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SENATE BILL 5165

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State of Washington                      64th Legislature                      2015 Regular Session

By Senators Angel and Frockt

Read first time 01/15/15. Referred to Committee on Health Care.

1            AN ACT Relating to coverage of home health benefits for persons  
2 seeking palliative care treatments; amending RCW 48.21.220,  
3 48.21A.090, and 48.44.320; and creating a new section.

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

5            **Sec. 1.** RCW 48.21.220 and 1988 c 245 s 31 are each amended to  
6 read as follows:

7            (1) Every insurer entering into or renewing group or blanket  
8 disability insurance policies governed by this chapter shall offer  
9 optional coverage for home health care and hospice care for persons  
10 who are homebound and would otherwise require hospitalization. Such  
11 optional coverage need only be offered in conjunction with a policy  
12 that provides payment for hospitalization as a part of health care  
13 coverage. Persons seeking such services for palliative care in  
14 conjunction with treatment or management of chronic or life-  
15 threatening illness need not be homebound in order to be eligible for  
16 coverage under this section.

17            (2) Home health care and hospice care coverage offered under  
18 subsection (1) of this section shall conform to the following  
19 standards, limitations, and restrictions in addition to those set  
20 forth in chapter 70.126 RCW:

1 (a) The coverage may include reasonable deductibles, coinsurance  
2 provisions, and internal maximums;

3 (b) The coverage should be structured to create incentives for  
4 the use of home health care and hospice care as an alternative to  
5 hospitalization;

6 (c) The coverage may contain provisions for utilization review  
7 and quality assurance;

8 (d) The coverage may require that home health agencies and  
9 hospices have written treatment plans approved by a physician  
10 licensed under chapter 18.57 or 18.71 RCW, and may require such  
11 treatment plans to be reviewed at designated intervals;

12 (e) The coverage shall provide benefits for, and restrict  
13 benefits to, services rendered by home health and hospice agencies  
14 licensed by the department of social and health services;

15 (f) Hospice care coverage shall provide benefits for terminally  
16 ill patients for an initial period of care of not less than six  
17 months and may provide benefits for an additional six months of care  
18 in cases where the patient is facing imminent death or is entering  
19 remission if certified in writing by the attending physician;

20 (g) Home health care coverage shall provide benefits for a  
21 minimum of one hundred thirty health care visits per calendar year.  
22 However, a visit of any duration by an employee of a home health  
23 agency for the purpose of providing services under the plan of  
24 treatment constitutes one visit;

25 (h) The coverage may be structured so that services or supplies  
26 included in the primary contract are not duplicated in the optional  
27 home health and hospice coverage.

28 (3) The insurance commissioner shall adopt any rules necessary to  
29 implement this section.

30 (4) The requirements of this section shall not apply to contracts  
31 or policies governed by chapter 48.66 RCW.

32 (5) An insurer, as a condition of reimbursement, may require  
33 compliance with home health and hospice certification regulations  
34 established by the United States department of health and human  
35 services.

36 **Sec. 2.** RCW 48.21A.090 and 1989 1st ex.s. c 9 s 220 are each  
37 amended to read as follows:

38 (1) Every insurer entering into or renewing extended health  
39 insurance governed by this chapter shall offer optional coverage for

1 home health care and hospice care for persons who are homebound and  
2 would otherwise require hospitalization. Such optional coverage need  
3 only be offered in conjunction with a policy that provides payment  
4 for hospitalization as a part of health care coverage. Persons  
5 seeking such services for palliative care in conjunction with  
6 treatment or management of chronic or life-threatening illness need  
7 not be homebound in order to be eligible for coverage under this  
8 section.

9 (2) Home health care and hospice care coverage offered under  
10 subsection (1) of this section shall conform to the following  
11 standards, limitations, and restrictions in addition to those set  
12 forth in chapters 70.126 and 70.127 RCW:

13 (a) The coverage may include reasonable deductibles, coinsurance  
14 provisions, and internal maximums;

15 (b) The coverage should be structured to create incentives for  
16 the use of home health care and hospice care as an alternative to  
17 hospitalization;

18 (c) The coverage may contain provisions for utilization review  
19 and quality assurance;

20 (d) The coverage may require that home health agencies and  
21 hospices have written treatment plans approved by a physician  
22 licensed under chapter 18.57 or 18.71 RCW, and may require such  
23 treatment plans to be reviewed at designated intervals;

24 (e) The coverage shall provide benefits for, and restrict  
25 benefits to, services rendered by home health and hospice agencies  
26 licensed under chapter 70.127 RCW;

27 (f) Hospice care coverage shall provide benefits for terminally  
28 ill patients for an initial period of care of not less than six  
29 months and may provide benefits for an additional six months of care  
30 in cases where the patient is facing imminent death or is entering  
31 remission if certified in writing by the attending physician;

32 (g) Home health care coverage shall provide benefits for a  
33 minimum of one hundred thirty health care visits per calendar year.  
34 However, a visit of any duration by an employee of a home health  
35 agency for the purpose of providing services under the plan of  
36 treatment constitutes one visit;

37 (h) The coverage may be structured so that services or supplies  
38 included in the primary contract are not duplicated in the optional  
39 home health and hospice coverage.

1 (3) The insurance commissioner shall adopt any rules necessary to  
2 implement this section.

3 (4) The requirements of this section shall not apply to contracts  
4 or policies governed by chapter 48.66 RCW.

5 (5) An insurer, as a condition of reimbursement, may require  
6 compliance with home health and hospice certification regulations  
7 established by the United States department of health and human  
8 services.

9 **Sec. 3.** RCW 48.44.320 and 1989 1st ex.s. c 9 s 222 are each  
10 amended to read as follows:

11 (1) Every health care service contractor entering into or  
12 renewing a group health care service contract governed by this  
13 chapter shall offer optional coverage for home health care and  
14 hospice care for persons who are homebound and would otherwise  
15 require hospitalization. Such optional coverage need only be offered  
16 in conjunction with a policy that provides payment for  
17 hospitalization as a part of health care coverage. Persons seeking  
18 such services for palliative care in conjunction with treatment or  
19 management of chronic or life-threatening illness need not be  
20 homebound in order to be eligible for coverage under this section.

21 (2) Home health care and hospice care coverage offered under  
22 subsection (1) of this section shall conform to the following  
23 standards, limitations, and restrictions in addition to those set  
24 forth in chapters 70.126 and 70.127 RCW:

25 (a) The coverage may include reasonable deductibles, coinsurance  
26 provisions, and internal maximums;

27 (b) The coverage should be structured to create incentives for  
28 the use of home health care and hospice care as an alternative to  
29 hospitalization;

30 (c) The coverage may contain provisions for utilization review  
31 and quality assurance;

32 (d) The coverage may require that home health agencies and  
33 hospices have written treatment plans approved by a physician  
34 licensed under chapter 18.57 or 18.71 RCW, and may require such  
35 treatment plans to be reviewed at designated intervals;

36 (e) The coverage shall provide benefits for, and restrict  
37 benefits to, services rendered by home health and hospice agencies  
38 licensed under chapter 70.127 RCW;

1 (f) Hospice care coverage shall provide benefits for terminally  
2 ill patients for an initial period of care of not less than six  
3 months and may provide benefits for an additional six months of care  
4 in cases where the patient is facing imminent death or is entering  
5 remission if certified in writing by the attending physician;

6 (g) Home health care coverage shall provide benefits for a  
7 minimum of one hundred thirty health care visits per calendar year.  
8 However, a visit of any duration by an employee of a home health  
9 agency for the purpose of providing services under the plan of  
10 treatment constitutes one visit;

11 (h) The coverage may be structured so that services or supplies  
12 included in the primary contract are not duplicated in the optional  
13 home health and hospice coverage.

14 (3) The insurance commissioner shall adopt any rules necessary to  
15 implement this section.

16 (4) The requirements of this section shall not apply to contracts  
17 or policies governed by chapter 48.66 RCW.

18 (5) An insurer, as a condition of reimbursement, may require  
19 compliance with home health and hospice certification regulations  
20 established by the United States department of health and human  
21 services.

22 NEW SECTION. **Sec. 4.** This act applies to plans issued or  
23 renewed after December 31, 2016.

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