

FINAL BILL REPORT

SSB 5936

C 166 L 24
Synopsis as Enacted

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).

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness

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.

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: 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;

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- 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 submit a report to the Legislature detailing its work and any recommendations, including any legislation, by November 1, 2025.

Votes on Final Passage:

Senate	49	0
House	96	0

Effective: June 6, 2024