
Health Care & Wellness Committee

SSB 5936

Brief Description: Convening a palliative care benefit work group.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Conway, Dozier, Frame, Hasegawa, Kuderer, Nobles, Rivers and Salomon).

<p style="text-align: center;">Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">• Establishes a work group to design the parameters of a palliative care benefit for fully insured health plans and a payment model for that benefit.
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Hearing Date: 2/14/24

Staff: Chris Blake (786-7392).

Background:

According to a 2019 report by the Bree Collaborative, "palliative care" is the expert assessment and management of a patient's symptoms, the assessment and support of caregiver needs, and the coordination of care related to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. Palliative care is a person- and family-centered approach to care intended to provide persons living with a serious illness relief from the symptoms and stress of the illness. The report noted that palliative care may be offered in conjunction with life-prolonging or curative care, as opposed to hospice care which is generally intended for people with six months or less to live.

The 2022 Supplemental Operating Budget provided funds for the Health Care Authority (Authority) to design a standardized payment methodology for a palliative care benefit for the Medicaid program and public employee health programs. The Authority contracted with the

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Center for Evidence-based Policy (Center) at the Oregon Health Sciences University to develop eligibility criteria, covered services, and a payment model for a palliative care benefit. The Center released its summary report in March 2023.

Summary of Bill:

The Office of the Insurance Commissioner (Office), in consultation with the Health Care Authority (Authority), must convene a work group related to palliative care. The term "palliative care" is defined as the expert assessment and management of a patient's symptoms, including: (1) coordination of care; (2) attending to the physical, functional, psychological, practical, and spiritual consequences of serious illness; and (3) assessment and support of caregiver needs. In addition, it is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of the illness and may be delivered in conjunction with life-prolonging or curative care.

For fully insured plans, the work group must design parameters of a palliative care benefit and a payment model for the benefit. The work group must consider clinical eligibility criteria, covered services, appropriate staffing, evaluation criteria and reporting requirements, and payment models. The work group must coordinate its work with the Authority's work related to designing a palliative care benefit for the Medicaid program and public employee health programs.

The membership of the work group consists of one representative from: the Office, the Authority, the Department of Social and Health Services, the Department of Health's in-home services program, the Washington Health Benefit Exchange, the Washington State Hospice and Palliative Care Organization, the Association of Washington Health Care Plans, a commercial carrier, a Medicaid managed care organization, the Washington State Hospital Association, the Washington Health Alliance, and the Washington State Nurses Association. In addition, the Washington State Hospice and Palliative Care Organization must select four representatives, including at least one physician, who are currently providing palliative care as either clinicians or operational leaders.

The work group must submit a report that details its work and any recommendations to the Legislature by November 1, 2025.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.