May 1, 2023

HCAW May 2023 Public Policy Report

Prepared by Leslie Emerick, HCAW Public Policy Director

Legislative Landscape

Lt. Governor Denny Heck gavels the Senate at the end of the legislative session, Sine Die!

The Legislature adjourned on time Sunday, April 23. This was the 105-day "long-session" of the state legislative session. Priorities this session were homelessness and housing, funding special ed and climate change… with some controversial issues like an assault rifle ban and abortion related issues. Even with these difficult issues, it was a very bipartisan session in many ways!

Legislators introduced 2,312 bills in the 2023 session and 491 bills passed, for a roughly 20% rate of passage. HCAW was tracking 67 bills and 28 of them passed the legislature.

The House and Senate unveiled their final budget on Saturday, April 22. The legislature spends $69.8 billion in the 2023-2025 operating budget, including $4.7 billion in new spending. Overall, this is a very good budget for health care. It makes significant investments in rate increases for long-term care and addressing health care workforce shortages, especially for nursing and home care aides. It adds approximately $4.7 billion in new spending, according to a statement by House Democrats; leaves a total of $3 billion in reserve accounts; and doesn't include any broad tax increases.

Good News! The Medicaid Pediatric Palliative Care Rate Increase is in the final compromise budget! **Compromise Budget Bill-SB 5187**

Page 332, (57) $56,000 of the general fund—state appropriation for fiscal year 2024, $111,000 of the general fund—state appropriation for fiscal year 2025, and $166,000 of the general fund—federal appropriation are provided solely for the authority to increase pediatric palliative care rates to the equivalent Medicare rates paid for hospice care in effect October 1, 2022, beginning January 1, 2024.

Total Fiscal Impact				
	FY 2024	FY 2025	FY 2026	FY 2027
State	$ 55,906	$ 111,137	$ 111,137	$ 111,137
Federal	$ 55,367	$ 111,287	$ 111,287	$ 111,287
Total	$ 111,273	$ 222,425	$ 222,425	$ 222,425

Other Operating Budget Proviso Language of Interest…

Katie Beckett 1115 demonstration waiver: The Katie Beckett Waiver is for children (those under age 19) who have disabilities or complex medical needs. It's especially valuable for children who are not eligible for Medicaid because of their parents' income or assets, because eligibility for the waiver only takes into account the income and assets of the child. This program helps pay for pediatric home care nursing that private insurance does not cover. Currently 24 other states offer this program and now Washington state will be added to the list!

Page 239, (79) $194,000 of the general fund—state appropriation for fiscal year 2024, $1,724,000 of the general fund—state appropriation for fiscal year 2025 and $1,918,000 of the general fund—federal appropriation are provided solely for the authority in coordination with the department of social and health services to develop and implement a Katie Beckett 1115 demonstration waiver. The authority shall limit enrollment to 1,000 clients during the waiver period. Based upon the experience developed during the waiver period, the authority shall make recommendations to the legislature for a future tax equity and fiscal responsibility act state plan option.

Health Care Workforce Investments in Budget: (Source: WA State Hospital Association) The budget provides funding for several programs designed to grow the state's health care workforce, including the following that amount to about $24.3 million state and $24.4 total funds:

- **$1.2 million total to implement the multistate nurse licensure compact**. (SSB 5499)
- **$55,000 state ($107,000 total) to implement the traveler agency transparency bill**. (SSB 5547) Funding is provided to DOH to conduct rulemaking requiring nursing pools to register and disclose corporate structure and ownership.
- **$6 million state for the nurse preceptorship grant program** to pay nurses who are preceptors.
- **$560,000 state to help increase the number of clinical placement opportunities.**
- **$2 million state provided to award incumbent healthcare worker training matching grants** to labor-management partnerships, such as the SEIU Multi-Employer Training Fund.
- **$3.6 million state** to increase the number of nursing slots in the community college system.
- **$4.6 million state provided to hire additional faculty and staff** to serve additional students in the EWU BSN degree programs.
- **$3.9 million state provided to increase nurse educator salaries** to support the WSU College of Nursing's reaccreditation effort.
- **$2.4 million state to implement components of the nursing supply bill.** (ESSB 5582)**:** Funding is provided for the implementation of the high school certified nursing assistants.

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Bills of High Interest that Passed the Legislature…

SHB 1435 Developing a home care safety net assessment. Requires consumer-directed employers and in-home services agencies to submit specified financial information to DOH to inform the development of a home care safety net assessment to secure federal matching funds under the state's Medicaid plan. Establishes the Home Care Safety Net Assessment Work Group to develop the home care safety net assessment proposal.

E2SSB 5236 - Concerning hospital staffing standards. Used to be a staffing ration bill and was very controversial this session. The WA State Hospital Association and the WA State Nurses Association were in a long-term battle over this bill and finally came to an agreement. No ratios, which we were opposed to, staffing committees will be enforced by DOH and L & I.

E2SSB 5278 Home care aide certification. Allows DOH more discretion for the preparation, grading, and administration of the home care aide certification examination. Requires DOH and DSHS to address delays between training and testing, the lack of test sites, and performance and contract management processes, by completing specific requirements and submitting a preliminary report to the Governor and Legislature no later than June 30, 2024.

E2SHB 1694 Addressing home care workforce shortages.

- Expands timelines and testing opportunities for long-term care workers seeking a home care aide certification.
- Expands the list of family members who are exempt from having to become certified home care aides and reduces the training requirements for these caregivers.
- Exempts certain home care aides and nursing assistants whose licensing credentials have expired from paying late fees or renewal fees.
- Directs the Department of Social and Health Services to study the feasibility and cost of paying the parents of medically complex children under 18 years old, and the spouses or registered domestic partners of a person with complex medical needs.

SB 5499 Concerning the multistate nurse licensure compact. Requires hospitals, establishments, ambulatory surgical facilities, nursing homes, assisted living facilities, hospice care centers, adult family homes, and nursing pools, subject to enforcement by DOH, to report to the board of nursing within 30 days of employment, nurses holding a multistate license issued by a state other than WA.

2SSB 5103 Concerning payment to acute care hospitals for difficult to discharge Medicaid patients. Requires hospitals to be reimbursed for medical assistance enrollees staying in a hospital when they do not meet inpatient care criteria and are not discharged from the hospital because an appropriate placement is not available. Directs the Health Care Authority to adopt rules to identify which health care services must be included in the daily reimbursement rate and which services may be billed separately for patients who are in a hospital and do not meet inpatient criteria.

ESSB 5179 An act relating to increasing access to the provisions of the Washington death with dignity act (DWD). Allows ARNPs and PAs to participate in DWD, shortens the waiting period from 15 days-7 days, and allows prescriptions to be delivered by registered mail. Amended to include: Requires hospitals and agencies and facilities providing hospice services to submit their policies regarding access to end-of-life care and the act to DOH.

2SSB 5454 Registered Nurses PTSD Insurance: Allows direct care RNs to apply for workers comp for PTSD.

ESSB 5217 Musculoskeletal Injuries: L&I may adopt rules related to preventing musculoskeletal injuries and disorders that provide standards for an industry or risk classification. This bill is also known as the "Ergonomics Act" .

Health Care Authority (HCA)

Apple Health (Medicaid) Provider Alert: Attention Home Health Providers: Beginning with dates of service on and after January 1, 2024**,** all home health *servicing* providers are required to have an electronic visit verification (EVV) method in place or their claims will be denied by the Health Care Authority (HCA) or the managed care organization (MCO) under a mandate included in the 21st Century Cures Act. The Centers for Medicare & Medicaid Services (CMS) extended the deadline for requiring EVV to January 1, 2024, for the State of Washington. This does not apply to private duty nursing agencies.

How does this affect my billing? Additional data elements will be required on home health claims. This is for any claim submitted through an 837 or the ProviderOne portal. New and existing required data elements:

1. Type of service performed (existing)
2. Client receiving the service (existing)
3. Date of service (existing)
4. Location of service delivery (**new**)
5. Individual providing the service (**new**)
6. Time the service begins and ends (**new**)

What do you need to do now? Enroll your servicing providers now! To facilitate the submission of the EVV home health care services data, your organization should begin enrolling all your home health *servicing* providers at the individual level now. Click on the brown box below.

Enroll as a health care professional practicing under a group or facility

Update on Palliative Care Benefit: Our efforts with the Washington State Health Care Authority (HCA) to establish a new standardized Palliative Care Benefit for the state's Medicaid program and Public Employees Benefit Board (PEBB) and the School Employees Benefit Board (SEBB) are still moving forward!

We have not heard any more from the Oregon Health Sciences University Evidence Based Program who is doing a "gap analysis" to implementing the palliative care benefit. The last piece of the "puzzle" was an actuarial analysis for the new benefit. HCA applied with the National Academy for State Health Policy (NASHP), supported by The John A. Hartford Foundation, to participate in its 2023-2025 State Policy Institute to Improve Care for People with Serious Illness! **Washington was one of the 6 states accepted into the program!**

Department of Health (DOH)

DOH Hospice and Home Health Certificate of Need Listening Sessions Over: No new news…The rulemaking will be prioritized and timelines will be set up by DOH over the summer and fall. As the process moves forward in the future, HCAW will be working on a new methodology to present at the rulemaking sessions and has established a Task Force to study the issue.

Licensure Fee Increases and Decreases: There are several fee increases and decreases coming up effective June 1, 2023 for the professions listed below.

- Licensed Advanced Social Worker and Licensed Independent Clinical Social Worker
- Certified Counselor, Certified Adviser, and Registered Agency Affiliated Counselor
- Speech-Language Pathologist and Speech-Language Pathology Assistant
- Physical Therapist and Physical Therapist Assistant
- Home Care Aides

As of June 1, 2023, the new fees will be effective for everyone regardless of when their expiration date is.

Safe Medication Return: Lets people appropriately dispose of unwanted household over the counter and prescription medications (including for pets). Secure storage and safe disposal of medication helps reduce overdoses, poisonings, and suicide attempts. Safely disposing of medication also keeps it out of our environment which helps protect our water and soil. The **Inmar 2022 Annual Collection Report** is now available on our website.

Our website also provides additional information about Safe Medication Return, including department contacts and other resources. You can find a convenient drop-off location and order free mail-back supplies at medtakebackwashington.org or 844-482-5322. If you have questions, please contact program staff at 360-236-4698 or SafeMedReturn@doh.wa.gov.

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Nursing Quality Assurance Commission (NCQAC)

Washington to join the Nurse Licensure Compact (NLC): On April 20, the Governor signed the Nurse Licensure Compact bill as passed by the legislature. The NLC allows a nurse to have one license and practice in their home state and other compact states. This means that nurses who have an active license in another compact state, will no longer need a separate Washington state nursing license. This is not yet in effect.

Next Steps: The Nursing Commission will decide the timeframe and process for implementing the new bill. No dates have been set yet. The commission will begin addressing it at the next business meeting on May 12, 2023.

What you need to do

- Nothing at this time. Nurses in compact states still need a Washington state nurse license to practice in Washington until further notice.
- We will send more information and updates via GovDelivery in the coming weeks. Make sure you're signed up for Nursing Commission News and Alerts. For more information: NCSBN: Washington Enacts Nurse Licensure Compact (NLC)

Policy Related Meetings

Dementia Action Collaborative (DAC): I attended the full DAC meeting on April 25th participated on the subcommittee on Health and Medical. I advocate for them including palliative and hospice in their ongoing development of the new Updated Dementia State Health Plan.

WA State Senior Lobby: I attend these monthly meetings representing issues related to home care, home health, hospice and palliative care.

WA State Telemedicine Collaborative: I attend these monthly meetings to get updates on all things related to telehealth in WA State!

Northwest Workforce Council: I attend these meetings to discuss ways to improve the number of health care workers, and in particular nurses entering the health care field.