

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5936

68th Legislature
2024 Regular Session

Passed by the Senate January 24, 2024
Yeas 49 Nays 0

President of the Senate

Passed by the House February 29, 2024
Yeas 96 Nays 0

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5936** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 5936

Passed Legislature - 2024 Regular Session

State of Washington

68th Legislature

2024 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Conway, Dozier, Frame, Hasegawa, Kuderer, Nobles, Rivers, and Salomon)

1 AN ACT Relating to convening a work group to design a palliative
2 care benefit for fully insured health plans; creating a new section;
3 and providing an expiration date.

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

5 NEW SECTION. **Sec. 1.** (1) The office of the insurance
6 commissioner, in consultation with the health care authority, shall
7 convene a work group to design the parameters of a palliative care
8 benefit and payment model for the benefit of fully insured health
9 plans, as defined in RCW 48.43.005. The work group must coordinate
10 its work with the ongoing work at the health care authority related
11 to designing a palliative care benefit for the state medicaid program
12 and the employee and retiree benefits program.

13 (2) The work group shall consider the following elements of a
14 palliative care benefit:

15 (a) Clinical eligibility criteria;

16 (b) The services included in a palliative care benefit;

17 (c) Appropriate staffing, including staffing models and provider
18 training;

19 (d) Evaluation criteria and reporting requirements; and

20 (e) Payment models.

1 (3) The commissioner may contract with a vendor to conduct
2 actuarial analysis if necessary.

3 (4) The work group shall consist of the following members:

4 (a) One representative from the office of the insurance
5 commissioner to be appointed by the commissioner;

6 (b) One representative from the health care authority to be
7 selected by the director of the health care authority;

8 (c) One representative from the department of social and health
9 services to be appointed by the secretary of the department;

10 (d) One representative from the department of health in-home
11 services program to be appointed by the secretary of health;

12 (e) One representative from the Washington health benefit
13 exchange to be appointed by the chief executive officer of the
14 exchange;

15 (f) One representative from the Washington state hospice and
16 palliative care organization;

17 (g) Four representatives currently providing palliative care,
18 either as clinicians or operational leaders for a hospice or
19 palliative care program, including at least one physician, to be
20 selected by the Washington state hospice and palliative care
21 organization;

22 (h) One representative from the association of Washington health
23 care plans;

24 (i) One representative from a commercial health carrier and one
25 representative from a medicaid managed care organization to be
26 selected by the association of Washington health care plans;

27 (j) One representative from the Washington state hospital
28 association;

29 (k) One representative from the home care association of
30 Washington;

31 (l) One representative from the Washington health alliance; and

32 (m) One representative from the Washington state nurses
33 association.

34 (5) The work group shall convene its first meeting by July 30,
35 2024, and shall submit a report to the legislature detailing its work
36 and any recommendations, including any legislation, by November 1,
37 2025.

38 (6) For the purposes of this section, "palliative care" means
39 expert assessment and management of a patient's symptoms, including
40 coordination of care, attending to the physical, functional,

1 psychological, practical, and spiritual consequences of serious
2 illness, and assessment and support of caregiver needs. Palliative
3 care is a person- and family-centered approach to care, providing
4 people living with serious illness relief from the symptoms and
5 stress of an illness, and can be delivered alongside life-prolonging
6 or curative care.

7 (7) This section expires June 1, 2026.

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