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**SENATE BILL 5291**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Senators Conway, Saldaña, Cleveland, Frame, Nobles, Stanford, Valdez, and C. Wilson

Read first time 01/15/25. Referred to Committee on Labor & Commerce.

1 AN ACT Relating to strengthening the WACares program by  
2 implementing the recommendations of the long-term services and  
3 supports trust commission; amending RCW 50B.04.180, 50B.04.010,  
4 50B.04.020, 50B.04.030, 50B.04.050, 50B.04.055, 50B.04.060,  
5 50B.04.070, 50B.04.085, 50B.04.100, 50B.04.140, 74.39.007, and  
6 70.127.040; reenacting and amending RCW 50B.04.080; adding new  
7 sections to chapter 50B.04 RCW; adding a new section to chapter 48.83  
8 RCW; adding a new chapter to Title 48 RCW; creating a new section;  
9 repealing RCW 50B.04.040; providing an effective date; and providing  
10 an expiration date.

11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

12 **Sec. 1.** RCW 50B.04.180 and 2024 c 120 s 2 are each amended to  
13 read as follows:

14 (1) Beginning July 1, 2026, an employee or self-employed person,  
15 who has elected coverage under RCW 50B.04.090, who relocates outside  
16 of Washington may elect to continue participation in the program if:

17 (a) The employee or self-employed person has been assessed  
18 premiums by the employment security department for at least three  
19 years in which the employee or self-employed person has worked at  
20 least 500 hours in each of those years in Washington; and

1 (b) The employee or self-employed person notifies the employment  
2 security department within one year of establishing a primary  
3 residence outside of Washington that the employee or self-employed  
4 person is no longer a resident of Washington and elects to continue  
5 participation in the program.

6 (2) Out-of-state participants under subsection (1) of this  
7 section must report their wages or self-employment earnings to the  
8 employment security department according to standards for manner and  
9 timing of reporting and documentation submission, as adopted by rule  
10 by the employment security department. An out-of-state participant  
11 must submit documentation to the employment security department  
12 whether or not the out-of-state participant earned wages or self-  
13 employment earnings, as applicable, during the applicable reporting  
14 period. When an out-of-state participant reaches the age of 67, the  
15 participant is no longer required to provide the documentation of  
16 their wages or self-employment earnings, but if the participant earns  
17 wages or self-employment earnings, the participant must submit  
18 reports of those wages or self-employment earnings and remit the  
19 required premiums.

20 (3) Out-of-state participants under subsection (1) of this  
21 section must provide documentation of wages and self-employment  
22 earnings earned at the time that they report their wages or self-  
23 employment earnings to the employment security department.

24 (4) An out-of-state participant who has elected to continue  
25 participation in the program under subsection (1) of this section may  
26 not withdraw from coverage under the program. The employment security  
27 department (~~may~~) shall cancel out-of-state elective coverage if the  
28 out-of-state participant fails to make required payments or submit  
29 reports. (~~The employment security department may collect due and~~  
30 ~~unpaid premiums and may levy an additional premium for the remainder~~  
31 ~~of the period of coverage.)) The cancellation must be effective no  
32 later than 30 days from the date of the notice in writing advising  
33 the out-of-state participant of the cancellation.~~

34 (5) The employment security department shall:

35 (a) Adopt standards by rule for the manner and timing of  
36 reporting and documentation submission for out-of-state participants.  
37 The employment security department must consider user experience with  
38 the wage and self-employment earnings reporting process and the  
39 document submission process and regularly update the standards to  
40 minimize the procedural burden on out-of-state participants and

1 support the accurate reporting of wages and self-employment earnings  
2 at the time of the payment of premiums;

3 (b) Collect premiums from out-of-state participants as provided  
4 in RCW 50B.04.080 and 50B.04.090, as relevant to out-of-state  
5 participants; and

6 (c) Verify the wages or self-employment earnings as reported by  
7 an out-of-state participant.

8 (6) For the purposes of this section, "wages" includes  
9 remuneration for services performed within or without or both within  
10 and without this state.

11 (7) Entities providing services to an eligible beneficiary  
12 outside Washington are subject to RCW 50B.04.200 and may not  
13 discriminate based upon race, gender, age, or preexisting condition.

14 (8) ~~((An employee or self-employed person who has elected  
15 coverage under RCW 50B.04.090 who relocates outside of Washington may  
16 elect to opt out of coverage by no longer reporting wages to the  
17 department, rather than become an out-of-state participant in the  
18 program.~~

19 ~~(9))~~ By extending the premium base to out-of-state participants  
20 under subsection (1) of this section, chapter 120, Laws of 2024 will  
21 increase the state's investment in long-term care services.

22 **Sec. 2.** RCW 50B.04.010 and 2024 c 120 s 3 are each amended to  
23 read as follows:

24 The definitions in this section apply throughout this chapter  
25 unless the context clearly requires otherwise.

26 (1) "Account" means the long-term services and supports trust  
27 account created in RCW 50B.04.100.

28 (2) "Approved service" means long-term services and supports  
29 including, but not limited to:

- 30 (a) Adult day services;
- 31 (b) Care transition coordination;
- 32 (c) Memory care;
- 33 (d) Adaptive equipment and technology;
- 34 (e) Environmental modification;
- 35 (f) Personal emergency response system;
- 36 (g) Home safety evaluation;
- 37 (h) Respite for family caregivers;
- 38 (i) Home delivered meals;
- 39 (j) Transportation;

1 (k) Dementia supports;  
2 (l) Education and consultation;  
3 (m) Eligible relative care;  
4 (n) Professional services;  
5 (o) Services that assist paid and unpaid family members caring  
6 for eligible individuals, including training for individuals  
7 providing care who are not otherwise employed as long-term care  
8 workers under RCW 74.39A.074;  
9 (p) In-home personal care;  
10 (q) Assisted living services;  
11 (r) Adult family home services; and  
12 (s) Nursing home services.

13 (3) "Benefit unit" means up to \$100 paid by the department of  
14 social and health services to a long-term services and supports  
15 provider as reimbursement for approved services provided to an  
16 eligible beneficiary on a specific date. The benefit unit must be  
17 adjusted annually (~~at a rate no greater than the Washington state~~  
18 ~~consumer price index, as determined solely by the council. Any~~  
19 ~~changes adopted by the council shall be subject to revision by the~~  
20 ~~legislature)) for inflation by the consumer price index. The adjusted  
21 benefit unit must be calculated to the nearest cent/dollar using the  
22 consumer price index for the Seattle, Washington area for urban wage  
23 earners and clerical workers, all items, CPI-W, or a successor index,  
24 for the 12 months before each September 1st compiled by the United  
25 States department of labor's bureau of labor statistics. Each  
26 adjusted benefit unit calculated under this subsection takes effect  
27 on the following January 1st.~~

28 (4) "Commission" means the long-term services and supports trust  
29 commission established in RCW 50B.04.030.

30 (5) (~~"Council" means the long-term services and supports trust~~  
31 ~~council established in RCW 50B.04.040.~~

32 ~~(6))~~ "Eligible beneficiary" means a qualified individual who is  
33 age 18 or older, resides in the state of Washington or has elected to  
34 keep coverage when they relocate out-of-state under RCW 50B.04.180,  
35 has been determined to meet the minimum level of assistance with  
36 activities of daily living necessary to receive benefits through the  
37 trust program, as (~~established in this chapter~~) provided in RCW  
38 50B.04.060, and has not exhausted the lifetime limit of benefit  
39 units.

1        ~~((7))~~    (6)    "Employee" has the meaning provided in RCW  
2 50A.05.010.

3        ~~((8))~~    (7)    "Employer" has the meaning provided in RCW  
4 50A.05.010.

5        ~~((9))~~    (8)    "Employment" has the meaning provided in RCW  
6 50A.05.010.

7        ~~((10))~~   (9)    "Exempt employee" means a person who has been  
8 granted a premium assessment exemption by the employment security  
9 department.

10       ~~((11))~~   (10) "Long-term services and supports provider" means:  
11       (a) For entities providing services to an eligible beneficiary in  
12 Washington, an entity that meets the qualifications applicable in law  
13 to the approved service they provide, including a qualified or  
14 certified home care aide, licensed assisted living facility, licensed  
15 adult family home, licensed nursing home, licensed in-home services  
16 agency, adult day services program, vendor, instructor, qualified  
17 family member, or other entities as registered by the department of  
18 social and health services; and

19       (b) For entities providing services to an eligible beneficiary  
20 outside Washington, an entity that meets minimum standards for care  
21 provision and program administration, as established by the  
22 department of social and health services, and that is appropriately  
23 credentialed in the jurisdiction in which the services are being  
24 provided as established by the department of social and health  
25 services.

26       ~~((12))~~   (11) "Premium" or "premiums" means the payments required  
27 by RCW 50B.04.080 and paid to the employment security department for  
28 deposit in the account created in RCW 50B.04.100.

29       ~~((13))~~   (12) "Program" means the long-term services and supports  
30 trust program established in this chapter.

31       ~~((14))~~   (13) "Qualified family member" means a relative of an  
32 eligible beneficiary qualified to meet requirements established ~~((in~~  
33 ~~state law))~~ by the department of social and health services for the  
34 approved service they provide ~~((that would be required of any other~~  
35 ~~long-term services and supports provider to receive payments from the~~  
36 ~~state))~~.

37       ~~((15))~~   (14) "Qualified individual" means an individual who  
38 meets the duration of payment requirements, as established in this  
39 chapter.

1       (~~(16)~~) (15) "State actuary" means the office of the state  
2 actuary created in RCW 44.44.010.

3       (~~(17)~~) (16) "Wage or wages" means all remuneration paid by an  
4 employer to an employee. Remuneration has the meaning provided in RCW  
5 50A.05.010. All wages are subject to a premium assessment and not  
6 limited by the commissioner of the employment security department, as  
7 provided under RCW 50A.10.030(4).

8       **Sec. 3.** RCW 50B.04.020 and 2024 c 120 s 4 are each amended to  
9 read as follows:

10       (1) The health care authority, the department of social and  
11 health services, the office of the state actuary, and the employment  
12 security department each have distinct responsibilities in the  
13 implementation and administration of the program. In the performance  
14 of their activities, they shall actively collaborate to realize  
15 program efficiencies and provide persons served by the program with a  
16 well-coordinated experience.

17       (2) The health care authority shall:

18       (a) Track the use of lifetime benefit units to verify the  
19 individual's status as an eligible beneficiary as determined by the  
20 department of social and health services;

21       (b) Ensure approved services are provided through audits or  
22 service verification processes within the service provider payment  
23 system for registered long-term services and supports providers and  
24 recoup any inappropriate payments;

25       (c) Establish criteria for the payment of benefits to  
26 (~~registered~~) long-term services and supports providers under RCW  
27 50B.04.070;

28       (d) Establish rules and procedures for benefit coordination when  
29 the eligible beneficiary is also funded for medicaid and other long-  
30 term services and supports, including medicare, coverage through the  
31 department of labor and industries, and private long-term care  
32 coverage; (~~and~~)

33       (e) Assist the department of social and health services with the  
34 leveraging of existing payment systems for the provision of approved  
35 services to beneficiaries under RCW 50B.04.070; and

36       (f) Adopt rules and procedures necessary to implement and  
37 administer the activities specified in this section related to the  
38 program.

39       (3) The department of social and health services shall:

1 (a) Make determinations regarding an individual's status as an  
2 eligible beneficiary under RCW 50B.04.060;

3 (b) Approve long-term services and supports eligible for payment  
4 as approved services under the program, as informed by the  
5 commission;

6 (c) Register long-term services and supports providers that meet  
7 minimum qualifications;

8 (d) Discontinue the registration of long-term services and  
9 supports providers that: (i) Fail to meet the minimum qualifications  
10 applicable in law to the approved service that they provide; or (ii)  
11 violate the operational standards of the program;

12 (e) Disburse payments of benefits to registered long-term  
13 services and supports providers, utilizing and leveraging existing  
14 payment systems for the provision of approved services to eligible  
15 beneficiaries under RCW 50B.04.070;

16 (f) Prepare and distribute written or electronic materials to  
17 qualified individuals, eligible beneficiaries, and the public as  
18 deemed necessary by the commission to inform them of program design  
19 and updates;

20 (g) Provide customer service and address questions and  
21 complaints, including referring individuals to other appropriate  
22 agencies;

23 (h) Provide administrative and operational support to the  
24 commission;

25 (i) Track data useful in monitoring and informing the program, as  
26 identified by the commission;

27 (j) Develop criteria to deem a family member as qualified when  
28 providing approved services outside of Washington; and

29 (k) Adopt rules and procedures necessary to implement and  
30 administer the activities specified in this section related to the  
31 program.

32 (4) The employment security department shall:

33 (a) Collect and assess employee premiums as provided in RCW  
34 50B.04.080, 50B.04.090, and 50B.04.180;

35 (b) Assist the commission(~~(, —council,)~~) and state actuary in  
36 monitoring the solvency and financial status of the program;

37 (c) Perform investigations to determine the compliance of premium  
38 payments in RCW 50B.04.080, 50B.04.090, and 50B.04.180 in  
39 coordination with the same activities conducted under the family and  
40 medical leave act, Title 50A RCW, to the extent possible;

1 (d) Make determinations regarding an individual's status as a  
2 qualified individual under RCW 50B.04.050, including criteria to  
3 determine the status of persons receiving partial benefit units under  
4 RCW 50B.04.050(2) and out-of-state participants under RCW 50B.04.180;  
5 and

6 (e) Adopt rules and procedures necessary to implement and  
7 administer the activities specified in this section related to the  
8 program.

9 (5) The office of the state actuary shall:

10 (a) Beginning July 1, 2025, and biennially thereafter, perform an  
11 actuarial audit and valuation of the long-term services and supports  
12 trust fund. Additional or more frequent actuarial audits and  
13 valuations may be performed at the request of the (~~council~~)  
14 commission;

15 (b) Make recommendations to the (~~council~~) commission and the  
16 legislature on actions necessary to maintain trust solvency. The  
17 recommendations must include options to redesign or reduce benefit  
18 units, approved services, or both, to prevent or eliminate any  
19 unfunded actuarially accrued liability in the trust or to maintain  
20 solvency; and

21 (c) Select and contract for such actuarial, research, technical,  
22 and other consultants as the actuary deems necessary to perform its  
23 duties under chapter 363, Laws of 2019.

24 (6) By October 1, 2021, the employment security department and  
25 the department of social and health services shall jointly conduct  
26 outreach to provide employers with educational materials to ensure  
27 employees are aware of the program and that the premium assessments  
28 will begin on July 1, 2023. In conducting the outreach, the  
29 employment security department and the department of social and  
30 health services shall provide on a public website information that  
31 explains the program and premium assessment in an easy to understand  
32 format. Outreach information must be available in English and other  
33 primary languages as defined in RCW 74.04.025.

34 **Sec. 4.** RCW 50B.04.030 and 2022 c 1 s 2 are each amended to read  
35 as follows:

36 (1) The long-term services and supports trust commission is  
37 established. The commission's recommendations and decisions must be  
38 guided by the joint goals of maintaining benefit adequacy and  
39 maintaining fund solvency and sustainability.



1 (2) The commission includes:

2 (a) Two members from each of the two largest caucuses of the  
3 house of representatives, appointed by the speaker of the house of  
4 representatives;

5 (b) Two members from each of the two largest caucuses of the  
6 senate, appointed by the president of the senate;

7 (c) The commissioner of the employment security department, or  
8 the commissioner's designee;

9 (d) The secretary of the department of social and health  
10 services, or the secretary's designee;

11 (e) The director of the health care authority, or the director's  
12 designee, who shall serve as a nonvoting member;

13 (f) One representative of the organization representing the area  
14 agencies on aging;

15 (g) One representative of a home care association that represents  
16 caregivers who provide services to private pay and medicaid clients;

17 (h) One representative of a union representing long-term care  
18 workers;

19 (i) One representative of an organization representing retired  
20 persons;

21 (j) One representative of an association representing skilled  
22 nursing facilities and assisted living providers;

23 (k) One representative of an association representing adult  
24 family home providers;

25 (l) Two individuals receiving long-term services and supports, or  
26 their designees, or representatives of consumers receiving long-term  
27 services and supports under the program;

28 (m) One member who is a worker who is, or will likely be, paying  
29 the premium established in RCW 50B.04.080 and who is not employed by  
30 a long-term services and supports provider; and

31 (n) One representative of an organization of employers whose  
32 members collect, or will likely be collecting, the premium  
33 established in RCW 50B.04.080.

34 (3) (a) Other than the legislators and agency heads identified in  
35 subsection (2) of this section, members of the commission are  
36 appointed by the governor for terms of two years, except that the  
37 governor shall appoint the initial members identified in subsection  
38 (2) (f) through (n) of this section to staggered terms not to exceed  
39 four years.

1 (b) The secretary of the department of social and health  
2 services, or the secretary's designee, shall serve as chair of the  
3 commission. Meetings of the commission are at the call of the chair.  
4 A majority of the voting members of the commission shall constitute a  
5 quorum for any votes of the commission. Approval of ~~((sixty))~~ 60  
6 percent of those voting members of the commission who are in  
7 attendance is required for the passage of any vote.

8 (c) Members of the commission and the subcommittee established in  
9 subsection (6) of this section must be compensated in accordance with  
10 RCW 43.03.250 and must be reimbursed for their travel expenses while  
11 on official business in accordance with RCW 43.03.050 and 43.03.060.

12 (4) Beginning January 1, 2021, the commission shall propose  
13 recommendations to the appropriate executive agency or the  
14 legislature regarding:

15 (a) The establishment of criteria for determining that an  
16 individual has met the requirements to be a qualified individual as  
17 established in RCW 50B.04.050 or an eligible beneficiary as  
18 established in RCW 50B.04.060;

19 (b) The establishment of criteria for minimum qualifications for  
20 the registration of long-term services and supports providers who  
21 provide approved services to eligible beneficiaries;

22 (c) The establishment of payment maximums for approved services  
23 consistent with actuarial soundness which shall not be lower than  
24 medicaid payments for comparable services. A service or supply may be  
25 limited by dollar amount, duration, or number of visits. The  
26 commission shall engage affected stakeholders to develop this  
27 recommendation;

28 (d) Changes to rules or policies to improve the operation of the  
29 program;

30 ~~((Providing a recommendation to the council for the annual  
31 adjustment of the benefit unit in accordance with RCW 50B.04.010 and  
32 50B.04.040;~~

33 ~~((f))~~) A refund of premiums for a deceased qualified individual  
34 with a dependent who is an individual with a developmental disability  
35 who is dependent for support from a qualified individual. The  
36 qualified individual must not have been determined to be an eligible  
37 beneficiary by the department of social and health services. The  
38 refund shall be deposited into an individual trust account within the  
39 developmental disabilities endowment trust fund for the benefit of

1 the dependent with a developmental disability. The commission shall  
2 consider:

3 (i) The value of the refund to be (~~one hundred~~) 100 percent of  
4 the current value of the qualified individual's lifetime premium  
5 payments at the time that certification of death of the qualified  
6 individual is submitted, less any administrative process fees; and

7 (ii) The criteria for determining whether the individual is  
8 developmentally disabled. The determination shall not be based on  
9 whether or not the individual with a developmental disability is  
10 receiving services under Title 71A RCW, or another state or local  
11 program; and

12 (~~(g)~~) (f) Assisting the state actuary with the preparation of  
13 regular actuarial reports on the solvency and financial status of the  
14 program and advising the legislature on actions necessary to maintain  
15 trust solvency. The commission shall provide the office of the state  
16 actuary with all actuarial reports for review. The office of the  
17 state actuary shall provide any recommendations to the commission and  
18 the legislature on actions necessary to maintain trust solvency(~~(g~~

19 ~~(h) For the January 1, 2021, report only, recommendations on~~  
20 ~~whether and how to extend coverage to individuals who became disabled~~  
21 ~~before the age of eighteen, including the impact on the financial~~  
22 ~~status and solvency of the trust. The commission shall engage~~  
23 ~~affected stakeholders to develop this recommendation; and~~

24 ~~(i) For the January 1, 2021, report only, the commission shall~~  
25 ~~consult with the office of the state actuary on the development of an~~  
26 ~~actuarial report of the projected solvency and financial status of~~  
27 ~~the program. The office of the state actuary shall provide any~~  
28 ~~recommendations to the commission and the legislature on actions~~  
29 ~~necessary to achieve trust solvency)).~~

30 (5) The commission shall monitor agency administrative expenses  
31 over time. Beginning November 15, 2020, the commission must annually  
32 report to the governor and the fiscal committees of the legislature  
33 on agency spending for administrative expenses and anticipated  
34 administrative expenses as the program shifts into different phases  
35 of implementation and operation. The November 15, 2027, report must  
36 include recommendations for a method of calculating future agency  
37 administrative expenses to limit administrative expenses while  
38 providing sufficient funds to adequately operate the program. The  
39 agency heads identified in subsection (2) of this section may advise  
40 the commission on the reports prepared under this subsection, but

1 must recuse themselves from the commission's process for review,  
2 approval, and submission to the legislature.

3 (6) The commission shall establish an investment strategy  
4 subcommittee consisting of the members identified in subsection  
5 (2)(a) through (d) of this section as voting members of the  
6 subcommittee. In addition, four members appointed by the governor who  
7 are considered experienced and qualified in the field of investment  
8 shall serve as nonvoting members. The subcommittee shall provide  
9 guidance and advice to the state investment board on investment  
10 strategies for the account, including seeking counsel and advice on  
11 the types of investments that are constitutionally permitted.

12 (7) The commission shall work with insurers to develop long-term  
13 care insurance products that supplement the program's benefit.

14 **Sec. 5.** RCW 50B.04.050 and 2024 c 120 s 5 are each amended to  
15 read as follows:

16 (1) Except as provided in subsection (2) of this section, the  
17 employment security department shall deem a person to be a qualified  
18 individual as provided in this chapter if the person has paid the  
19 long-term services and supports premiums required by RCW 50B.04.080  
20 for the equivalent of either:

21 (a) A total of ten years (~~(without interruption of five or more~~  
22 ~~consecutive years)); or~~

23 (b) Three years within the last six years from the date of  
24 application for benefits.

25 (2) A person born before January 1, 1968, who has not met the  
26 duration requirements under subsection (1)(a) of this section may  
27 become a qualified individual with fewer than the number of years  
28 identified in subsection (1)(a) of this section if the person has  
29 paid the long-term services and supports premiums required by RCW  
30 50B.04.080 for at least one year. A person becoming a qualified  
31 individual pursuant to this subsection (2) may receive one-tenth of  
32 the maximum number of benefit units available under RCW  
33 50B.04.060(3)(b) for each year of premium payments. In accordance  
34 with RCW 50B.04.060, benefits for eligible beneficiaries in  
35 Washington will not be available until July 1, 2026, and benefits for  
36 out-of-state participants who become eligible beneficiaries will not  
37 be available until July 1, 2030, and nothing in this section requires  
38 the department of social and health services to accept applications  
39 for determining an individual's status as an eligible beneficiary

1 prior to July 1, 2026. Nothing in this subsection (2) prohibits a  
2 person born before January 1, 1968, who meets the conditions of  
3 subsection (1)(b) of this section from receiving the maximum number  
4 of benefit units available under RCW 50B.04.060(3)(b).

5 (3) When deeming a person to be a qualified individual, the  
6 employment security department shall require that the person have  
7 worked at least 500 hours during each of the ten years in subsection  
8 (1)(a) of this section, each of the three years in subsection (1)(b)  
9 of this section, or each of the years identified in subsection (2) of  
10 this section.

11 (4) An exempt employee may never be deemed to be a qualified  
12 individual, unless the employee's exemption was discontinued under  
13 RCW 50B.04.055 or rescinded under RCW 50B.04.085.

14 (5) An out-of-state resident whose elective coverage has been  
15 canceled by the employment security department under RCW 50B.04.180  
16 may not be deemed to be a qualified individual.

17 **Sec. 6.** RCW 50B.04.055 and 2022 c 2 s 2 are each amended to read  
18 as follows:

19 (1) (~~Beginning January 1, 2023, the~~) The employment security  
20 department shall accept and approve applications for voluntary  
21 exemptions from the premium assessment under RCW 50B.04.080 for any  
22 employee who meets criteria established by the employment security  
23 department for an exemption based on the employee's status as:

24 (a) A veteran of the United States military who has been rated by  
25 the United States department of veterans affairs as having a service-  
26 connected disability of 70 percent or greater;

27 (b) A spouse or registered domestic partner of an active duty  
28 service member in the United States armed forces whether or not  
29 deployed or stationed within or outside of Washington;

30 (c) An employee who holds a nonimmigrant visa for temporary  
31 workers, as recognized by federal law, and is employed by an employer  
32 in Washington; (~~or~~)

33 (d) An employee who is employed by an employer in Washington, but  
34 maintains a permanent address outside of Washington as the employee's  
35 primary location of residence; or

36 (e) Beginning January 1, 2026, an active duty service member in  
37 the United States armed forces, whether or not deployed or stationed  
38 within or outside of Washington, who is concurrently engaged in off-  
39 duty civilian employment as an employee of an employer.

1 (2) The employment security department shall adopt criteria,  
2 procedures, and rules for verifying the information submitted by the  
3 applicant for an exemption under subsection (1) of this section.

4 (3) An employee who receives an exemption under subsection (1) of  
5 this section may not become a qualified individual or eligible  
6 beneficiary and is permanently ineligible for coverage under this  
7 title, unless the exemption has been discontinued as provided in  
8 subsection (4), (5), or (6) of this section.

9 (4)(a) An exemption granted in accordance with the conditions  
10 under subsection (1)(b) of this section must be discontinued within  
11 90 days of:

12 (i) The discharge or separation from military service of the  
13 employee's spouse or registered domestic partner; or

14 (ii) The dissolution of the employee's marriage or registered  
15 domestic partnership with the active duty service member.

16 (b) An exemption granted in accordance with the conditions under  
17 subsection (1)(d) of this section must be discontinued within 90 days  
18 of establishing a permanent address within Washington as the  
19 employee's primary location of residence.

20 (c) An exemption granted in accordance with the conditions under  
21 subsection (1)(e) of this section must be discontinued within 90 days  
22 of the discharge or separation from military service.

23 (5)(a) Within 90 days of the occurrence of (~~either of~~) the  
24 events described in (~~(a) of this~~) subsection (4) of this section,  
25 an employee who has received an exemption under subsection (1) of  
26 this section shall:

27 (i) Notify the employment security department that the exemption  
28 must be discontinued because of the occurrence of (~~either of~~) the  
29 events described in (~~(a) of this~~) subsection (4) of this section;  
30 and

31 (ii) Notify the employee's employer that the employee is no  
32 longer exempt and that the employer must begin collecting premiums  
33 from the employee in accordance with RCW 50B.04.080.

34 (~~(e)~~) (b) Upon notification to the employment security  
35 department and the employer, premium assessments established under  
36 RCW 50B.04.080 must begin and the employee may become a qualified  
37 individual or eligible beneficiary upon meeting the requirements  
38 established in this chapter.

39 (~~(d)~~) (c) Failure to begin paying the premium established under  
40 RCW 50B.04.080 within 90 days of the occurrence of (~~either of~~) the

1 events described in (~~(a)~~ of this) subsection (4) of this section  
2 shall result in the payment of any unpaid premiums from the employee,  
3 with interest at the rate of one percent per month or fraction  
4 thereof, by the employee to the employment security department from  
5 the date on which the payment should have begun.

6 (~~(5)~~) (6)(a) An exemption granted in accordance with the  
7 conditions under subsection (1)(~~(e)~~) (d) of this section must be  
8 discontinued within 90 days of an employee changing the employee's  
9 nonimmigrant visa for temporary workers status to become a permanent  
10 resident or citizen employed in Washington.

11 (b) Within 90 days of the employee changing the employee's  
12 nonimmigrant visa for temporary workers status to become a permanent  
13 resident or citizen employed in Washington, the employee who has  
14 received an exemption under subsection (1)(~~(e)~~) (d) of this section  
15 shall:

16 (i) Notify the employment security department that the employee  
17 no longer holds a nonimmigrant visa for temporary workers and is a  
18 permanent resident or citizen employed in Washington and the  
19 exemption must be discontinued; and

20 (ii) Notify the employee's employer that the employee no longer  
21 holds a nonimmigrant visa for temporary workers and is a permanent  
22 resident or citizen employed in Washington, and that the employer  
23 must begin collecting premiums from the employee in accordance with  
24 RCW 50B.04.080.

25 (c) Upon notification to the employment security department and  
26 the employer, premium assessments established under RCW 50B.04.080  
27 must begin and the employee may become a qualified individual or  
28 eligible beneficiary upon meeting the requirements established in  
29 this chapter.

30 (d) Failure to begin paying the premium established under RCW  
31 50B.04.080 within 90 days of an employee no longer holding a  
32 nonimmigrant visa for temporary workers and becoming a permanent  
33 resident or citizen employed in Washington shall result in the  
34 payment of any unpaid premiums from the employee, with interest at  
35 the rate of one percent per month or fraction thereof, by the  
36 employee to the employment security department from the date on which  
37 the payment should have begun.

38 (~~(6)~~) (7)(a) An exemption granted in accordance with the  
39 conditions under subsection (1)(~~(d)~~) (e) of this section must be  
40 discontinued within 90 days of an employee establishing a permanent

1 address within Washington as the employee's primary location of  
2 residence.

3 (b) Within 90 days of the employee establishing a permanent  
4 address within Washington as the employee's primary location of  
5 residence, the employee who has received an exemption under  
6 subsection (1) (~~(d)~~) (e) of this section shall:

7 (i) Notify the employment security department that the employee  
8 is residing in Washington and the exemption must be discontinued; and

9 (ii) Notify the employee's employer that the employee is no  
10 longer exempt and that the employer must begin collecting premiums  
11 from the employee in accordance with RCW 50B.04.080.

12 (c) Upon notification to the employment security department and  
13 the employer, premium assessments established under RCW 50B.04.080  
14 must begin and the employee may become a qualified individual or  
15 eligible beneficiary upon meeting the requirements established in  
16 this chapter.

17 (d) Failure to begin paying the premium established under RCW  
18 50B.04.080 within 90 days of an employee establishing a permanent  
19 address within Washington as the employee's primary location of  
20 residence shall result in the payment of any unpaid premiums from the  
21 employee, with interest at the rate of one percent per month or  
22 fraction thereof, by the employee to the employment security  
23 department from the date on which the payment should have begun.

24 (~~(7)~~) (8) Exempt employees are not entitled to a refund of any  
25 premium deductions made before the effective date of an approved  
26 exemption, except for premiums collected prior to the effective date  
27 of the premium assessment under RCW 50B.04.080.

28 (~~(8)~~) (9) An employee who has received an exemption pursuant to  
29 this section shall provide written notification to all current and  
30 future employers of an approved exemption.

31 (~~(9)~~) (10) If an exempt employee fails to notify an employer of  
32 an exemption, the exempt employee is not entitled to a refund of any  
33 premium deductions made before notification is provided, except for  
34 premiums collected prior to the effective date of the premium  
35 assessment under RCW 50B.04.080.

36 (~~(10)~~) (11) Employers may not deduct premiums after being  
37 notified by an employee of an approved exemption issued under this  
38 section.

39 (a) Employers shall retain written notifications of exemptions  
40 received from employees.



1 (b) An employer who deducts premiums after being notified by the  
2 employee of an exemption is solely responsible for refunding to the  
3 employee any premiums deducted after the notification.

4 (c) The employer is not entitled to a refund from the employment  
5 security department for any premiums remitted to the employment  
6 security department that were deducted from exempt employees.

7 ~~((11))~~ (12) The provisions of RCW 50B.04.085 do not apply to  
8 the exemptions issued pursuant to this section.

9 ~~((12))~~ (13) The employment security department shall adopt  
10 rules necessary to implement and administer the activities specified  
11 in this section related to the program, including rules on the  
12 submission and processing of applications under this section.

13 **Sec. 7.** RCW 50B.04.060 and 2024 c 120 s 6 are each amended to  
14 read as follows:

15 (1) Beginning July 1, 2026, approved services must be available  
16 and benefits payable to a ~~((registered))~~ long-term services and  
17 supports provider on behalf of an eligible beneficiary under this  
18 section.

19 (2)(a)(i) Except for qualified individuals residing outside of  
20 Washington as provided in (a)(ii) of this subsection, beginning July  
21 1, 2026, a qualified individual may become an eligible beneficiary by  
22 filing an application with the department of social and health  
23 services and undergoing an eligibility determination which includes  
24 an evaluation that the individual requires assistance with at least  
25 three activities of daily living, as defined by the department of  
26 social and health services for long-term services and supports  
27 programs, which is expected to last for at least 90 days.

28 (ii) For a qualified individual residing outside of Washington,  
29 beginning ~~((January))~~ July 1, 2030, the out-of-state qualified  
30 individual may become an eligible beneficiary by filing an  
31 application with the department of social and health services and  
32 undergoing an eligibility determination. The eligibility  
33 determination must include an evaluation that the individual either  
34 (A) is unable to perform, without substantial assistance from another  
35 individual, at least two of the following activities of daily living  
36 for a period of at least 90 days due to a loss of functional  
37 capacity: Eating, toileting, transferring, bathing, dressing, or  
38 continence, or (B) requires substantial supervision to protect such

1 individual from threats to health and safety due to severe cognitive  
2 impairments.

3 (b) The department of social and health services must engage  
4 sufficient qualified assessor capacity, including via contract, so  
5 that the determination may be made within 45 days from receipt of a  
6 request by a beneficiary to use a benefit.

7 (3)(a) An eligible beneficiary may receive approved services and  
8 benefits through the program in the form of a benefit unit payable to  
9 a (~~registered~~) long-term services and supports provider.

10 (b) Except as limited in RCW 50B.04.050(2), an eligible  
11 beneficiary may not receive more than the dollar equivalent of 365  
12 benefit units over the course of the eligible beneficiary's lifetime.

13 (i) If the department of social and health services reimburses a  
14 long-term services and supports provider for approved services  
15 provided to an eligible beneficiary and the payment is less than the  
16 benefit unit, only the portion of the benefit unit that is used shall  
17 be taken into consideration when calculating the person's remaining  
18 lifetime limit on receipt of benefits.

19 (ii) Eligible beneficiaries may combine benefit units to receive  
20 more approved services per day as long as the total number of  
21 lifetime benefit units has not been exceeded.

22 **Sec. 8.** RCW 50B.04.070 and 2024 c 120 s 7 are each amended to  
23 read as follows:

24 (1)(a) Benefits provided under this chapter shall be paid  
25 periodically and promptly to long-term services and supports  
26 providers who provide approved services to:

27 (~~(a)~~) (i) Eligible beneficiaries in Washington if the long-term  
28 services and supports provider is registered with the department of  
29 social and health services; and

30 (~~(b)~~) (ii) Eligible beneficiaries outside Washington if the  
31 long-term services and supports providers meet minimum standards  
32 established by the department.

33 (~~(2)~~) (b) The department of social and health services may  
34 contract with a third party to administer payments to long-term  
35 services and supports providers providing services to eligible  
36 beneficiaries whether inside or outside of Washington.

37 (c) Qualified family members may be paid for approved personal  
38 care services in the same way as individual providers, through a  
39 licensed home care agency, or through a third option (~~if~~) as

1 recommended by the commission ((and)) if adopted by the department of  
2 social and health services.

3 (2) The department of social and health services shall establish  
4 payment methods and procedures that are most appropriate and  
5 efficient for the different categories of service providers  
6 identified in subsection (1) of this section, including collaboration  
7 with other agencies and contracting with third parties, as necessary.

8 **Sec. 9.** RCW 50B.04.080 and 2022 c 2 s 1 and 2022 c 1 s 5 are  
9 each reenacted and amended to read as follows:

10 (1) Unless otherwise exempted pursuant to this chapter, beginning  
11 July 1, 2023, the employment security department shall assess for  
12 each individual in employment with an employer a premium based on the  
13 amount of the individual's wages. The initial premium rate is .58  
14 percent of the individual's wages. Beginning January 1, 2026, and  
15 biennially thereafter, the premium rate shall be set by the pension  
16 funding council at a rate no greater than .58 percent. In addition,  
17 the pension funding council must set the premium rate at the lowest  
18 amount necessary to maintain the actuarial solvency of the long-term  
19 services and supports trust account created in RCW 50B.04.100 in  
20 accordance with recognized insurance principles and designed to  
21 attempt to limit fluctuations in the premium rate. To facilitate the  
22 premium rate setting the office of the state actuary must perform a  
23 biennial actuarial audit and valuation of the fund and make  
24 recommendations to the pension funding council.

25 (2) (a) The employer must collect from the employees the premiums  
26 provided under this section through payroll deductions and remit the  
27 amounts collected to the employment security department.

28 (b) In collecting employee premiums through payroll deductions,  
29 the employer shall act as the agent of the employees and shall remit  
30 the amounts to the employment security department as required by this  
31 chapter.

32 ~~(3) ((Nothing in this chapter requires any party to a collective~~  
33 ~~bargaining agreement in existence on October 19, 2017, to reopen~~  
34 ~~negotiations of the agreement or to apply any of the responsibilities~~  
35 ~~under this chapter unless and until the existing agreement is~~  
36 ~~reopened or renegotiated by the parties or expires.~~

37 ~~(4))~~ (a) Premiums shall be collected in the manner and at such  
38 intervals as provided in this chapter and directed by the employment  
39 security department.

1 (b) To the extent feasible, the employment security department  
2 shall use the premium assessment, collection, and reporting  
3 procedures in Title 50A RCW.

4 ~~((+5))~~ (4) The employment security department shall deposit all  
5 premiums collected in this section in the long-term services and  
6 supports trust account created in RCW 50B.04.100.

7 ~~((+6))~~ (5) Premiums collected in this section are placed in the  
8 trust account for the individuals who become eligible for the  
9 program.

10 ~~((+7))~~ (6) If the premiums established in this section are  
11 increased, the legislature shall notify each qualified individual by  
12 mail that the person's premiums have been increased, describe the  
13 reason for increasing the premiums, and describe the plan for  
14 restoring the funds so that premiums are returned to .58 percent of  
15 the individual's wages.

16 **Sec. 10.** RCW 50B.04.085 and 2021 c 113 s 5 are each amended to  
17 read as follows:

18 (1) An employee who attests that the employee has long-term care  
19 insurance purchased before November 1, 2021, may apply for an  
20 exemption from the premium assessment under RCW 50B.04.080. ~~((An  
21 exempt employee may not become a qualified individual or eligible  
22 beneficiary and is permanently ineligible for coverage under this  
23 title.))~~

24 (2) (a) The employment security department must accept  
25 applications for exemptions only from October 1, 2021, through  
26 December 31, 2022.

27 (b) Only employees who are eighteen years of age or older may  
28 apply for an exemption.

29 (3) The employment security department is not required to verify  
30 the attestation of an employee that the employee has long-term care  
31 insurance.

32 (4) Approved exemptions will take effect on the first day of the  
33 quarter immediately following the approval of the exemption.

34 (5) Exempt employees are not entitled to a refund of any premium  
35 deductions made before the effective date of an approved exemption.

36 (6) An exempt employee must provide written notification to all  
37 current and future employers of an approved exemption.

1 (7) If an exempt employee fails to notify an employer of an  
2 exemption, the exempt employee is not entitled to a refund of any  
3 premium deductions made before notification is provided.

4 (8) Employers must not deduct premiums after being notified by an  
5 employee of an approved exemption.

6 (a) Employers must retain written notifications of exemptions  
7 received from employees.

8 (b) An employer who deducts premiums after being notified by the  
9 employee of an exemption is solely responsible for refunding to the  
10 employee any premiums deducted after the notification.

11 (c) The employer is not entitled to a refund from the employment  
12 security department for any premiums remitted to the employment  
13 security department that were deducted from exempt employees.

14 (9) (a) Except as provided in (b) of this subsection, an exempt  
15 employee may not become a qualified individual or eligible  
16 beneficiary and is permanently ineligible for coverage under this  
17 title.

18 (b) Prior to July 1, 2028, an employee who has received an  
19 approved exemption pursuant to this section may rescind the exemption  
20 and participate in the program. The employee must notify the  
21 employment security department of the rescission according to  
22 procedures established by the employment security department. The  
23 employee will be subject to premium assessments under RCW 50B.04.080  
24 or 50B.04.090 upon notification to the employment security department  
25 of the rescission. The employee is not responsible for any premiums  
26 that would have been assessed prior to the rescission. When deeming a  
27 person to be a qualified individual under RCW 50B.04.050, the  
28 employment security department may not consider any years in which  
29 the rescinding employee had been in exempt status unless the employee  
30 had been assessed the premium for a part of the year and the number  
31 of hours worked while being assessed met the minimum hour  
32 requirement.

33 (10) The employment security department must adopt rules  
34 necessary to implement and administer the activities specified in  
35 this section related to the program, including rules on the  
36 submission and processing of applications and the rescission of an  
37 exemption under this section.

38 **Sec. 11.** RCW 50B.04.100 and 2024 c 120 s 8 are each amended to  
39 read as follows:

1 (1) The long-term services and supports trust account is created  
2 in the custody of the state treasurer. All receipts from employers  
3 under RCW 50B.04.080 and from out-of-state participants under RCW  
4 50B.04.180, delinquent premiums, penalties, and interest received  
5 pursuant to sections 12 and 13 of this act, and any funds  
6 attributable to savings derived through a waiver with the federal  
7 centers for medicare and medicaid services pursuant to RCW 50B.04.130  
8 must be deposited in the account. Expenditures from the account may  
9 be used for the administrative activities of the department of social  
10 and health services, the health care authority, and the employment  
11 security department. Benefits associated with the program must be  
12 disbursed from the account by the department of social and health  
13 services. Only the secretary of the department of social and health  
14 services or the secretary's designee may authorize disbursements from  
15 the account. The account is subject to the allotment procedures under  
16 chapter 43.88 RCW. An appropriation is required for administrative  
17 expenses, but not for benefit payments. The account must provide  
18 reimbursement of any amounts from other sources that may have been  
19 used for the initial establishment of the program.

20 (2) The revenue generated pursuant to this chapter shall be  
21 utilized to expand long-term care in the state. These funds may not  
22 be used either in whole or in part to supplant existing state or  
23 county funds for programs that meet the definition of approved  
24 services.

25 (3) The moneys deposited in the account must remain in the  
26 account until expended in accordance with the requirements of this  
27 chapter. If moneys are appropriated for any purpose other than  
28 supporting the long-term services and supports program, the  
29 legislature shall notify each qualified individual by mail that the  
30 person's premiums have been appropriated for an alternate use,  
31 describe the alternate use, and state its plan for restoring the  
32 funds so that premiums are not increased and benefits are not  
33 reduced.

34 NEW SECTION. **Sec. 12.** A new section is added to chapter 50B.04  
35 RCW to read as follows:

36 (1) In the form and at the times specified in this chapter and by  
37 the commissioner of the employment security department, an employer  
38 shall make reports, furnish information, and collect and remit  
39 premiums as required by this chapter to the employment security

1 department. If the employer is a temporary help company that provides  
2 employees on a temporary basis to its customers, the temporary help  
3 company is considered the employer for purposes of this section.

4 (2) (a) An employer must keep at the employer's place of business  
5 a record of employment, for a period of six years, from which the  
6 information needed by the employment security department for purposes  
7 of this chapter may be obtained. This record shall at all times be  
8 open to the inspection of the commissioner of the employment security  
9 department.

10 (b) Information obtained under this chapter from employer records  
11 is confidential and not open to public inspection, other than to  
12 public employees in the performance of their official duties. An  
13 interested party, however, shall be supplied with information from  
14 employer records to the extent necessary for the proper presentation  
15 of the case in question. An employer may authorize inspection of the  
16 employer's records by written consent.

17 (3) The requirements relating to the collection of long-term  
18 services and supports trust program premiums are as provided in this  
19 chapter. Before issuing a warning letter or collecting penalties, the  
20 employment security department shall enforce the collection of  
21 premiums through conference and conciliation. These requirements  
22 apply to:

23 (a) An employer that fails under this chapter to make the  
24 required reports, or fails to remit the full amount of the premiums  
25 when due;

26 (b) An employer that willfully makes a false statement or  
27 misrepresentation regarding a material fact, or willfully fails to  
28 report a material fact, to avoid making the required reports or  
29 remitting the full amount of the premiums when due under this  
30 chapter;

31 (c) A successor in the manner specified in employment security  
32 department rules; and

33 (d) An officer, member, or owner having control or supervision of  
34 payment or reporting of long-term services and supports trust program  
35 premiums, or who is charged with the responsibility for the filing of  
36 returns, in the manner specified in subsection (4) of this section.

37 (4) (a) An employer who willfully fails to make the required  
38 reports is subject to penalties as follows: (i) For the second  
39 occurrence, the penalty is \$75; (ii) for the third occurrence, the

1 penalty is \$150; and (iii) for the fourth occurrence and for each  
2 occurrence thereafter, the penalty is \$250.

3 (b) An employer who willfully fails to remit the full amount of  
4 the premiums when due is liable, in addition to the full amount of  
5 premiums due and amounts assessed as interest under subsection (5) of  
6 this section, to a penalty equal to the premiums and interest.

7 (c) Any penalties under this section shall be deposited into the  
8 account.

9 (d) For the purposes of this subsection, "willful" means a  
10 knowing and intentional action that is neither accidental nor the  
11 result of a bona fide dispute.

12 (e) The employment security department shall enforce the  
13 collection of penalties through conference and conciliation.

14 (5) Appeals of actions under this section are governed by RCW  
15 50B.04.120.

16 NEW SECTION. **Sec. 13.** A new section is added to chapter 50B.04  
17 RCW to read as follows:

18 (1) At any time after the commissioner of the employment security  
19 department finds that any premiums, interest, or penalties have  
20 become delinquent, the commissioner of the employment security  
21 department may issue an order and notice of assessment specifying the  
22 amount due. The order and notice of assessment shall be served upon  
23 the delinquent employer in the manner prescribed for the service of a  
24 summons in a civil action, or using a method by which the mailing can  
25 be tracked or the delivery can be confirmed. Failure of the employer  
26 to receive the notice or order, whether served or mailed, shall not  
27 release the employer from any tax, or any interest or penalties.

28 (2) If the commissioner of the employment security department has  
29 reason to believe that an employer is insolvent or if any reason  
30 exists why the collection of any premiums accrued will be jeopardized  
31 by delaying collection, the commissioner of the employment security  
32 department may make an immediate assessment of the premiums and may  
33 proceed to enforce collection immediately, but interest and penalties  
34 shall not begin to accrue upon any premiums until the date when such  
35 premiums would normally have become delinquent.

36 (3) If premiums are not paid on the date on which they are due  
37 and payable as prescribed by the commissioner of the employment  
38 security department, the whole or part thereof remaining unpaid shall  
39 bear interest at the rate of one percent per month or fraction



1 thereof from and after such date until payment plus accrued interest  
2 is received by the commissioner of the employment security  
3 department. The date as of which payment of premiums, if mailed, is  
4 deemed to have been received may be determined by such regulations as  
5 the commissioner of the employment security department may prescribe.  
6 Interest collected pursuant to this section shall be paid into the  
7 account. Interest shall not accrue on premiums from any estate in the  
8 hands of a receiver, executor, administrator, trustee in bankruptcy,  
9 common law assignee, or other liquidating officer subsequent to the  
10 date when such receiver, executor, administrator, trustee in  
11 bankruptcy, common law assignee, or other liquidating officer  
12 qualifies as such, but premiums accruing with respect to employment  
13 of persons by any receiver, executor, administrator, trustee in  
14 bankruptcy, common law assignee, or other liquidating officer shall  
15 become due and shall draw interest in the same manner as premiums due  
16 from other employers. Where adequate information has been furnished  
17 to the employment security department and the employment security  
18 department has failed to act or has advised the employer of no  
19 liability or inability to decide the issue, interest may be waived.

20 (4) (a) If the amount of premiums, interest, or penalties assessed  
21 by the commissioner of the employment security department by order  
22 and notice of assessment provided in this chapter is not paid within  
23 10 days after the service or mailing of the order and notice of  
24 assessment, the commissioner of the employment security department or  
25 a duly authorized representative may collect the amount stated in the  
26 assessment by the distraint, seizure, and sale of the property,  
27 goods, chattels, and effects of the delinquent employer. Goods and  
28 property that are exempt from execution under the laws of this state  
29 are exempt from distraint and sale under this section.

30 (b) The commissioner of the employment security department, upon  
31 making a distraint, shall seize the property and shall make an  
32 inventory of the distrained property, a copy of which shall be mailed  
33 to the owner of the property or personally delivered to the owner,  
34 and shall specify the time and place when the property shall be sold.  
35 A notice specifying the property to be sold and the time and place of  
36 sale shall be posted in at least two public places in the county in  
37 which the seizure has been made. The time of sale shall be not less  
38 than 10 nor more than 20 days from the date of posting of the  
39 notices. The sale may be adjourned from time to time at the  
40 discretion of the commissioner of the employment security department,

1 but not for a time to exceed a total of 60 days. The sale shall be  
2 conducted by the commissioner of the employment security department  
3 or a representative who shall proceed to sell the property by parcel  
4 or by lot at a public auction, and who may set a minimum price to  
5 include the expenses of making a levy and of advertising the sale,  
6 and if the amount bid for such property at the sale is not equal to  
7 the minimum price so fixed, the commissioner of the employment  
8 security department or a representative may declare the property to  
9 be purchased by the employment security department for the minimum  
10 price. In such event the delinquent account shall be credited with  
11 the amount for which the property has been sold. Property acquired by  
12 the employment security department as prescribed in this subsection  
13 (4) may be sold by the commissioner of the employment security  
14 department or a representative at public or private sale, and the  
15 amount realized shall be placed in the account. In all cases of sale  
16 under this subsection (4), the commissioner of the employment  
17 security department shall issue a bill of sale or a deed to the  
18 purchaser and the bill of sale or deed shall be prima facie evidence  
19 of the right of the commissioner of the employment security  
20 department to make the sale and conclusive evidence of the regularity  
21 of the commissioner of the employment security department proceeding  
22 in making the sale, and shall transfer to the purchaser all right,  
23 title, and interest of the delinquent employer in the property. The  
24 proceeds of any sale under this subsection (4), except in those cases  
25 in which the property has been acquired by the employment security  
26 department, shall be first applied by the commissioner of the  
27 employment security department in satisfaction of the delinquent  
28 account, and out of any sum received in excess of the amount of  
29 delinquent premiums, interest, and penalties the account shall be  
30 reimbursed for the costs of distraint and sale. Any excess amounts  
31 held by the commissioner of the employment security department shall  
32 be refunded to the delinquent employer. Amounts held by the  
33 commissioner of the employment security department that are  
34 refundable to a delinquent employer may be subject to seizure or  
35 distraint by any other taxing authority of the state or its political  
36 subdivisions.

37 (5) The commissioner of the employment security department may  
38 issue to any person, firm, corporation, political subdivision, or  
39 department of the state, a notice and order to withhold and deliver  
40 property of any kind when the commissioner of the employment security

1 department has reason to believe that there is in the possession of  
2 such person, firm, corporation, political subdivision, or department,  
3 property which is due, owing, or belonging to any person, firm, or  
4 corporation upon whom the employment security department has served a  
5 notice and order of assessment for premiums, interest, or penalties.  
6 The effect of a notice to withhold and deliver shall be continuous  
7 from the date the notice and order to withhold and deliver is first  
8 made until the liability is satisfied or becomes unenforceable  
9 because of a lapse of time. The notice and order to withhold and  
10 deliver shall be served by the sheriff or the sheriff's deputy of the  
11 county in which the service is made, using a method by which the  
12 mailing can be tracked or the delivery can be confirmed, or by any  
13 duly authorized representative of the commissioner of the employment  
14 security department. Any person, firm, corporation, political  
15 subdivision, or department upon whom service has been made must  
16 answer the notice within 20 days exclusive of the day of service,  
17 under oath and in writing, and must truthfully answer the matters  
18 inquired of in the notice. In the event there is in the possession of  
19 any such person, firm, corporation, political subdivision, or  
20 department, any property which may be subject to the claim of the  
21 employment security department of the state, the property must be  
22 delivered immediately to the commissioner of the employment security  
23 department or a representative upon demand to be held in trust by the  
24 commissioner of the employment security department for application on  
25 the indebtedness involved or for return, without interest, in  
26 accordance with final determination of liability or nonliability, or  
27 in the alternative, a good and sufficient bond satisfactory to the  
28 commissioner of the employment security department must be provided  
29 conditioned upon final determination of liability. If any person,  
30 firm, or corporation fails to answer an order to withhold and deliver  
31 within the time prescribed in this subsection (5), it shall be lawful  
32 for the court, after the time to answer the order has expired, to  
33 render judgment by default against such person, firm, or corporation  
34 for the full amount claimed by the commissioner in the notice to  
35 withhold and deliver, together with costs.

36 (6) Whenever any order and notice of assessment or jeopardy  
37 assessment has become final in accordance with the provisions of this  
38 chapter the commissioner of the employment security department may  
39 file with the clerk of any county within the state a warrant in the  
40 amount of the notice of assessment plus interest, penalties, and a

1 filing fee under RCW 36.18.012(10). The clerk of the county in which  
2 the warrant is filed shall immediately designate a superior court  
3 cause number for the warrant, and the clerk shall cause to be entered  
4 in the judgment docket under the superior court cause number assigned  
5 to the warrant, the name of the employer mentioned in the warrant,  
6 the amount of the tax, interest, penalties, and filing fee and the  
7 date when such warrant was filed. The aggregate amount of the warrant  
8 as docketed shall become a lien upon the title to, and interest in  
9 all real and personal property of the employer against whom the  
10 warrant is issued, the same as a judgment in a civil case duly  
11 docketed in the office of such clerk. The warrant so docketed shall  
12 be sufficient to support the issuance of writs of execution and writs  
13 of garnishment in favor of the state in the manner provided by law in  
14 the case of civil judgment, wholly or partially unsatisfied. The  
15 clerk of the court shall be entitled to a filing fee under RCW  
16 36.18.012(10), which shall be added to the amount of the warrant, and  
17 charged by the commissioner of the employment security department to  
18 the employer. A copy of the warrant shall be mailed to the employer  
19 using a method by which the mailing can be tracked or the delivery  
20 can be confirmed within five days of filing with the clerk.

21 (7) The claim of the employment security department for any  
22 premiums, interest, or penalties not paid when due, shall be a lien  
23 prior to all other liens or claims and on a parity with prior tax  
24 liens against all property and rights to property, whether real or  
25 personal, belonging to the employer. In order to avail itself of the  
26 lien hereby created, the employment security department shall file  
27 with any county auditor where property of the employer is located a  
28 statement and claim of lien specifying the amount of delinquent  
29 premiums, interest, and penalties claimed by the employment security  
30 department. From the time of filing for record, the amount required  
31 to be paid shall constitute a lien upon all property and rights to  
32 property, whether real or personal, in the county, owned by the  
33 employer or acquired by the employer. The lien shall not be valid  
34 against any purchaser, holder of a security interest, mechanic's  
35 lien, or judgment lien creditor until notice thereof has been filed  
36 with the county auditor. This lien shall be separate and apart from,  
37 and in addition to, any other lien or claim created by, or provided  
38 for in, this chapter. When any such notice of lien has been so filed,  
39 the commissioner of the employment security department may release  
40 the lien by filing a certificate of release when it appears that the

1 amount of delinquent premiums, interest, and penalties have been  
2 paid, or when the assurance of payment shall be made as the  
3 commissioner of the employment security department may deem to be  
4 adequate. Fees for filing and releasing the lien provided herein may  
5 be charged to the employer and may be collected from the employer  
6 utilizing the remedies provided in this chapter for the collection of  
7 premiums.

8 (8) In the event of any distribution of an employer's assets  
9 pursuant to an order of any court, including any receivership,  
10 probate, legal dissolution, or similar proceeding, or in case of any  
11 assignment for the benefit of creditors, composition, or similar  
12 proceeding, premiums, interest, or penalties due shall be a lien upon  
13 all the assets of such employer. The lien is prior to all other liens  
14 or claims except prior tax liens, other liens provided by this  
15 chapter, and claims for remuneration for services of not more than  
16 \$250 to each claimant earned within six months of the commencement of  
17 the proceeding. The mere existence of a condition of insolvency or  
18 the institution of any judicial proceeding for legal dissolution or  
19 of any proceeding for distribution of assets shall cause such a lien  
20 to attach without action on behalf of the commissioner of the  
21 employment security department or the state. In the event of an  
22 employer's adjudication in bankruptcy, judicially confirmed extension  
23 proposal, or composition, under the federal bankruptcy act of 1898,  
24 as amended, premiums, interest, or penalties due shall be entitled to  
25 such priority as provided in that act, as amended.

26 (9) (a) If after due notice, any employer defaults in any payment  
27 of premiums, interest, or penalties, the amount due may be collected  
28 by civil action in the name of the state, and the employer adjudged  
29 in default shall pay the cost of such action. Any lien created by  
30 this chapter may be foreclosed by decree of the court in any such  
31 action. Civil actions brought under this chapter to collect premiums,  
32 interest, or penalties from an employer shall be heard by the court  
33 at the earliest possible date and shall be entitled to preference  
34 upon the calendar of the court over all other civil actions except  
35 petitions for judicial review under this chapter, cases arising under  
36 the unemployment compensation laws of this state, and cases arising  
37 under the industrial insurance laws of this state.

38 (b) Any employer that is not a resident of this state and that  
39 exercises the privilege of having one or more individuals perform  
40 service for it within this state, and any resident employer that

1 exercises that privilege and thereafter removes from this state,  
2 shall be deemed thereby to appoint the secretary of state as its  
3 agent and attorney for the acceptance of process in any action under  
4 this chapter. In instituting such an action against any such employer  
5 the commissioner of the employment security department shall cause  
6 process or notice to be filed with the secretary of state and the  
7 service shall be sufficient service upon the employer, and shall be  
8 of the same force and validity as if served upon it personally within  
9 this state: PROVIDED, That the commissioner of the employment  
10 security department shall immediately send notice of the service of  
11 the process or notice, together with a copy thereof, by registered  
12 mail, return receipt requested, to such employer at its last known  
13 address and the return receipt, the commissioner's affidavit of  
14 compliance with the provisions of this section, and a copy of the  
15 notice of service shall be appended to the original of the process  
16 filed in the court in which such action is pending.

17 (10) Any employer who is delinquent in the payment of premiums,  
18 interest, or penalties may be enjoined upon the suit of the state of  
19 Washington from continuing in business in this state or employing  
20 persons herein until the delinquent premiums, interest, and penalties  
21 have been paid, or until the employer has furnished a good and  
22 sufficient bond in a sum equal to double the amount of premiums,  
23 interest, and penalties already delinquent, plus further sums as the  
24 court deems adequate to protect the employment security department in  
25 the collection of premiums, interest, and penalties which will become  
26 due from the employer during the next ensuing calendar year, the bond  
27 to be conditioned upon payment of all premiums, interest, and  
28 penalties due and owing within thirty days after the expiration of  
29 the next ensuing calendar year or at an earlier date as the court may  
30 fix. Action under this section may be instituted in the superior  
31 court of any county of the state in which the employer resides, has  
32 its principal place of business, or where it has anyone performing  
33 services for it, whether or not those services constitute employment.

34 (11) The commissioner of the employment security department may  
35 compromise any claim for premiums, interest, or penalties due and  
36 owing from an employer, and any amount owed by an individual because  
37 of benefit overpayments existing or arising under this chapter in any  
38 case in which collection of the full amount due and owing, whether  
39 reduced to judgment or otherwise, would be against equity and good  
40 conscience. Whenever a compromise is made by the commissioner of the

1 employment security department in the case of a claim for premiums,  
2 interest, or penalties, whether reduced to judgment or otherwise, the  
3 employment security department shall file a statement of the amount  
4 of premiums, interest, and penalties imposed by law and claimed due,  
5 attorneys' fees and costs, if any, a complete record of the  
6 compromise agreement, and the amount actually paid in accordance with  
7 the terms of the compromise agreement. If any such compromise is  
8 accepted by the commissioner of the employment security department,  
9 within the time stated in the compromise or agreed to, that  
10 compromise shall be final and conclusive and except upon showing of  
11 fraud or malfeasance or misrepresentation of a material fact the case  
12 shall not be reopened as to the agreed upon matters. In any suit,  
13 action, or proceeding, such agreement or any determination,  
14 collection, payment, adjustment, refund, or credit made in accordance  
15 therewith shall not be annulled, modified, set aside, or disregarded.

16 (12) The commissioner of the employment security department may  
17 charge off as uncollectible and no longer an asset of the account,  
18 any delinquent premiums, interest, penalties, credits, or benefit  
19 overpayments if the commissioner of the employment security  
20 department is satisfied that there are no cost-effective means of  
21 collecting the premiums, interest, penalties, credits, or benefit  
22 overpayments.

23 NEW SECTION. **Sec. 14.** A new section is added to chapter 50B.04  
24 RCW to read as follows:

25 (1) When a qualified individual applies for benefits as provided  
26 in RCW 50B.04.060, the department of social and health services must:  
27 (a) Ask whether the qualified individual has supplemental long-term  
28 care insurance as provided in chapter 48.--- RCW (the new chapter  
29 created in section 40 of this act); and (b) request written consent  
30 and the policy issuer's contact information from the qualified  
31 individual to share information with the policy issuer for any  
32 potential care coordination.

33 (2) If the individual provides written consent and the policy  
34 issuer's contact information, the department of social and health  
35 services must notify the policy issuer that the qualified individual  
36 has applied for benefits under this chapter and may share information  
37 for any potential care coordination.

38 (3) Only basic demographic information that would allow a person  
39 to be identified in the program may be shared if the qualified

1 individual consents to sharing information. No health information or  
2 data on claims may be shared.

3 NEW SECTION. **Sec. 15.** (1) The department of social and health  
4 services, the employment security department, and the health care  
5 authority may design and conduct a pilot project to assess the  
6 administrative processes and system capabilities for managing  
7 eligibility determinations for qualified individuals and distributing  
8 payments to long-term services and supports providers. The pilot  
9 project may identify persons who are eligible to be qualified  
10 individuals and offer them access to benefit units under the program  
11 in return for their participation in the pilot project. The pilot  
12 project may only be conducted between January 1, 2026, and June 30,  
13 2026. The pilot project may not have more than 500 participants.

14 (2) When designing and implementing the pilot project, the  
15 agencies identified in subsection (1) of this section must provide  
16 regular updates to and consider recommendations from the long-term  
17 services and supports trust commission. Upon completion of the pilot  
18 project, the agencies must provide a summary of the pilot project,  
19 including key operational challenges, to the commission. The  
20 commission may include any outstanding concerns identified by the  
21 pilot project that require a legislative response in the commission's  
22 2027 report.

23 (3) The employment security department, the department of social  
24 and health services, and the department of health may adopt rules  
25 necessary to implement this section.

26 (4) This section expires July 1, 2027.

27 NEW SECTION. **Sec. 16.** The intent of this chapter is to promote  
28 the public interest, support the availability of supplemental long-  
29 term care coverage, establish standards for supplemental long-term  
30 care coverage, facilitate public understanding and comparison of  
31 supplemental long-term care contract benefits, protect persons  
32 insured under supplemental long-term care insurance policies and  
33 certificates, protect applicants for supplemental long-term care  
34 policies from unfair or deceptive sales or enrollment practices, and  
35 provide for flexibility and innovation in the development of  
36 supplemental long-term care insurance coverage.



1        NEW SECTION.        **Sec. 17.**        (1) This chapter applies to all  
2 supplemental long-term care insurance policies, contracts, or riders  
3 delivered or issued for delivery in this state on or after January 1,  
4 2026. This chapter does not supersede the obligations of entities  
5 subject to this chapter to comply with other applicable laws to the  
6 extent that they do not conflict with this chapter, except that laws  
7 and regulations designed and intended to apply to medicare supplement  
8 insurance policies shall not be applied to supplemental long-term  
9 care insurance.

10        (2) Coverage advertised, marketed, or offered as supplemental  
11 long-term care insurance must comply with this chapter. Any coverage,  
12 policy, or rider advertised, marketed, or offered as supplemental  
13 long-term care or nursing home insurance shall comply with this  
14 chapter.

15        (3) This chapter is not intended to prohibit approval of  
16 supplemental long-term care funded through life insurance policies,  
17 contracts, or riders, provided the policy meets the definition of  
18 supplemental long-term care insurance and provides all required  
19 benefits of this chapter.

20        NEW SECTION.        **Sec. 18.**        The definitions in this section apply  
21 throughout this chapter unless the context clearly requires  
22 otherwise.

23        (1) "Applicant" means: (a) In the case of an individual  
24 supplemental long-term care insurance policy, the person who seeks to  
25 contract for benefits; and (b) in the case of a group supplemental  
26 long-term care insurance policy, the proposed certificate holder.

27        (2) "Certificate" includes any certificate issued under a group  
28 supplemental long-term care insurance policy that has been delivered  
29 or issued for delivery in this state.

30        (3) "Commissioner" means the insurance commissioner of Washington  
31 state.

32        (4) "Issuer" includes insurance companies, fraternal benefit  
33 societies, health care service contractors, health maintenance  
34 organizations, or other entity delivering or issuing for delivery any  
35 supplemental long-term care insurance policy, contract, or rider.

36        (5) "Group supplemental long-term care insurance" means a  
37 supplemental long-term care insurance policy or contract that is  
38 delivered or issued for delivery in this state and is issued to:

1 (a) One or more employers; one or more labor organizations; or a  
2 trust or the trustees of a fund established by one or more employers  
3 or labor organizations for current or former employees, current or  
4 former members of the labor organizations, or a combination of  
5 current and former employees or members, or a combination of such  
6 employers, labor organizations, trusts, or trustees; or

7 (b) A professional, trade, or occupational association for its  
8 members or former or retired members, if the association:

9 (i) Is composed of persons who are or were all actively engaged  
10 in the same profession, trade, or occupation; and

11 (ii) Has been maintained in good faith for purposes other than  
12 obtaining insurance; or

13 (c) (i) An association, trust, or the trustees of a fund  
14 established, created, or maintained for the benefit of members of one  
15 or more associations. Before advertising, marketing, or offering  
16 supplemental long-term care coverage in this state, the association  
17 or associations, or the insurer of the association or associations,  
18 must file evidence with the commissioner that the association or  
19 associations have at the time of such filing at least 100 persons who  
20 are members and that the association or associations have been  
21 organized and maintained in good faith for purposes other than that  
22 of obtaining insurance; have been in active existence for at least  
23 one year; and have a constitution and bylaws that provide that:

24 (A) The association or associations hold regular meetings at  
25 least annually to further the purposes of the members;

26 (B) Except for credit unions, the association or associations  
27 collect dues or solicit contributions from members; and

28 (C) The members have voting privileges and representation on the  
29 governing board and committees of the association.

30 (ii) Thirty days after filing the evidence in accordance with  
31 this section, the association or associations will be deemed to have  
32 satisfied the organizational requirements, unless the commissioner  
33 makes a finding that the association or associations do not satisfy  
34 those organizational requirements; or

35 (d) A group other than as described in (a), (b), or (c) of this  
36 subsection subject to a finding by the commissioner that:

37 (i) The issuance of the group policy is not contrary to the best  
38 interest of the public;

39 (ii) The issuance of the group policy would result in economies  
40 of acquisition or administration; and

1 (iii) The benefits are reasonable in relation to the premiums  
2 charged.

3 (6) "Policy" includes a document such as an insurance policy,  
4 contract, subscriber agreement, rider, or endorsement delivered or  
5 issued for delivery in this state by an insurer, fraternal benefit  
6 society, health care service contractor, health maintenance  
7 organization, or any similar entity authorized by the insurance  
8 commissioner to transact the business of supplemental long-term care  
9 insurance.

10 (7) "Qualified supplemental long-term care insurance contract" or  
11 "federally tax-qualified supplemental long-term care insurance  
12 contract" means:

13 (a) An individual or group insurance contract that meets the  
14 requirements of section 7702B(b) of the internal revenue code of  
15 1986, as amended; or

16 (b) The portion of a life insurance contract that provides  
17 supplemental long-term care insurance coverage by rider or as part of  
18 the contract and that satisfies the requirements of sections 7702B(b)  
19 and (e) of the internal revenue code of 1986, as amended.

20 (8) "Supplemental long-term care insurance" means an insurance  
21 policy, contract, or rider that is advertised, marketed, offered, or  
22 designed to provide coverage for at least 12 consecutive months for a  
23 covered person after benefits provided under chapter 50B.04 RCW have  
24 been exhausted. Supplemental long-term care insurance may be on an  
25 expense incurred, indemnity, prepaid, or other basis, for one or more  
26 necessary or medically necessary diagnostic, preventive, therapeutic,  
27 rehabilitative, maintenance, or personal care services, provided in a  
28 setting other than an acute care unit of a hospital. Supplemental  
29 long-term care insurance includes any policy, contract, or rider that  
30 provides for payment of benefits based upon cognitive impairment or  
31 the loss of functional capacity that supplements benefits provided in  
32 chapter 50B.04 RCW.

33 (a) Supplemental long-term care insurance includes group and  
34 individual life insurance policies or riders that provide directly or  
35 supplement long-term care insurance and that supplements benefits  
36 provided in chapter 50B.04 RCW. However, supplemental long-term care  
37 insurance does not include life insurance policies that: (i)  
38 Accelerate the death benefit specifically for one or more of the  
39 qualifying events of terminal illness, medical conditions requiring  
40 extraordinary medical intervention, or permanent institutional

1 confinement; (ii) provide the option of a lump sum payment for those  
2 benefits; and (iii) do not condition the benefits or the eligibility  
3 for the benefits upon the receipt of long-term care.

4 (b) Supplemental long-term care insurance also includes qualified  
5 supplemental long-term care insurance contracts.

6 (c) Supplemental long-term care insurance does not include any  
7 insurance policy, contract, or rider that is offered primarily to  
8 provide coverage for basic medicare supplement, basic hospital  
9 expense, basic medical-surgical expense, hospital confinement  
10 indemnity, major medical expense, disability income, related income,  
11 asset protection, accident only, specified disease, specified  
12 accident, or limited benefit health. These may not be marketed to  
13 consumers as providing coverage that is supplemental to the long-term  
14 care benefits provided in chapter 50B.04 RCW.

15 NEW SECTION. **Sec. 19.** (1) A supplemental long-term care  
16 insurance policy, contract, rider, or certificate form or application  
17 form shall not be issued, delivered, or used unless it has been filed  
18 with and approved by the commissioner.

19 (2) Rates, or modification of rates, for supplemental long-term  
20 care policies or certificates shall not be used until filed with and  
21 approved by the commissioner.

22 (3) A form or rate shall not knowingly be issued, delivered, or  
23 used if the commissioner's approval does not then exist.

24 NEW SECTION. **Sec. 20.** A group supplemental long-term care  
25 insurance policy may not be offered to a resident of this state under  
26 a group policy issued in another state to a group described in  
27 section 18(5)(d) of this act, unless this state or another state  
28 having statutory and regulatory supplemental long-term care insurance  
29 requirements substantially similar to those adopted in this state has  
30 made a determination that such requirements have been met.

31 NEW SECTION. **Sec. 21.** (1) A supplemental long-term care  
32 insurance policy or certificate may not define "preexisting  
33 condition" more restrictively than as a condition for which medical  
34 advice or treatment was recommended by or received from a provider of  
35 health care services, within six months preceding the effective date  
36 of coverage of an insured person, unless the policy or certificate

1 applies to group supplemental long-term care insurance under section  
2 18(5) (a), (b), or (c) of this act.

3 (2) A supplemental long-term care insurance policy or certificate  
4 may not exclude coverage for a loss or confinement that is the result  
5 of a preexisting condition unless the loss or confinement begins  
6 within six months following the effective date of coverage of an  
7 insured person, unless the policy or certificate applies to a group  
8 as defined in section 18(5) (a) of this act.

9 (3) The commissioner may extend the limitation periods for  
10 specific age group categories in specific policy forms upon finding  
11 that the extension is in the best interest of the public.

12 (4) An issuer may use an application form designed to elicit the  
13 complete health history of an applicant and underwrite in accordance  
14 with that issuer's established underwriting standards, based on the  
15 answers on that application. Unless otherwise provided in the policy  
16 or certificate and regardless of whether it is disclosed on the  
17 application, a preexisting condition need not be covered until the  
18 waiting period expires.

19 (5) A supplemental long-term care insurance policy or certificate  
20 may not exclude or use waivers or riders to exclude, limit, or reduce  
21 coverage or benefits for specifically named or described preexisting  
22 diseases or physical conditions beyond the waiting period.

23 NEW SECTION. **Sec. 22.** (1) No supplemental long-term care  
24 insurance policy may:

25 (a) Be canceled, nonrenewed, or otherwise terminated on the  
26 grounds of the age or the deterioration of the mental or physical  
27 health of the insured individual or certificate holder;

28 (b) Contain a provision establishing a new waiting period in the  
29 event existing coverage is converted to or replaced by a new or other  
30 form within the same company, except with respect to an increase in  
31 benefits voluntarily selected by the insured individual or group  
32 policyholder;

33 (c) Provide coverage for skilled nursing care only or provide  
34 significantly more coverage for skilled care in a facility than  
35 coverage for lower levels of care;

36 (d) Condition eligibility for any benefits on a prior  
37 hospitalization requirement;

1 (e) Condition eligibility for benefits provided in an  
2 institutional care setting on the receipt of a higher level of  
3 institutional care;

4 (f) Condition eligibility for any benefits other than waiver of  
5 premium, postconfinement, postacute care, or recuperative benefits on  
6 a prior institutionalization requirement;

7 (g) Include a postconfinement, postacute care, or recuperative  
8 benefit unless:

9 (i) Such requirement is clearly labeled in a separate paragraph  
10 of the policy or certificate entitled "Limitations or Conditions on  
11 Eligibility for Benefits"; and

12 (ii) Such limitations or conditions specify any required number  
13 of days of preconfinement or postconfinement;

14 (h) Condition eligibility for noninstitutional benefits on the  
15 prior receipt of institutional care;

16 (i)(i) Provide for a deductible that is greater than the maximum  
17 dollar equivalent provided in RCW 50B.04.060(3)(b), including  
18 inflation adjustments provided in RCW 50B.04.010(3), without the  
19 limitation provided in RCW 50B.04.050(2). The issuer may provide for  
20 a deductible that is less than the maximum dollar equivalent provided  
21 in RCW 50B.04.060(3)(b), especially for a policyholder born before  
22 1968;

23 (ii) The issuer must accept notice from the department of social  
24 and health services that the policyholder has exhausted the benefits  
25 provided under chapter 50B.04 RCW as evidence of satisfying the  
26 deductible. However, for a policyholder born before 1968, the  
27 department must provide the amount of benefits paid under chapter  
28 50B.04 RCW as evidence of payment toward the deductible;

29 (j) Include an elimination period of greater than 12 months. Any  
30 period of time the policyholder is considered an eligible beneficiary  
31 as defined in RCW 50B.04.010 must count toward any elimination period  
32 in a supplemental long-term care insurance policy. If the policy  
33 includes a deductible and an elimination period, the policy may  
34 provide that the elimination period is satisfied after the later of  
35 when the deductible or the elimination period has been met; and

36 (k) Require a policyholder to undergo a functional assessment to  
37 satisfy a benefit trigger to determine that the elimination period  
38 has begun or ended. However, the issuer may require the policyholder  
39 to undergo a functional assessment and apply a benefit trigger for  
40 purposes of approving a claim and authorizing benefits.

1 (2) A supplemental long-term care insurance policy or certificate  
2 may be field-issued if the compensation to the field issuer is not  
3 based on the number of policies or certificates issued. For purposes  
4 of this section, "field-issued" means a policy or certificate issued  
5 by a producer or a third-party administrator of the policy pursuant  
6 to the underwriting authority by an issuer and using the issuer's  
7 underwriting guidelines.

8 NEW SECTION. **Sec. 23.** (1) Supplemental long-term care insurance  
9 applicants may return a policy or certificate for any reason within  
10 30 days after its delivery and to have the premium refunded.

11 (2) All supplemental long-term care insurance policies and  
12 certificates must have a notice prominently printed on or attached to  
13 the first page of the policy stating that the applicant may return  
14 the policy or certificate within 30 days after its delivery and to  
15 have the premium refunded.

16 (3) Refunds or denials of applications must be made within 30  
17 days of the return or denial.

18 (4) This section does not apply to certificates issued pursuant  
19 to a policy issued to a group defined in section 18(5)(a) of this  
20 act.

21 NEW SECTION. **Sec. 24.** (1) An outline of coverage must be  
22 delivered to a prospective applicant for supplemental long-term care  
23 insurance at the time of initial solicitation through means that  
24 prominently direct the attention of the recipient to the document and  
25 its purpose.

26 (a) The commissioner must prescribe a standard format, including  
27 style, arrangement, overall appearance, and the content of an outline  
28 of coverage. The outline of coverage must also include a disclosure:

29 (i) Of how the supplemental long-term care insurance interacts  
30 with benefits provided in chapter 50B.04 RCW and any potential gaps  
31 in coverage or discontinuities of care between benefits provided  
32 under chapter 50B.04 RCW and the policy;

33 (ii) That the premiums may increase over time and an explanation  
34 of the conditions that may result in an increase in premiums;

35 (iii) If the policyholder's circumstances change or premiums  
36 increase and the policyholder is unable or unwilling to pay the  
37 increased premiums, the options available to the consumer, including  
38 a reduction in benefits and nonforfeiture of premiums;

1 (iv) That premiums continue after retirement;

2 (v) When premium payments are no longer required under the  
3 policy, known as a waiver of premiums; and

4 (vi) That the purchase of the policy does not qualify the  
5 policyholder to apply to be exempt from premium assessments under RCW  
6 50B.04.085.

7 (b) When an insurance producer makes a solicitation in person,  
8 the insurance producer must deliver an outline of coverage before  
9 presenting an application or enrollment form.

10 (c) In a direct response solicitation, the outline of coverage  
11 must be presented with an application or enrollment form. The  
12 disclosures required under (a) of this subsection are required in any  
13 marketing materials.

14 (d) If a policy is issued to a group as defined in section  
15 18(5)(a) of this act, an outline of coverage is not required to be  
16 delivered, if the information that the commissioner requires to be  
17 included in the outline of coverage is in other materials relating to  
18 enrollment. Upon request, any such materials must be made available  
19 to the commissioner.

20 (2) If an issuer approves an application for a supplemental long-  
21 term care insurance contract or certificate, the issuer must deliver  
22 the contract or certificate of insurance to the applicant within 30  
23 days after the date of approval. A policy summary must be delivered  
24 with an individual life insurance policy that provides supplemental  
25 long-term care benefits within the policy or by rider. In a direct  
26 response solicitation, the issuer must deliver the policy summary,  
27 upon request, before delivery of the policy, if the applicant  
28 requests a summary.

29 (a) The policy summary must include:

30 (i) An explanation of how the supplemental long-term care benefit  
31 interacts with other components of the policy, including deductions  
32 from any applicable death benefits;

33 (ii) An illustration of the amount of benefits, the length of  
34 benefits, and the guaranteed lifetime benefits if any, for each  
35 covered person;

36 (iii) Any exclusions, reductions, and limitations on benefits of  
37 supplemental long-term care;

38 (iv) A statement that any supplemental long-term care inflation  
39 protection option required by section 31 of this act is not available  
40 under this policy; and



1 (v) If applicable to the policy type, the summary must also  
2 include:

3 (A) A disclosure of the effects of exercising other rights under  
4 the policy;

5 (B) A disclosure of guarantees related to long-term care costs of  
6 insurance charges; and

7 (C) Current and projected maximum lifetime benefits.

8 (b) The provisions of the policy summary may be incorporated into  
9 a basic illustration required under chapter 48.23A RCW, or into the  
10 policy summary which is required under rules adopted by the  
11 commissioner.

12 NEW SECTION. **Sec. 25.** A supplemental long-term care insurance  
13 policy, contract, or rider must:

14 (1) Allow the policyholder options for reduction of benefits or  
15 nonforfeiture of premiums as provided in section 31 of this act if  
16 the premiums increase or the policyholder's circumstances change and  
17 the policyholder is unable or unwilling to pay the increased  
18 premiums;

19 (2) Allow for continuity of coverage of care settings and  
20 providers, including family providers, that the policyholder was  
21 receiving as benefits under the program provided in chapter 50B.04  
22 RCW unless there is substantial clinical or other information showing  
23 that the current care setting or provider cannot meet the care and  
24 safety needs of the policyholder. If the issuer makes a determination  
25 that the care setting or providers are not suited to meeting the care  
26 and safety needs of the policyholder, the issuer may require a change  
27 of care setting or provider under the policy, effective 90 days after  
28 the transition from the benefits provided under chapter 50B.04 RCW.  
29 The policyholder may appeal the determination through an independent  
30 third-party review as tracked by the commissioner. The issuer may  
31 audit for fraudulent claims where the care being claimed is not being  
32 provided; and

33 (3) Cover family providers, provided they are suited to meet the  
34 care and safety needs of the policyholder.

35 NEW SECTION. **Sec. 26.** (1) When a policyholder purchases a  
36 supplemental long-term care insurance policy, the issuer must request  
37 written consent from the policyholder to share information with the  
38 department of social and health services. If the policyholder

1 provides written consent, the issuer must inform the department of  
2 social and health services that the policyholder has purchased a  
3 supplemental long-term care insurance policy and share any  
4 information with the department for the purposes of any potential  
5 care coordination.

6 (2) Only basic demographic information that would allow a person  
7 to be identified in the program provided in chapter 50B.04 RCW may be  
8 shared if the individual consents to sharing information. No health  
9 care information as defined in RCW 70.02.010 or data on claims may be  
10 shared.

11 NEW SECTION. **Sec. 27.** If a supplemental long-term care benefit  
12 funded through a life insurance policy by the acceleration of the  
13 death benefit is in benefit payment status, a monthly report must be  
14 provided to the policyholder. The report must include:

15 (1) A record of all supplemental long-term care benefits paid out  
16 during the month;

17 (2) An explanation of any changes in the policy resulting from  
18 paying the supplemental long-term care benefits, such as a change in  
19 the death benefit or cash values; and

20 (3) The amount of supplemental long-term care benefits that  
21 remain to be paid.

22 NEW SECTION. **Sec. 28.** All supplemental long-term care denials  
23 must be made within 30 days after receipt of a written request made  
24 by a policyholder or certificate holder, or the policyholder's  
25 representative. All denials of supplemental long-term care claims by  
26 the issuer must provide a written explanation of the reasons for the  
27 denial and make available to the policyholder or certificate holder  
28 all information directly related to the denial.

29 NEW SECTION. **Sec. 29.** (1) An issuer may rescind a supplemental  
30 long-term care insurance policy or certificate or deny an otherwise  
31 valid supplemental long-term care insurance claim if:

32 (a) A policy or certificate has been in force for less than six  
33 months and upon a showing of misrepresentation that is material to  
34 the acceptance for coverage; or

35 (b) A policy or certificate has been in force for at least six  
36 months but less than two years, upon a showing of misrepresentation

1 that is both material to the acceptance for coverage and that  
2 pertains to the condition for which benefits are sought.

3 (2) After a policy or certificate has been in force for two years  
4 it is not contestable upon the grounds of misrepresentation alone.  
5 Such a policy or certificate may be contested only upon a showing  
6 that the insured knowingly and intentionally misrepresented relevant  
7 facts relating to the insured's health.

8 (3) An issuer's payments for benefits under a supplemental long-  
9 term care insurance policy or certificate may not be recovered by the  
10 issuer if the policy or certificate is rescinded.

11 (4) This section does not apply to the remaining death benefit of  
12 a life insurance policy that accelerates benefits for supplemental  
13 long-term care that are governed by RCW 48.23.050 the state's life  
14 insurance incontestability clause. In all other situations, this  
15 section applies to life insurance policies that accelerate benefits  
16 for supplemental long-term care.

17 NEW SECTION. **Sec. 30.** (1) The commissioner must establish  
18 minimum standards for inflation protection features.

19 (2) An issuer must comply with the rules adopted by the  
20 commissioner that establish minimum standards for inflation  
21 protection features.

22 NEW SECTION. **Sec. 31.** (1) Except as provided by this section, a  
23 supplemental long-term care insurance policy may not be delivered or  
24 issued for delivery in this state unless the policyholder or  
25 certificate holder has been offered the option of purchasing a policy  
26 or certificate that includes a nonforfeiture benefit. The offer of a  
27 nonforfeiture benefit may be in the form of a rider that is attached  
28 to the policy. If a policyholder or certificate holder declines the  
29 nonforfeiture benefit, the issuer must provide a contingent benefit  
30 upon lapse that is available for a specified period of time following  
31 a substantial increase in premium rates.

32 (2) If a group supplemental long-term care insurance policy is  
33 issued, the offer required in subsection (1) of this section must be  
34 made to the group policyholder. However, if the policy is issued as  
35 group supplemental long-term care insurance as defined in section  
36 18(5)(d) of this act other than to a continuing care retirement  
37 community or other similar entity, the offering must be made to each  
38 proposed certificate holder.

1 (3) The commissioner must adopt rules specifying the type or  
2 types of nonforfeiture benefits to be offered as part of supplemental  
3 long-term care insurance policies and certificates, the standards for  
4 nonforfeiture benefits, and the rules regarding contingent benefit  
5 upon lapse, including a determination of the specified period of time  
6 during which a contingent benefit upon lapse will be available and  
7 the substantial premium rate increase that triggers a contingent  
8 benefit upon lapse.

9 NEW SECTION. **Sec. 32.** (1) A person may not sell, solicit, or  
10 negotiate supplemental long-term care insurance unless the person is  
11 appropriately licensed as an insurance producer and has successfully  
12 completed supplemental long-term care coverage education that meets  
13 the requirements of this section and:

14 (a) Has successfully completed long-term care coverage education  
15 that meets the requirements of RCW 48.83.130; and

16 (b) Has completed an approved one-hour course on supplemental  
17 long-term care insurance that includes education on:

18 (i) The provisions of chapter 50B.04 RCW and any rules adopted to  
19 implement the long-term services and supports trust program;

20 (ii) The relationship between benefits offered under chapter  
21 50B.04 RCW, qualified state long-term care insurance partnership  
22 programs, and other public and private coverage of long-term care  
23 services, including medicaid; and

24 (iii) This chapter.

25 (2) The insurance producer education required by this section may  
26 not include training that is issuer or company product-specific or  
27 that includes any sales or marketing information, materials, or  
28 training, other than those required by state or federal law.

29 (3) Issuers must obtain verification that an insurance producer  
30 receives training required by this section before that producer is  
31 permitted to sell, solicit, or otherwise negotiate the issuer's  
32 supplemental long-term care insurance products.

33 (4) Issuers must maintain records subject to the state's record  
34 retention requirements and make evidence of that verification  
35 available to the commissioner upon request.

36 (5) (a) Issuers must maintain records with respect to the training  
37 of its producers concerning the distribution of its long-term care  
38 partnership policies that will allow the commissioner to provide  
39 assurance to the state department of social and health services,

1   medicaid division, that insurance producers engaged in the sale of  
2   supplemental long-term care insurance contracts have received the  
3   training required by this section and any rules adopted by the  
4   commissioner, and that producers have demonstrated an understanding  
5   of the partnership policies and their relationship to benefits  
6   offered under chapter 50B.04 RCW and public and private coverage of  
7   long-term care, including medicaid, in this state.

8       (b) These records must be maintained in accordance with the  
9   state's record retention requirements and be made available to the  
10   commissioner upon request.

11       NEW SECTION.   **Sec. 33.**   (1) Issuers and their agents, if any,  
12   must determine whether issuing supplemental long-term care insurance  
13   coverage to a particular person is appropriate, except in the case of  
14   a life insurance policy that accelerates benefits for supplemental  
15   long-term care.

16       (2) An issuer must:

17       (a) Develop and use suitability standards to determine whether  
18   the purchase or replacement of supplemental long-term care coverage  
19   is appropriate for the needs of the applicant or insured, using a  
20   best interest standard. The issuers and their agents must act in the  
21   best interests of the applicant or policyholder under the  
22   circumstances known at the time the recommendation is made, without  
23   putting the issuer or agent's financial interests ahead of the  
24   interests of the applicant or policyholder;

25       (b) Train its agents in the use of the issuer's suitability  
26   standards; and

27       (c) Maintain a copy of its suitability standards and make the  
28   standards available for inspection, upon request.

29       (3) The following must be considered when determining whether the  
30   applicant meets the issuer's suitability standards:

31       (a) The ability of the applicant to pay for the proposed coverage  
32   and any other relevant financial information related to the purchase  
33   of or payment for coverage;

34       (b) The applicant's goals and needs with respect to supplemental  
35   long-term care and the advantages and disadvantages of supplemental  
36   long-term care coverage to meet those goals or needs; and

37       (c) The values, benefits, and costs of the applicant's existing  
38   health or long-term care coverage, if any, when compared to the

1 values, benefits, and costs of the recommended purchase or  
2 replacement.

3 (4) The sale or transfer of any suitability information provided  
4 to the issuer or agent by the applicant to any other person or  
5 business entity is prohibited.

6 (5) (a) The commissioner must adopt rules on forms of consumer-  
7 friendly personal worksheets that issuers and their agents must use  
8 for applications for supplemental long-term care coverage.

9 (b) The commissioner may require each issuer to file its current  
10 forms of suitability standards and personal worksheets with the  
11 commissioner.

12 NEW SECTION. **Sec. 34.** A person engaged in the issuance or  
13 solicitation of supplemental long-term care coverage may not engage  
14 in unfair methods of competition or unfair or deceptive acts or  
15 practices, as such methods, acts, or practices are defined in chapter  
16 48.30 RCW, or as defined by the commissioner.

17 NEW SECTION. **Sec. 35.** An issuer or an insurance producer who  
18 violates a law or rule relating to the regulation of supplemental  
19 long-term care insurance or its marketing is subject to a fine of up  
20 to three times the amount of the commission paid for each policy  
21 involved in the violation or \$10,000, whichever is greater.

22 NEW SECTION. **Sec. 36.** (1) The commissioner must adopt rules  
23 that include standards for full and fair disclosure setting forth the  
24 manner, content, and required disclosures for the sale of  
25 supplemental long-term care insurance policies, terms of  
26 renewability, initial and subsequent conditions of eligibility,  
27 nonduplication of coverage provisions, coverage of dependents,  
28 preexisting conditions, termination of insurance, continuation or  
29 conversion, probationary periods, limitations, exceptions,  
30 reductions, elimination periods, requirements for replacement,  
31 recurrent conditions, and definitions of terms. The commissioner must  
32 adopt rules establishing loss ratio standards for supplemental long-  
33 term care insurance policies. The commissioner must adopt rules to  
34 promote premium adequacy and to protect policyholders in the event of  
35 proposed substantial rate increases, and to establish minimum  
36 standards for producer education, marketing practices, producer

1 compensation, producer testing, penalties, and reporting practices  
2 for supplemental long-term care insurance.

3 (2) The commissioner must adopt rules establishing standards  
4 protecting patient privacy rights, rights to receive confidential  
5 health care services, and standards for an issuer's timely review of  
6 a claim denial upon request of a covered person.

7 (3) The commissioner must adopt by rule prompt payment  
8 requirements for supplemental long-term care insurance. The rules  
9 must include a definition of a "claim" and a definition of "clean  
10 claim." In adopting the rules, the commissioner must consider the  
11 prompt payment requirements in long-term care insurance model acts  
12 developed by the national association of insurance commissioners.

13 (4) The commissioner may adopt reasonable rules to carry out this  
14 chapter.

15 NEW SECTION. **Sec. 37.** (1) The commissioner must:

16 (a) Develop a consumer education guide designed to educate  
17 consumers and help them make informed decisions as to the purchase of  
18 supplemental long-term care insurance policies provided under this  
19 chapter; and

20 (b) Expand programs to educate consumers as to the supplemental  
21 long-term care insurance policies provided under this chapter, with a  
22 focus on the middle-income market. If allowable under federal law,  
23 the commissioner must expand the statewide health insurance benefits  
24 advisor program to provide the consumer education.

25 (2) The guide and programs should:

26 (a) Provide additional information and counseling for consumers  
27 born before 1968. This information and counseling should educate  
28 these consumers as to potential out-of-pocket costs they may be  
29 subject to before supplemental long-term care insurance will begin  
30 paying claims and strategies for managing the gap between benefits  
31 payable under chapter 50B.04 RCW and coverage under supplemental  
32 long-term care insurance.

33 (b) Support consumers in assessing the tradeoffs between various  
34 elimination period options and premium rates.

35 (c) Educate consumers on budgeting any benefits available under  
36 chapter 50B.04 RCW carefully to reduce the likelihood and size of any  
37 potential gap between those benefits and the supplemental long-term  
38 care insurance.

1        NEW SECTION.    **Sec. 38.**    A new section is added to chapter 48.83  
2    RCW to read as follows:

3        This chapter does not apply to supplemental long-term care  
4    insurance as defined in section 18 of this act.

5        NEW SECTION.    **Sec. 39.**    RCW 50B.04.040 (Long-term services and  
6    supports council—Benefit unit adjustment) and 2019 c 363 s 5 are each  
7    repealed.

8        NEW SECTION.    **Sec. 40.**    Sections 16 through 37 of this act  
9    constitute a new chapter in Title 48 RCW.

10       NEW SECTION.    **Sec. 41.**    If any provision of this act or its  
11    application to any person or circumstance is held invalid, the  
12    remainder of the act or the application of the provision to other  
13    persons or circumstances is not affected.

14       **Sec. 42.**    RCW 50B.04.140 and 2022 c 1 s 7 are each amended to  
15    read as follows:

16        Beginning December 1, 2028, and annually thereafter, and in  
17    compliance with RCW 43.01.036, the commission must report to the  
18    legislature on the program, including:

- 19        (1) Projected and actual program participation;
- 20        (2) Adequacy of premium rates;
- 21        (3) Fund balances;
- 22        (4) Benefits paid;
- 23        (5) Demographic information on program participants, including  
24    age, gender, race, ethnicity, geographic distribution by county, and  
25    legislative district(~~(, and employment sector)~~); and
- 26        (6) The extent to which the operation of the program has resulted  
27    in savings to the medicaid program by avoiding costs that would have  
28    otherwise been the responsibility of the state.

29       NEW SECTION.    **Sec. 43.**    A new section is added to chapter 50B.04  
30    RCW to read as follows:

31        If Washington is successful in obtaining a waiver from the  
32    federal centers for medicare and medicaid services that results in  
33    shared savings because of long-term services and supports spending,  
34    the amount of shared savings shall be deposited into the long-term  
35    services and supports trust account created in RCW 50B.04.100.



1       **Sec. 44.** RCW 74.39.007 and 2022 c 86 s 1 are each amended to  
2 read as follows:

3       The definitions in this section apply throughout this section,  
4 RCW ((~~74.39.007,~~)) 74.39.050, 74.39.070, 43.190.060, and section 1,  
5 chapter 336, Laws of 1999 unless the context clearly requires  
6 otherwise.

7       (1) "Self-directed care" means the process in which an adult  
8 person, who is prevented by a functional disability from performing a  
9 manual function related to health care that an individual would  
10 otherwise perform for himself or herself, chooses to direct and  
11 supervise a paid personal aide to perform those tasks.

12       (2) "Personal aide" means an individual, working privately  
13 ((~~or~~)), as an individual provider as defined in RCW 74.39A.240, or as  
14 a qualified family member paid through the long-term services and  
15 supports trust as described in RCW 50B.04.010, who acts at the  
16 direction of an adult person with a functional disability living in  
17 his or her own home to assist with the physical performance of a  
18 health care task, as described in RCW 74.39.050, that persons without  
19 a functional disability can perform themselves.

20       **Sec. 45.** RCW 70.127.040 and 2024 c 259 s 4 are each amended to  
21 read as follows:

22       The following are not subject to regulation for the purposes of  
23 this chapter:

24       (1) A family member providing home health, hospice, or home care  
25 services;

26       (2) A person who provides only meal services in an individual's  
27 permanent or temporary residence;

28       (3) An individual providing home care through a direct agreement  
29 with a recipient of care in an individual's permanent or temporary  
30 residence;

31       (4) A person furnishing or delivering home medical supplies or  
32 equipment that does not involve the provision of services beyond  
33 those necessary to deliver, set up, and monitor the proper  
34 functioning of the equipment and educate the user on its proper use;

35       (5) A person who provides services through a contract with a  
36 licensed agency;

37       (6) An employee or volunteer of a licensed agency who provides  
38 services only as an employee or volunteer;

1 (7) Facilities and institutions, including but not limited to  
2 nursing homes under chapter 18.51 RCW, hospitals under chapter 70.41  
3 RCW, adult family homes under chapter 70.128 RCW, assisted living  
4 facilities under chapter 18.20 RCW, developmental disability  
5 residential programs under chapter 71A.12 RCW, other entities  
6 licensed under chapter 71.12 RCW, or other licensed facilities and  
7 institutions, only when providing services to persons residing within  
8 the facility or institution;

9 (8) Local and combined city-county health departments providing  
10 services under chapters 70.05 and 70.08 RCW;

11 (9) An individual providing care to ill individuals, individuals  
12 with disabilities, or vulnerable individuals through a contract with  
13 the department of social and health services;

14 (10) Nursing homes, hospitals, or other institutions, agencies,  
15 organizations, or persons that contract with licensed home health,  
16 hospice, or home care agencies for the delivery of services;

17 (11) In-home assessments of an ill individual, an individual with  
18 a disability, or a vulnerable individual that does not result in  
19 regular ongoing care at home;

20 (12) Services conducted by and for the adherents of a church or  
21 religious denomination that rely upon spiritual means alone through  
22 prayer for healing in accordance with the tenets and practices of  
23 such church or religious denomination and the bona fide religious  
24 beliefs genuinely held by such adherents;

25 (13) A medicare-approved dialysis center operating a medicare-  
26 approved home dialysis program;

27 (14) A person providing case management services. For the  
28 purposes of this subsection, "case management" means the assessment,  
29 coordination, authorization, planning, training, and monitoring of  
30 home health, hospice, and home care, and does not include the direct  
31 provision of care to an individual;

32 (15) Pharmacies licensed under RCW 18.64.043 that deliver  
33 prescription drugs and durable medical equipment that does not  
34 involve the use of professional services beyond those authorized to  
35 be performed by licensed pharmacists pursuant to chapter 18.64 RCW  
36 and those necessary to set up and monitor the proper functioning of  
37 the equipment and educate the person on its proper use;

38 (16) A volunteer hospice complying with the requirements of RCW  
39 70.127.050;

1 (17) A person who provides home care services without  
2 compensation;

3 (18) Nursing homes that provide telephone or web-based  
4 transitional care management services;

5 (19) A rural health clinic providing health services in a home  
6 health shortage area as declared by the department pursuant to 42  
7 C.F.R. Sec. 405.2416; (~~and~~)

8 (20) Hospital at-home services provided by a hospital pursuant to  
9 RCW 70.41.550;

10 (21) A consumer directed employer as described in RCW 74.39A.500;  
11 and

12 (22) An entity contracted with the department of social and  
13 health services as a financial services agency and who only serves  
14 clients of in-home long-term care workers who are qualified family  
15 members as described in RCW 50B.04.010.

16 NEW SECTION. **Sec. 46.** This act takes effect January 1, 2026.

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