

SENATE BILL REPORT

SB 5936

As Reported by Senate Committee On:
Health & Long Term Care, January 16, 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: Senators Conway, Dozier, Frame, Hasegawa, Kuderer, Nobles, Rivers and Salomon.

Brief History:

Committee Activity: Health & Long Term Care: 1/11/24, 1/16/24 [DPS].

Brief Summary of First Substitute Bill

- Establishes a work group to design a palliative care benefit for fully insured health plans.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5936 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

Staff: Greg Attanasio (786-7410)

Background: Palliative care is the assessment and management of a patient's symptoms, including care coordination, attending to the physical, functional, psychological, practical, and spiritual consequences of serious illness, and assessment and support of caregiver needs. Palliative care provides people living with serious illness relief from the symptoms and stress of an illness, and can be delivered alongside life-prolonging or curative care.

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.

In 2022, the Legislature directed the Health Care Authority (HCA) to design a standard payment methodology for a palliative care benefit for the state Medicaid program and the Employee and Retiree Benefits program. HCA worked with the Center for Evidence-based Policy to conduct a policy review, stakeholder interviews, a gap analysis, and a concluding listening session with stakeholders. In March 2023, HCA released a report outlining the key findings, guiding principles and recommendations for designing a standard payment methodology for a palliative care benefit.

Summary of Bill (First Substitute): The Office of the Insurance Commissioner (OIC), in consultation with HCA, must convene a work group to design the parameters of a palliative care benefit and payment model for the benefit of fully insured health plans. OIC may contract with an outside vendor to conduct actuarial analysis as necessary. The work group must coordinate its work with the ongoing work at HCA related to designing a palliative care benefit for Medicaid and the Employee and Retiree Benefits program.

The work group must consider the following elements of a palliative care benefit:

- clinical eligibility criteria;
- the services included in the benefit;
- appropriate staffing;
- evaluation criteria and reporting requirements; and
- payment models.

The work group must consist of the following members:

- one representative each from OIC, HCA, the Department of Social and Health Services, the Health Benefit Exchange, and the Department of Health in-home services program;
- one representative from the Washington State Hospice and Palliative Care Organization;
- four providers currently providing palliative care, including at least one physician;
- one representative from the Association of Washington Healthcare Plans;
- one representative each from a commercial health carrier and a Medicaid managed care organization;
- one representative from the Washington State Hospital Association;
- one representative from the Washington State Nurses Association;
- one representative from the Home Care Association of Washington; and
- one representative from the Washington Health Alliance.

The work group must convene its first meeting by July 30, 2024, and shall submit a report to the Legislature detailing its work and any recommendations, including any legislation, by November 1, 2025.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Adds a representative from the Washington State Nurses Association to the work group.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: A coordinated approach to palliative care is beneficial to patients and a standard payment model with increase access to this type of care. Palliative care improves outcomes and patient satisfaction and also saves money. This work group is the next step to the palliative care study completed by the Bree Collaborative.

OTHER: Health carries support the goal of the work group but are still considering if a work group is the best venue to complete the work.

Persons Testifying: PRO: Senator Steve Conway, Prime Sponsor; Leslie Emerick, WA State Hospice and Palliative Care Organization (WSHPCO); Gregg Vandekieft, MD, WA State Hospice and Palliative Care Organization (WSHPCO); Shelly McDiarmid, Home Care Association of Washington (HCAW); Karen Johnson, Self; Hope Wechkin, MD, EvergreenHealth; Shelby Moore, Heartlinks; Adrienne Goldberg; Beth Bojkov, Bree Collaborative at the Foundation for Health Care Quality.

OTHER: Jennifer Ziegler, Association of Washington Health Care Plans.

Persons Signed In To Testify But Not Testifying: No one.