CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 5936**

Chapter 166, Laws of 2024

68th Legislature

2024 Regular Session

PALLIATIVE CARE BENEFIT WORK GROUP

EFFECTIVE DATE: June 6, 2024

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| Passed by the Senate January 24, 2024Yeas 49 Nays 0DENNY HECK**President of the Senate**Passed by the House February 29, 2024Yeas 96 Nays 0LAURIE JINKINS**Speaker of the House of Representatives** | CERTIFICATEI, 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.SARAH BANNISTERSecretary |
| Approved March 18, 2024 3:34 PM | March 19, 2024 |
| JAY INSLEE**Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**SUBSTITUTE SENATE BILL 5936**

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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)

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

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

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

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

(a) Clinical eligibility criteria;

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

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

(d) Evaluation criteria and reporting requirements; and

(e) Payment models.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) For the purposes of this section, "palliative care" means expert assessment and management of a patient's symptoms, including coordination of care, attending to the physical, functional, psychological, practical, and spiritual consequences of serious illness, and assessment and support of caregiver needs. Palliative care is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness, and can be delivered alongside life-prolonging or curative care.

(7) This section expires June 1, 2026.

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Passed by the Senate January 24, 2024.

Passed by the House February 29, 2024.

Approved by the Governor March 18, 2024.

Filed in Office of Secretary of State March 19, 2024.