

SENATE BILL REPORT

SB 5386

AS REPORTED BY COMMITTEE ON HEALTH & HUMAN SERVICES,
FEBRUARY 5, 1993

Brief Description: Modifying licensure of home health, hospice, and home care agencies.

SPONSORS: Senators Wojahn, Moyer, Gaspard, Deccio, Hochstatter and Winsley

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5386 be substituted therefor, and the substitute bill do pass.

Signed by Senators Talmadge, Chairman; Wojahn, Vice Chairman; Deccio, Franklin, McAuliffe, McDonald, Moyer, Niemi, Prentice, Quigley, and Sheldon.

Staff: Scott Plack (786-7409)

Hearing Dates: February 4, 1993; February 5, 1993

BACKGROUND:

In 1988 the Legislature enacted the in-home agency licensure law to regulate services provided by home health, home care and hospice agencies. It authorized the Department of Health (DOH) to operate the regulatory program.

Home health agencies provide two or more medical or health care services to the ill, disabled and infirm such as nursing, physical therapy and the operation of medical equipment. Home care agencies provide personal care services to the ill, disabled and infirm such as homemaker services, respite care and other nonmedical care. Hospice care agencies provide services to terminally ill persons that alleviate pain, and provide emotional and spiritual support. Hospice services also include bereavement care provided to families of terminally ill persons.

The licensure law has a July 1, 1993 sunset termination date and directs the Legislative Budget Committee (LBC) to conduct a performance audit of the program prior to its termination. The LBC recommends repeal of the sunset. It also recommends housekeeping changes and other modifications of the licensure program aimed at improving its efficiency and effectiveness.

SUMMARY:

The sunset termination date on the in-home licensure law is repealed.

The definition of a home health agency is expanded allowing agencies that provide only nursing services to voluntarily obtain licensure.

Services provided by licensed pharmacists within their scope of practice are excluded from licensure.

Hospice care services provided at no charge are exempt from licensure when such services are provided by a tax-exempt non-profit hospice agency.

A home health, home care or hospice license is valid for a two-year period instead of the current licensure period that allows DOH to require more frequent renewal. On-site reviews of in-home agencies must occur within each licensure period.

Licensure fees are based on a sliding scale. Agencies with the highest number of fulltime equivalents pay the highest fees. Limits are established for fees charged for on-site reviews and for processing a change in ownership of an in-home agency.

DOH must receive input from licensees concerning interpretive guidelines for each type of in-home license. Personnel policies, procedures and record keeping requirements for volunteers providing services through in-home agencies are reduced. In-home care providers who administer controlled substances and legend drugs must follow Board of Pharmacy rules regarding their use.

Home health or hospice agencies licensed by Medicare, the Community Accreditation Program or Joint Commission on Accreditation of Health Care Organizations are granted licensure without DOH on-site review if the licensing standards of these programs are substantially equivalent to those of DOH. The department is required to make this determination and must have access to all on-site survey reports conducted by these programs as well as other reports indicating compliance with licensure standards.

Home care agencies licensed by the Department of Social and Health Services (DSHS) are granted licensure without a DOH on-site review if the licensure standards are substantially equivalent to those of DOH. DOH is required to make this determination and must have access to all DSHS on-site survey reports and other relevant reports indicating compliance with licensure standards.

DOH is required to adopt a liberal interpretation in establishing whether Medicare, the Community Accreditation Program, the Joint Commission on Accreditation of Health Care Organizations and DSHS have equivalent licensure standards. Agencies licensed under these other programs are assessed the same fees as agencies licensed under DOH. Restrictions are placed on DOH concerning the performance of validation surveys.

EFFECT OF PROPOSED SUBSTITUTE:

Hospice care provided by agencies that do not charge for the provision of hospice services are exempt from licensure. The exemption is not limited to nonprofit agencies.

Home care agencies licensed by the Area Agencies on Aging are also granted licensure if the licensure standards are substantially equivalent to DOH.

Other technical changes are made in the original bill.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

The licensure of in-home services has improved the quality of home health, home care and hospice services. The changes in the regulatory program proposed in the bill will improve and streamline the regulatory program.

TESTIMONY AGAINST: None

TESTIFIED: Margaret Shepherd, Gail McGaffick, Home Care Association of Washington (pro); Kathy Stout, DOH; Melinda Cahill, Washington State Catholic Conference (pro); Michael Whitley, Washington Chore and Home Care Coalition (pro); Rick Bacon, DSHS; Mark Rake-Marona, Washington State Hospice Organization (pro); Carl Nelson, WSMA