

# SENATE BILL REPORT

## SHB 2295

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As Reported by Senate Committee On:  
Health & Long Term Care, February 16, 2024

**Title:** An act relating to establishing a regulatory structure for licensed acute care hospitals to provide hospital at-home services.

**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).

**Brief History:** Passed House: 2/12/24, 97-0.

**Committee Activity:** Health & Long Term Care: 2/16/24 [DPA].

### Brief Summary of Amended Bill

- Requires the Department of Health to adopt rules to add hospital at-home services to the services that a licensed acute care hospital may provide and establish standards for the operation of a hospital at-home program.

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## SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** Do pass as amended.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

**Staff:** Julie Tran (786-7283)

**Background:** In March 2020 the federal Centers for Medicare and Medicaid (CMS) announced the Hospital Without Walls initiative, which provided broad regulatory flexibility that allowed hospitals to provide services in locations beyond their existing walls. In an effort to expand on the initiative CMS established the Acute Hospital Care at

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Home (AHCAH) which provided eligible hospitals with regulatory flexibilities to treat eligible patients in their home. Under this program, patients with certain acute conditions may be treated appropriately and safely in home settings with proper monitoring and treatment protocols in place. The acute conditions include: asthma, congestive heart failure, pneumonia, and chronic obstructive pulmonary disease care.

CMS required participating hospitals to have appropriate screening protocols before care at home begins and those include assessing both medical and non-medical factors such as working utilities, assessment of physical barriers and screenings for domestic violence concerns. Program patients must only be admitted from emergency departments and inpatient hospital beds and an in-person physician evaluation is required prior to starting care at home.

According to CMS, the program clearly differentiates the delivery of acute hospital care at home from more traditional home health services. While home health care provides important skilled nursing and other skilled care services, AHCAH is for beneficiaries who require acute inpatient admission to a hospital and who require at least daily rounding by a physician and a medical team monitoring their care needs on an ongoing basis.

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

In Washington State, the following hospitals have secured a federal waiver from CMS to provide hospital at-home services: MultiCare Tacoma General Hospital; MultiCare Good Samaritan Hospital; Providence St. Peter's Hospital; St. Joseph's Medical Center; and Virginia Mason Franciscan Health System: St. Francis Medical Center; St. Anne Medical Center; St. Clare Medical Center; St. Anthony Medical Center; St. Michael Medical Center; and Virginia Mason Medical Center.

**Summary of Amended Bill:** Hospital at-home services means 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.

Department of Health (DOH) is required to adopt rules by December 31, 2025, to add hospital at-home services to those services that may be provided by a licensed acute care hospital. The rules must establish standards for the operation of a hospital at-home program. In establishing the initial standards, DOH must consider the provisions of the federal program and endeavor to make the standards substantially similar. 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. DOH may adopt additional standards to promote safe care and treatment of patients as needed.

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 DOH must enforce the requirements until 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 waiver prior to rule adoption may provide hospital at-home services while applying for approval. DOH must approve a hospital to provide hospital at-home services if the application is consistent with the standards provided in rule.

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

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 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 certificate of need 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.

**EFFECT OF HEALTH & LONG TERM CARE COMMITTEE AMENDMENT(S):**

- Requires hospitals that have an active federal program waiver and intend to operate hospital at-home services within the state to notify DOH within 30 days of receiving the waiver.
- Requires that when establishing initial standards, DOH must consider the federal program's provisions and endeavor to make the standards substantially similar to those provisions rather than require that the standards adopted by DOH be consistent with the federal program's provisions.
- Allows DOH to adopt additional standards to promote safe care and treatment of patients as needed rather than adopt additional standards to address program safety concerns.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** The bill contains an emergency clause and takes effect immediately.

**Staff Summary of Public Testimony on Substitute House Bill:** *The committee*

*recommended a different version of the bill than what was heard.* No public hearing was held.

**Persons Testifying:** N/A

**Persons Signed In To Testify But Not Testifying:** N/A