

FINAL BILL REPORT

SHB 2295

PARTIAL VETO C 259 L 24 Synopsis as Enacted

Brief Description: Concerning hospital at-home services.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Bateman, Hutchins, Riccelli, Bronoske, Reed, Orwall, Davis, Tharinger, Simmons, Callan and Macri).

House Committee on Health Care & Wellness
Senate Committee on Health & Long Term Care

Background:

Federal Hospital At-Home Programs.

In March 2020 the federal Center for Medicare and Medicaid Services (CMS) announced the Hospitals Without Walls initiative, which provided broad regulatory flexibility that allowed hospitals to provide services in locations outside their existing walls. In November 2020 the CMS established the Acute Hospital Care at Home Initiative (AHCAH Initiative) which allowed certain Medicare-certified hospitals to treat eligible patients with inpatient-level care at their home and waived a number of Medicare conditions of participation.

The CMS rules required hospitals participating in the AHCAH Initiative to have appropriate screening protocols before care at home begins, which include assessing both medical and nonmedical factors. The AHCAH Initiative also requires that a physician or advanced practice provider evaluate the patient daily in person or remotely, at least two in-person visits daily by a nurse or mobile integrated health paramedic, and there must be a system that allows immediate, on-demand audio connection with hospital at-home staff, in addition to other requirements. Acute Hospital Care at Home Initiative patients may only be admitted from emergency departments and inpatient hospital beds.

The Consolidated Appropriations Act of 2023 extended the waivers for the AHCAH Initiative until December 31, 2024.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Certificate of Need.

The Certificate of Need (CON) Program is operated by the Department of Health (DOH) and is a regulatory process that requires certain health care facilities and providers to get state approval before building certain types of facilities or offering new or expanded services. A CON is required before a health care facility can be constructed, sold, purchased, or leased, or before a health care provider can offer certain new or expanded services, such as a hospital seeking to increase their licensed beds.

Summary:

Hospital at-home services are defined as acute care services provided by a licensed acute care hospital to a patient outside of the hospital's licensed facility and within a home or any location determined by the patient receiving the service. The DOH must adopt rules by December 31, 2025, to add hospital at-home services to the services that a licensed acute care hospital may provide. The DOH must consider the provisions of the federal program and endeavor to make the standards substantially similar when adopting the initial rules.

The DOH may adopt additional standards to promote safe care and treatment of patients as needed. The standards may not include requirements that would make a hospital ineligible for or preclude a hospital from complying with the requirements of the federal program.

If the federal program expires before the DOH establishes rules, hospitals must continue to follow federal program requirements that were in effect as of the date of the federal program's expiration and the DOH must enforce the requirements until the DOH adopts rules. Once rules are established, hospitals that intend to offer or continue offering hospital at-home services must apply to the DOH for approval to add hospital at-home services as a hospital service line. Hospitals that have an active federal AHCAH Initiative waiver prior to rule adoption may provide hospital at-home services while applying for approval. The DOH must approve a hospital to provide hospital at-home services if the application is consistent with the standards provided in rule.

Hospitals may provide hospital at-home services if the hospital has an active federal AHCAH Initiative waiver prior to when the DOH adopts rules regarding hospital at-home services. Hospitals with an active federal AHCAH Initiative waiver that intend to operate hospital at-home services must notify the DOH within 30 days of receiving the waiver.

The DOH may set a one-time application fee by rule, which may not exceed the actual cost of staff time to review the application. The administration of the program must be covered by hospital licensing fees.

Hospital at-home services do not count as an increase in the number of the hospital's licensed beds and are not subject to the CON requirements or review. Hospital at-home services provided by a licensed acute care hospital are not subject to regulations under home health care, hospice care, or in-home services agencies.

Votes on Final Passage:

House	97	0	
Senate	49	0	(Senate amended)
House	97	0	(House concurred)

Effective: June 6, 2024

Partial Veto Summary: The Governor vetoed the section of the bill containing an emergency clause which provided that the bill went into effect immediately.