H-3900.1

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

**HOUSE BILL 2695**

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

**State of Washington 66th Legislature 2020 Regular Session**

**By** Representatives Pollet, Robinson, Tarleton, Lovick, Valdez, Davis, Goodman, Orwall, Frame, and Macri

AN ACT Relating to establishing an asthma statewide home assistance 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) Asthma is a chronic respiratory condition that, when poorly controlled, can lead to hospitalization and even death;

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

(3) Between eight and eleven percent of children in middle school, or about one hundred twenty thousand children in Washington, have asthma;

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

(5) Dust mites, mold, and pests in the home can exacerbate asthma symptoms;

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

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

(8) These programs can reduce costly emergency room visits for the state because public funds pay for about sixty percent of Washington's asthma-related hospitalization costs; and

(9) Research shows that home visit programs have a one dollar and ninety cent return or 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 asthma 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 asthma triggers and providing home environment asthma-related supplies and guidance to program clients.

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

(3) "Home environment asthma-related supplies" or "supplies" means supplies for the prevention or mitigation of environmental factors that may aggravate the symptoms of asthma 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.

(4) "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.

(5) "Program" means the asthma statewide home assistance program established under section 3 of this act, to be known as the "ASTHMA" program.

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

NEW SECTION. **Sec.**  The department shall establish the asthma statewide home assistance program, to be known as the "ASTHMA" program. The goals of the program are to improve asthma control in children and teenagers, to reduce the prevalence of asthma exacerbations in children and teenagers, and reduce emergency room visits and hospitalizations for asthma-related illness, through the use of 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 asthma health workers to provide home visitation services and home environment asthma-related supplies to persons under nineteen years old and below three hundred twelve percent of the federal poverty level who meet the medical necessity 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 necessity criteria for the program; and

(b) Directing the referrals that it receives 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 asthma health workers and evaluate compliance with competency standards;

(4) Establish medical necessity criteria related to client eligibility for the program;

(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 asthma health worker and the types and numbers of home environment asthma-related 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 necessity 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 asthma statewide home assistance 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 asthma 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 asthma health worker to conduct a home visit and deliver any home environment asthma-related supplies that may be deemed medically 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 service themselves may not delegate the responsibilities for training and determining the competence of community asthma 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, 2021, 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 asthma 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 asthma 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) By November 15, 2023, 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 information on the number of program clients served, the ongoing costs of the program, and any reportable outcomes in improvements in health and reductions in spending on asthma-related care, including any reductions in emergency department visits. 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 ---**