

An ex officio member of the commission shall hold office so long as he retains the office by virtue of which he is a member of the commission. Ex officio members may delegate their authority.

The commission may invite appropriate officers of cooperating organizations, state and federal agencies to serve as advisers to the conservation commission.

NEW SECTION. Sec. 14. The following acts or parts of acts are each repealed:

(1) Section 43.23.020, chapter 8, Laws of 1965, section 2, chapter 240, Laws of 1967 and RCW 43.23.020;

(2) Section 43.23.040, chapter 8, Laws of 1965, section 4, chapter 240, Laws of 1967 and RCW 43.23.040;

(3) Section 43.23.060, chapter 8, Laws of 1965, section 6, chapter 240, Laws of 1967 and RCW 43.23.060;

(4) Section 43.23.080, chapter 8, Laws of 1965, section 8, chapter 240, Laws of 1967 and RCW 43.23.080;

(5) Section 43.23.100, chapter 8, Laws of 1965, section 10, chapter 240, Laws of 1967 and RCW 43.23.100; and

(6) Section 12, chapter 240, Laws of 1967 and RCW 43.23.150.

Passed the Senate April 22, 1983.

Passed the House April 17, 1983.

Approved by the Governor May 17, 1983.

Filed in Office of Secretary of State May 17, 1983.

CHAPTER 249

[Engrossed Substitute Senate Bill No. 3308]

HOME HEALTH CARE—HOSPICE CARE—INSURANCE COVERAGE— REGULATIONS

AN ACT Relating to insurance; adding a new section to chapter 48.21 RCW; adding a new section to chapter 48.21A RCW; adding a new section to chapter 48.44 RCW; adding a new chapter to Title 70 RCW; and providing an effective date.

Be it enacted by the Legislature of the State of Washington:

NEW SECTION. Sec. 1. There is added to chapter 48.21 RCW a new section to read as follows:

(1) Every insurer issuing or renewing group or blanket disability insurance policies governed by this chapter shall offer optional coverage for home health care and hospice care for persons who are homebound and would otherwise require hospitalization. Such optional coverage need only be offered in conjunction with a policy that provides payment for hospitalization as a part of health care coverage.

(2) Home health care and hospice care coverage offered under subsection (1) of this section shall conform to the following standards, limitations, and restrictions:

(a) The coverage may include reasonable deductibles and coinsurance provisions;

(b) The coverage should be structured to create incentives for the use of home health care and hospice care as an alternative to hospitalization;

(c) The coverage may contain provisions for utilization review and quality assurance;

(d) The coverage may require that home health agencies and hospice agencies have written treatment plans approved by a physician licensed under chapter 18.57 or 18.71 RCW, and may require such treatment plans to be reviewed at designated intervals;

(e) The coverage shall provide benefits for, and may restrict benefits to, services rendered by home health and hospice agencies certified by the department of social and health services;

(f) Hospice care coverage shall provide benefits for terminally ill patients for an initial period of care of not less than six months and may provide benefits for an additional six months of care in cases where the patient is facing imminent death or is entering remission if certified in writing by the attending physician;

(g) Home health care coverage shall provide benefits for a minimum of one hundred thirty health care visits per calendar year. However, a visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of treatment constitutes one visit.

(3) The insurance commissioner shall adopt any rules necessary to implement this section.

(4) The requirements of this section shall not apply to contracts or policies governed by chapter 48.66 RCW.

NEW SECTION. Sec. 2. There is added to chapter 48.21A RCW a new section to read as follows:

(1) Every insurer issuing or renewing extended health insurance governed by this chapter shall offer optional coverage for home health care and hospice care for persons who are homebound and would otherwise require hospitalization. Such optional coverage need only be offered in conjunction with a policy that provides payment for hospitalization as a part of health care coverage.

(2) Home health care and hospice care coverage offered under subsection (1) of this section shall conform to the following standards, limitations, and restrictions:

(a) The coverage may include reasonable deductibles and coinsurance provisions;

(b) The coverage should be structured to create incentives for the use of home health care and hospice care as an alternative to hospitalization;

(c) The coverage may contain provisions for utilization review and quality assurance;

(d) The coverage may require that home health agencies and hospice agencies have written treatment plans approved by a physician licensed under chapter 18.57 or 18.71 RCW, and may require such treatment plans to be reviewed at designated intervals;

(e) The coverage shall provide benefits for, and may restrict benefits to, services rendered by home health and hospice agencies certified by the department of social and health services;

(f) Hospice care coverage shall provide benefits for terminally ill patients for an initial period of care of not less than six months and may provide benefits for an additional six months of care in cases where the patient is facing imminent death or is entering remission if certified in writing by the attending physician;

(g) Home health care coverage shall provide benefits for a minimum of one hundred thirty health care visits per calendar year. However, a visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of treatment constitutes one visit.

(3) The insurance commissioner shall adopt any rules necessary to implement this section.

(4) The requirements of this section shall not apply to contracts or policies governed by chapter 48.66 RCW.

NEW SECTION. Sec. 3. There is added to chapter 48.44 RCW a new section to read as follows:

(1) Every health care service contractor issuing or renewing a group health care service contract governed by this chapter shall offer optional coverage for home health care and hospice care for persons who are homebound and would otherwise require hospitalization. Such optional coverage need only be offered in conjunction with a policy that provides payment for hospitalization as a part of health care coverage.

(2) Home health care and hospice care coverage offered under subsection (1) of this section shall conform to the following standards, limitations, and restrictions:

(a) The coverage may include reasonable deductibles and coinsurance provisions;

(b) The coverage should be structured to create incentives for the use of home health care and hospice care as an alternative to hospitalization;

(c) The coverage may contain provisions for utilization review and quality assurance;

(d) The coverage may require that home health agencies and hospice agencies have written treatment plans approved by a physician licensed under chapter 18.57 or 18.71 RCW, and may require such treatment plans to be reviewed at designated intervals;

(e) The coverage shall provide benefits for, and may restrict benefits to, services rendered by home health and hospice agencies certified by the department of social and health services;

(f) Hospice care coverage shall provide benefits for terminally ill patients for an initial period of care of not less than six months and may provide benefits for an additional six months of care in cases where the patient is facing imminent death or is entering remission if certified in writing by the attending physician;

(g) Home health care coverage shall provide benefits for a minimum of one hundred thirty health care visits per calendar year. However, a visit of any duration by an employee of a home health agency for the purpose of providing services under the plan of treatment constitutes one visit.

(3) The insurance commissioner shall adopt any rules necessary to implement this section.

(4) The requirements of this section shall not apply to contracts or policies governed by chapter 48.66 RCW.

NEW SECTION. Sec. 4. The legislature finds that the cost of medical care in general and hospital care in particular has risen dramatically in recent years, and that in 1981, such costs rose faster than in any year since World War II. The purpose of sections 4 through 9 of this act is to support the provision of less expensive and more appropriate levels of care, home health care and hospice care, in order to avoid hospitalization or shorten hospital stays.

NEW SECTION. Sec. 5. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Hospice agency" means a private or public agency or organization that administers and provides hospice care and is certified by the department of social and health services as a hospice care agency.

(2) "Hospice care" means care prescribed and supervised by the attending physician and provided by the hospice agency to the terminally ill in the patient's home, or in an inpatient hospice unit that meets the standards of section 7 of this act.

(3) "Home health agency" means a private or public agency or organization that administers and provides home health care and is certified by the department of social and health services as a home health care agency.

(4) "Home health care" means services, supplies, and medical equipment that meet the standards of section 6 of this act, prescribed and supervised by the attending physician, and provided through a home health agency and rendered to members in their residences when hospitalization would otherwise be required.

(5) "Home health aide" means a person providing part-time or intermittent personal care, ambulation and exercise, household services essential to health care at home, assistance with medications ordinarily self-administered, reporting changes in patients' conditions and needs, and completing appropriate records and under the supervision of a registered nurse or a physical therapist, occupational therapist, or speech therapist.

(6) "Plan of treatment" means a written plan of care established and periodically reviewed by a physician that describes home health or hospice care to be provided to a patient for palliation or treatment of illness or injury.

(7) "Certification period" means the period of time for which the home health care or hospice care plan of treatment is written.

(8) "Physician" means a physician licensed under chapter 18.57 or 18.71 RCW.

NEW SECTION. Sec. 6. (1) Home health care shall be provided by a home health agency and shall:

(a) Be delivered by a registered nurse, physical therapist, occupational therapist, speech therapist, or home health aide on a part-time or intermittent basis;

(b) Include, as applicable under the written plan, supplies and equipment such as:

(i) Drugs and medicines dispensed by or through the agency that are legally obtainable only upon a physician's written prescription, and insulin;

(ii) Artificial limbs or eyes, splints, trusses, braces, crutches, and other durable medical apparatus, and the rental of a wheelchair, hospital bed, iron lung, and other durable medical equipment required for treatment;

(iii) Supplies normally used for hospital inpatients and dispensed by the home health agency such as oxygen, catheters, needles, syringes, dressings, materials used in aseptic techniques, irrigation solutions, and intravenous fluids.

(2) The following services may be included when medically necessary, ordered by the attending physician, and included in the approved plan of treatment:

(a) Licensed practical nurses;

(b) Inhalation therapists;

(c) Social workers holding a master's degree;

(d) Ambulance service that is certified by the physician as necessary in the approved plan of treatment because of the patient's physical condition or for unexpected emergency situations.

(3) Services not included in home health care include:

(a) Nonmedical, custodial, or housekeeping services except by nurse aides or home health aides as ordered in the approved plan of treatment;

(b) "Meals on Wheels" or similar food services;

(c) Nutritional guidance;

(d) Services performed by family members;

(e) Services not included in an approved plan of treatment;

(f) Supportive environmental materials such as handrails, ramps, telephones, air conditioners, and similar appliances and devices.

NEW SECTION. Sec. 7. (1) Hospice care shall be provided by a hospice agency.

(2) A written hospice care plan shall be approved by a physician and shall be reviewed at designated intervals.

(3) The following services shall be included when medically necessary, ordered by the attending physician, and included in the approved plan of treatment:

(a) Short-term care in an inpatient hospice unit;

(b) Care of the terminally ill in an individual's home on an outpatient basis as included in the approved plan of treatment;

(c) Respite care that is continuous care for a maximum of five continuous days per certification period.

NEW SECTION. Sec. 8. The department of social and health services shall adopt rules establishing standards for the certification of home health agencies and hospice agencies under this chapter. These standards shall be compatible with and at least as stringent as home health and hospice certification regulations established by the United States department of health and human services and hospice agency accreditation standards established by the joint commission on accreditation of hospitals.

NEW SECTION. Sec. 9. Nothing in this chapter affects chapter 70.38 RCW.

NEW SECTION. Sec. 10. Sections 4 through 9 of this act shall constitute a new chapter to be added to Title 70 RCW.

NEW SECTION. Sec. 11. This act shall take effect on July 1, 1984. The department of social and health services shall immediately take such steps as are necessary to insure that this act is implemented on its effective date.

Passed the Senate April 23, 1983.

Passed the House April 20, 1983.

Approved by the Governor May 17, 1983.

Filed in Office of Secretary of State May 17, 1983.

CHAPTER 250

[Senate Bill No. 3363]

PORT DISTRICTS—TREASURER DESIGNATION

AN ACT Relating to port districts; and amending section 5, chapter 348, Laws of 1955 as amended by section 1, chapter 13, Laws of 1974 ex. sess. and RCW 53.36.010.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 5, chapter 348, Laws of 1955 as amended by section 1, chapter 13, Laws of 1974 ex. sess. and RCW 53.36.010 are each amended to read as follows:

The treasurer of the county in which a port district is located shall be treasurer of the district unless the ((treasurer authorizes the)) commission