

SENATE BILL REPORT

SB 5504

As of February 11, 2025

Title: An act relating to supporting caregivers who provide complex care services to children with heightened medical needs.

Brief Description: Supporting caregivers who provide complex care services to children with heightened medical needs.

Sponsors: Senators Chapman, Harris, Cortes, Saldaña, Trudeau and Valdez.

Brief History:

Committee Activity: Health & Long-Term Care: 2/11/25.

Brief Summary of Bill

- Directs the Health Care Authority (HCA), beginning September 1, 2026, to require or provide payment to a home health agency for complex care services as a private duty nursing benefit component when those services are provided to a Medicaid enrollee under the age of 18, if certain requirements are met.
- Directs HCA to seek a state plan amendment or waiver, as applicable, from the federal Centers for Medicare and Medicaid Services to implement this payment as a part of the private duty nursing benefit.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Julie Tran (786-7283)

Background: Medicaid. Medicaid is a federal-state partnership with programs established in the federal Social Security Act and implemented at the state level with federal matching funds. Medicaid is Washington state's largest public assistance program, providing health insurance for state residents who meet certain eligibility criteria.

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.

There are three agencies involved in determining Medicaid eligibility: the Health Care Authority (HCA), Department of Social and Health Services (DSHS), and the federal Social Security Administration (SSA). HCA administers Medicaid programs for people who qualify based on their income. This includes about 95 percent of managed care recipients in Washington State. DSHS administers Medicaid programs for people who receive long-term care or are elderly or disabled. This represents about 5 percent of managed care recipients in Washington State.

Private Duty Nursing for Children. Private duty nursing services are administered by the Developmental Disabilities Administration (DDA) in DSHS through the Medically Intensive Children's Program for children ages 17 and younger. This optional Medicaid program helps to keep families together by providing equally effective, less restrictive, and less costly treatment in a client's home for children who would otherwise require institutional level of care.

Private duty nursing services consist of four or more hours of continuous skilled nursing services provided in the home to eligible clients with complex medical needs that cannot be managed within the scope of intermittent home health services.

Summary of Bill: Beginning September 1, 2026, HCA must require or provide payment to a home health agency for complex care services as a component of the private duty nursing benefit when provided to a Medicaid enrollee, who is under the age of 18 and receiving private duty nursing services when:

- the caregiver providing the complex care services is a parent, guardian, family member, or other close association that is the equivalent of a family relation of the Medicaid enrollee;
- the caregiver has successfully completed at least 75 total hours of instruction offered by an accredited home care agency and has been determined to be competent to provide complex care services;
- the complex care services are provided by the caregiver as delegated by a licensed registered nurse; and
- the caregiver providing the complex care services is employed by a licensed home health agency with a provider agreement with HCA or a managed care organization.

HCA must seek a state plan amendment or waiver, as applicable, from the federal Centers for Medicare and Medicaid Services to implement this payment as a part of the private duty nursing benefit.

HCA must submit a report by September 1, 2029, to assess the complex care services payment program's viability including data analyzing the program's effectiveness. HCA must use available data and not require home health agencies to submit data necessary for creating the report.

HCA must recognize accrediting organizations that it determines have standards that allow home health agencies to properly train caregivers to safely provide complex care services in accordance with federal nursing aide training and competency evaluation program standards.

A caregiver providing complex care services who has successfully completed the training may change employers without having to repeat the required training course.

The home health agency employing the caregiver providing complex care services must assume all of the caregiver's training costs and may not require the caregiver to reimburse the home health agency for the training cost.

When determining the enrollee's eligibility for complex care services, HCA may only consider the child's income and not the income of any other person living in the household.

Complex care services means the provision of the care services by the parent, guardian, family member, or other close association that is the equivalent of a family relation of the enrollee to a person under 18 years old who is receiving private duty nursing when provided under a licensed registered nurse's direction.

Complex care services may include patient transfer; patient positioning; patient ambulation; patient feeding; personal care; catheter care; medication administration; tracheostomy care; enteral care, therapy, and feeding administration; formula preparation; comprehensive respiratory care, chest physiotherapy, and cough assistance; and other HCA-approved tasks.

Appropriation: None.

Fiscal Note: Requested on January 27, 2025.

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

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill is needed to uplift and help the families in this state on their journey as they help support their children. There are financial strains that come with caring for a child with complex needs. When care is unavailable due to inconsistent nurse staffing issues, parents have to step in to take care of their children. Parents are already doing this work and if there is no care, they have no choice. The state should recognize that caring for the children is a full-time job. This bill serves as a lifeline for families and it removes these barriers that are preventing parents from being paid for the lifesaving care that they are providing on a daily basis.

OTHER: There are ethical concerns to employ parents and to be paid through the agencies. Also, there are concerns about provider liability issues that may make obtaining insurance

coverage for this type of work more difficult. There should be a solution that does not require a provider to employ their clients. Without insurance coverage, these businesses would not be able to operate.

Persons Testifying: PRO: Senator Mike Chapman, Prime Sponsor; Kristina Smith; Patricia Toole; Jamie Thompson, Un-paid Parent Caregiver; Hanna Jones, MGA Home Care & Team Select Home Care; Leslie Elder; Amanda Striegl; Brandi Coon; Leslie Hubbard, MGA Homecare; Lindsey Topping-Schuetz; Jacqueline Flores, MGA Homecare; Ken Venisnik, MGA Homecare.

OTHER: Catherine Morrison, Maxim Healthcare Services; Molly Austin, New Care Concepts, Inc; Allison Seumae, HR Director New Care.

Persons Signed In To Testify But Not Testifying: No one.