
HOUSE BILL 1577

State of Washington

69th Legislature

2025 Regular Session

By Representatives Bernbaum and Tharinger

1 AN ACT Relating to the provision of palliative care services by
2 volunteer organizations that provide hospice care without
3 compensation; amending 2024 c 166 s 1 (uncodified); and declaring an
4 emergency.

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

6 **Sec. 1.** 2024 c 166 s 1 (uncodified) is amended to read as
7 follows:

8 (1) The office of the insurance commissioner, in consultation
9 with the health care authority, shall convene a work group to design
10 the parameters of a palliative care benefit and payment model for the
11 benefit of fully insured health plans, as defined in RCW 48.43.005.
12 The work group must coordinate its work with the ongoing work at the
13 health care authority related to designing a palliative care benefit
14 for the state medicaid program and the employee and retiree benefits
15 program.

16 (2) (a) The work group shall consider the following elements of a
17 palliative care benefit:

18 ~~((a))~~ (i) Clinical eligibility criteria;

19 ~~((b))~~ (ii) The services included in a palliative care benefit;

20 ~~((e))~~ (iii) Appropriate staffing, including staffing models and
21 provider training;

1 ~~((d))~~ (iv) Evaluation criteria and reporting requirements; and
2 ~~((e))~~ (v) Payment models.

3 (b) Any recommendations related to the palliative care benefit
4 developed under (a) of this subsection must permit volunteer
5 organizations that provide hospice care without receiving
6 compensation pursuant to RCW 70.127.050 to provide palliative care
7 without meeting the elements of the palliative care benefit or having
8 to receive a license to provide palliative care services.

9 (3) The commissioner may contract with a vendor to conduct
10 actuarial analysis if necessary.

11 (4) The work group shall consist of the following members:

12 (a) One representative from the office of the insurance
13 commissioner to be appointed by the commissioner;

14 (b) One representative from the health care authority to be
15 selected by the director of the health care authority;

16 (c) One representative from the department of social and health
17 services to be appointed by the secretary of the department;

18 (d) One representative from the department of health in-home
19 services program to be appointed by the secretary of health;

20 (e) One representative from the Washington health benefit
21 exchange to be appointed by the chief executive officer of the
22 exchange;

23 (f) One representative from the Washington state hospice and
24 palliative care organization;

25 (g) Four representatives currently providing palliative care,
26 either as clinicians or operational leaders for a hospice or
27 palliative care program, including at least one physician, to be
28 selected by the Washington state hospice and palliative care
29 organization;

30 (h) One representative from the association of Washington health
31 care plans;

32 (i) One representative from a commercial health carrier and one
33 representative from a medicaid managed care organization to be
34 selected by the association of Washington health care plans;

35 (j) One representative from the Washington state hospital
36 association;

37 (k) One representative from the home care association of
38 Washington;

39 (l) One representative from the Washington health alliance;

40 ~~((and))~~

1 (m) One representative from the Washington state nurses
2 association; and

3 (n) One representative from a volunteer organization that
4 provides hospice care without receiving compensation pursuant to RCW
5 70.127.050.

6 (5) The work group shall convene its first meeting by July 30,
7 2024, and shall submit a report to the legislature detailing its work
8 and any recommendations, including any legislation, by November 1,
9 2025.

10 (6) For the purposes of this section, "palliative care" means
11 expert assessment and management of a patient's symptoms, including
12 coordination of care, attending to the physical, functional,
13 psychological, practical, and spiritual consequences of serious
14 illness, and assessment and support of caregiver needs. Palliative
15 care is a person- and family-centered approach to care, providing
16 people living with serious illness relief from the symptoms and
17 stress of an illness, and can be delivered alongside life-prolonging
18 or curative care.

19 (7) This section expires June 1, 2026.

20 NEW SECTION. **Sec. 2.** This act is necessary for the immediate
21 preservation of the public peace, health, or safety, or support of
22 the state government and its existing public institutions, and takes
23 effect immediately.

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