H-0409.1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSE BILL 1291**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Washington 67th Legislature 2021 Regular Session**

**By** Representatives Pollet, Ramel, Fitzgibbon, Orwall, Valdez, Ryu, Shewmake, and Slatter

AN ACT Relating to establishing a statewide home air quality improvement program; and adding a new chapter to Title 70 RCW.

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

NEW SECTION. **Sec.**  The legislature finds that:

(1) Chronic respiratory conditions, such as asthma, can lead to hospitalization and even death when poorly controlled;

(2) The prevalence of asthma in Washington state is among the highest in the nation:

(a) Between eight and 11 percent of children in middle school, or about 120,000 children in Washington, have asthma; and

(b) Youth of color and low-income individuals have a higher prevalence of asthma;

(3) Individuals with chronic respiratory conditions, such as asthma, may be at an increased risk for severe symptoms from the virus that causes COVID-19;

(4) Dust mites, mold, and pests in the home can exacerbate symptoms impacting respiratory health;

(5) Other environmental factors, such as smoke from wildfires in Washington state and neighboring areas, can exacerbate symptoms impacting respiratory health;

(6) High efficiency particulate air filters and other home environment supplies are becoming increasingly vital tools for improving and maintaining air quality amidst emergent environmental threats, such as regional wildfires and the COVID-19 pandemic;

(7) Washington researchers have found that home health interventions, including education from a community health worker and supplies to remediate triggers, are successful;

(8) Children whose families participated in home health intervention programs had reduced emergency care utilization and more symptom-free days;

(9) A reduction in emergency care utilization to treat exacerbated respiratory conditions, such as asthma attacks triggered by environmental factors, may help prevent the overburdening of medical facilities during the COVID-19 pandemic;

(10) Home health intervention programs can reduce costly emergency room visits for the state because public funds pay for about 60 percent of Washington's asthma-related hospitalization costs; and

(11) Research shows that home visit programs have a $1.90 return on investment for every dollar spent.

NEW SECTION. **Sec.**  The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Community respiratory health worker" means a person who has been trained and determined to meet competency standards established by the department for conducting home visits to assess environmental respiratory triggers and providing home environment supplies and guidance to program clients.

(2) "Deidentified" has the same meaning as in RCW 70.02.010.

(3) "Department" means the department of health.

(4) "Health care information" has the same meaning as in RCW 70.02.010.

(5) "Home environment supplies" or "supplies" means supplies for the prevention or mitigation of environmental factors that may aggravate symptoms experienced by program clients in a dwelling, including vacuum cleaners, allergen control bedding covers, green cleaning kits, plastic bins, air filters, spacers for inhalers, peak flow meters, binders for educational materials, medicine boxes, walk-off mats, and other items identified by the department.

(6) "Local health jurisdiction" means a local health department as established under chapter 70.05 RCW, a combined city-county health department as established under chapter 70.08 RCW, or a health district established under chapter 70.05 or 70.46 RCW.

(7) "Program" means the statewide home air quality improvement program established under section 3 of this act, to be known as the "air" program.

(8) "Program client" means a person enrolled in the program who meets the criteria established in section 4 of this act for eligibility to receive services and supplies.

NEW SECTION. **Sec.**  The department shall establish the statewide home air quality improvement program, to be known as the "air" program. The goals of the program shall be to improve control of respiratory conditions in children and teenagers, reduce the prevalence of environmental triggers for respiratory conditions in children and teenagers, and reduce emergency room visits and hospitalizations for respiratory conditions. The program seeks to accomplish these goals through evidence-based, self-management support of parents and guardians in their homes, coupled with the provision of home supplies and instruction. Under the program, the department shall coordinate with local health jurisdictions to establish a referral process for community respiratory health workers to provide home visitation services and home environment supplies to persons who are under 19 years old and below 312 percent of the federal poverty level who meet the medical eligibility criteria established by the department. The local health jurisdiction may be the sole provider of the program services and supplies or may collaborate with one or more local organizations to provide some or all of the services and supplies.

NEW SECTION. **Sec.**  The department shall:

(1) Enter into agreements with each local health jurisdiction to establish the terms for participation in the program, including training responsibilities, the delivery of services and supplies, the role of local organizations performing program functions within a local health jurisdiction, conditions for reimbursement for services and supplies, reporting standards, and other necessary terms;

(2) Establish a process for:

(a) Accepting referrals from health care providers and authorized entities on behalf of potential program clients who meet medical eligibility criteria for the program; and

(b) Directing referrals to the appropriate local health jurisdiction to serve the potential program client;

(3) Develop materials for local health jurisdictions to use to train and supervise community respiratory health workers and evaluate compliance with competency standards;

(4) Establish medical necessity criteria related to client eligibility for the program, which must include evaluation of clients' COVID-19 risk factors such as underlying medical conditions, frontline medical workers living in the household, and ability to maintain social distancing;

(5) Establish a process for determining a potential program client's financial eligibility for the program;

(6) Adopt program parameters for the number and content of home visits by a community respiratory health worker and the types and numbers of home environment supplies that may be provided to a program client. In establishing these parameters, the department shall consult available research and existing programs to determine best practices;

(7) Establish procedures for reimbursing local health jurisdictions for services and supplies provided to a program client;

(8) Develop an awareness campaign to inform primary care providers and providers at emergency departments of the availability of the program, the referral process, and the medical eligibility criteria for clients to participate in the program;

(9) Coordinate with medicaid managed care plans and health plans to encourage referrals of potential program clients to the program; and

(10) Adopt rules as necessary to implement the program.

NEW SECTION. **Sec.**  Each local health jurisdiction receiving funding from the department for the statewide home air quality improvement program shall establish a program in compliance with the requirements of this chapter and pursuant to the terms of its agreement with the department.

(1) Local health jurisdictions shall:

(a) Establish a program for recruiting, training, supervising, and determining the competence of community respiratory health workers;

(b) Establish a process for accepting referrals received by the department, contacting the potential program client, and, for persons who agree to become a program client, sending a community respiratory health worker to conduct a home visit and deliver any home environment supplies that may be deemed necessary;

(c) Distribute educational and awareness materials for program clients and health care providers; and

(d) Report data, as required by the department, related to program participation and services and supplies provided by the local health jurisdiction.

(2) Local health jurisdictions may enter into agreements with local organizations to collaborate in providing some or all of the services and supplies under the program. Local health jurisdictions that choose to enter into agreements with local organizations, rather than providing services and supplies themselves, may not delegate the responsibilities for training and determining the competence of community respiratory health workers.

NEW SECTION. **Sec.**  In establishing a system for accepting referrals on behalf of potential program clients, the department shall allow for referrals to come from primary care providers and emergency departments. The department may examine various methods for accepting referrals from emergency departments, primary care providers, and other health care providers, such as allergists and pulmonologists, including direct referrals and reporting through existing databases related to notifiable conditions or emergency department visits. The department may examine options to authorize other entities to refer potential clients to the program, such as referrals from managed care organizations based on utilization data. The department shall consider referral pathways already established by existing programs and options for allowing local health jurisdictions and local organizations to participate in the referral process.

NEW SECTION. **Sec.**  The department shall collaborate with the health care authority to identify areas of the program that may be eligible for federal matching funds from federal centers for medicare and medicaid services or other funds from other federal agencies and ways to design the program to maximize the potential for receiving federal support. The department may apply for any federal grants or funds that may support the activities of the program. The health care authority shall apply for a waiver from the federal centers for medicare and medicaid services for any components of the program that may be eligible for federal matching funds under medicaid.

NEW SECTION. **Sec.**  (1) By November 15, 2022, the department shall report to the governor and the health policy and fiscal committees of the legislature on the initial implementation of the program. The report shall include:

(a) An overview of the implementation of the program in each of the local health jurisdictions, including the training and availability of community respiratory health workers, the number of referrals for services and supplies, and the extent to which services and supplies are available statewide;

(b) An assessment of the potential elements of the program that may be eligible for federal matching funds under medicaid or other federal funding opportunities; and

(c) A summary of any elements of the program that have been barriers to implementation or factors contributing to successful implementation, including the availability of community respiratory health workers, funding, and program awareness, and any recommendations requiring state or local support to improve the proper implementation of the program, as well as any recommendations to provide additional referral pathways for potential program clients.

(2)(a) By November 15, 2024, the department shall report to the governor and the health policy and fiscal committees of the legislature on the outcomes of the program and evaluation of the program components in subsection (1)(c) of this section. The report shall include:

(i) The number of program clients served;

(ii) The ongoing costs of the program; and

(iii) Any reportable outcomes in improvements in health and reductions in spending on care related to respiratory conditions, including any reductions in emergency department visits.

(b) In developing information for the report, the department and the health care authority shall collaborate to evaluate claims data, as necessary and available.

NEW SECTION. **Sec.**  Any health care information received by the department or a local health jurisdiction under this chapter is exempt from public inspection and copying pursuant to chapter 42.56 RCW. Records may only be released in aggregated form so that health care information is deidentified.

NEW SECTION. **Sec.**  Sections 1 through 9 of this act constitute a new chapter in Title 70 RCW.

**--- END ---**