improve the quality of care, the experience that they have, and reduce costs. Data shows that palliative care improves outcomes and satisfaction while saving money. Existing health care insurance models are designed to cover seriously ill patients who are hospitalized or qualify for specific payment models such as home health or hospice. People who do not fit into these categories lack coverage for the full range of services for palliative care. Until there is a standardized program that provides realistic reimbursement for the provision of palliative care, every palliative care program in the state will be hamstrung in its efforts to do the right thing. It is hoped that this work group will provide a standardized palliative care billing mechanism that will help patients and families in Washington.

(Opposed) None.

Persons Testifying: Leslie Emerick and Gregg VandeKieft, Washington State Hospice and Palliative Care Organization; and Hope Wetchkin, Evergreen Healthcare.

Persons Signed In To Testify But Not Testifying: None.