CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5165

64th Legislature 2015 Regular Session

Passed by the Senate March 2, 2015 Yeas 47 Nays 0	CERTIFICATE
President of the Senate	I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is SUBSTITUTE SENATE BILL 5165 as passed by Senate and
	the House of Representatives on the dates hereon set forth.
Passed by the House April 8, 2015 Yeas 97 Nays 0	
	Secretary
Speaker of the House of Representatives	
Approved	FILED
Governor of the State of Washington	Secretary of State State of Washington

SUBSTITUTE SENATE BILL 5165

Passed Legislature - 2015 Regular Session

State of Washington 64th Legislature 2015 Regular Session

By Senate Health Care (originally sponsored by Senators Angel and Frockt)

READ FIRST TIME 02/10/15.

- AN ACT Relating to coverage of home health benefits for persons 1
- 2 seeking palliative care treatments; amending RCW 48.21.220,
- 48.21A.090, and 48.44.320; and creating a new section. 3
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- RCW 48.21.220 and 1988 c 245 s 31 are each amended to 5 Sec. 1. 6 read as follows:
- 7 (1) Every insurer entering into or renewing group or blanket 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
- coverage. Persons seeking such services for palliative care in 13
- 14 conjunction with treatment or management of serious or life-
- threatening illness need not be homebound in order to be eligible for 15
- 16 coverage under this section.

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

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

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- (b) The coverage should be structured to create incentives for the use of home health care and hospice care as an alternative to 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;
 - (f) Hospice care coverage shall provide benefits for terminally ill patients for an initial period of care of not less than six months and may provide benefits for an additional six months of care in cases where the patient is facing imminent death or is entering 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;
- (h) The coverage may be structured so that services or supplies included in the primary contract are not duplicated in the optional home health and hospice coverage.
- 28 (3) The insurance commissioner shall adopt any rules necessary to 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

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- 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. <u>Persons</u>
- 5 <u>seeking such services for palliative care in conjunction with</u>
- 6 <u>treatment or management of serious or life-threatening illness need</u>
- 7 <u>not be homebound in order to be eligible for coverage under this</u>
- 8 <u>section.</u>

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- 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;
 - (c) The coverage may contain provisions for utilization review and quality assurance;
 - (d) The coverage may require that home health agencies and hospices have written treatment plans approved by a physician licensed under chapter 18.57 or 18.71 RCW, and may require such treatment plans to be reviewed at designated intervals;
 - (e) The coverage shall provide benefits for, and restrict benefits to, services rendered by home health and hospice agencies licensed under chapter 70.127 RCW;
 - (f) Hospice care coverage shall provide benefits for terminally ill patients for an initial period of care of not less than six months and may provide benefits for an additional six months of care in cases where the patient is facing imminent death or is entering 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.

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- 1 (3) The insurance commissioner shall adopt any rules necessary to 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:

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- (1) Every health care service contractor entering into or renewing a group health care service contract governed by this chapter shall offer optional coverage for home health care and hospice care for persons who are homebound and would otherwise require hospitalization. Such optional coverage need only be offered in conjunction with a policy that provides payment for hospitalization as a part of health care coverage. Persons seeking such services for palliative care in conjunction with treatment or management of serious or life-threatening illness need not be homebound in order to be eligible for coverage under this section.
- (2) Home health care and hospice care coverage offered under subsection (1) of this section shall conform to the following standards, limitations, and restrictions in addition to those set forth in chapters 70.126 and 70.127 RCW:
 - (a) The coverage may include reasonable deductibles, coinsurance provisions, and internal maximums;
 - (b) The coverage should be structured to create incentives for the use of home health care and hospice care as an alternative to 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;
- (e) The coverage shall provide benefits for, and restrict benefits to, services rendered by home health and hospice agencies licensed under chapter 70.127 RCW;

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

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- (g) Home health care coverage shall provide benefits for a minimum of one hundred thirty health care visits per calendar year. However, a visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of 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 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.
- NEW SECTION. Sec. 4. This act applies to plans issued or renewed after December 31, 2016.

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