

Date:03/10/17		<b>Time:</b> 9:30 to 11:30	<b>Location: Call</b> Conference call: 712.770.4010      Access: 177659 Online Meeting Link: <a href="https://join.freeconferencecall.com/melissa579">https://join.freeconferencecall.com/melissa579</a> Online Meeting ID: melissa579	
TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order Minutes of last mtg  Financials	Call to order at 9:35 Roll call and review agenda for the day. Rob, Doris, Greg, Mike, Melissa, Linda, Leslie, Carolyn, Rachel, Donna, Gretchen, Sam, Brent, Marilou Missing: Kim, Larissa, Kyle Question about legal feedback asked for in the last meeting – to be addressed later in the agenda Motion to approve minutes: Marilou, 2 <sup>nd</sup> by Rachel Motion carried  Good strong cash position. Mild concern regarding deferred dues. Down about \$30K compared to previous year – owing mostly to slow renewal. Mike reported that March renewals closed the gap by:  Investment account up \$4000 compared to last year.  YTD compared to Budget. Expenses in line and income not far off if we close strong  July to Feb up \$3000 compared to forecast of <\$6000> in Net Income. Bolstered by increase in investment account. Question: regarding about how dues are accounted for. Mike explained that dues are dealt with as a deferred revenue item. Deal with dues	Review	Rob          Mike/Larissa
9:45	Renewals	Who is Outstanding as of March 10   Doris reviewed the calls she has placed to providers who have yet to renew. Asked for Board member	Determine any appropriate follow up by Board member	Doirs, John and Rob

		<p>support in contacting any who they might have regular contact or relationships with. Brent volunteered to work on Harvard Partners and Brookdale. Rob and Marilou will assist with Brookdale.</p> <p>Kline-Galand never did join and assistance needed contacting them. Previous reason was funding related. Rob &amp; Brent to contact.</p>		
10:00 a.m.	State and Federal Legislative Update	<p>Recap of Hill Day, Status of budget proviso &amp; hi priority bills</p> <p>March on Washington (MOW) Rob &amp; Doris will be there in person but NAHC is putting together a virtual lobbying event for those who cannot make the trip to Washington. Most of appointments are with Leg aids vs the electeds due to the changing schedules of the Reps and Sens. Intention is to focus on the Washington State priorities then the NAHC issues.</p> <p>Rob offered to send link to recording of the NAHC pre-call for the March on Washington which he found helpful and others could listen to and learn about the priorities for this year's effort.</p> <p>General feeling is that it is CRAZY in DC due to the recall and replace effort of ACA.</p> <p>Florida will be testing _____ with the Home Health agencies not in favor at this time. Question about negative impact on patients to support the opposition? In Illinois the better agencies using it say that if you have your processes together then it is an okay program. If the Per Capita Medicaid comes into play then states will have more flexibility in distribution of the funds.</p> <p>Question on time spent on CoPs versus other more important issues. Proposal to address two bullets max in meetings. Face to Face and mid-level ???; Rural add on is important to</p>	<p>Debrief and update</p> <p>Priorities for MOW</p>	<p>Leslie</p> <p>Doris and Rob</p>

		<p>Cantwell so we should support that in our meetings.</p> <p>Rob thanked Leslie for the well-organized Hill Day. 36 attended, the largest contingent to date. Good mix of Home Health and Home Care representatives. Role playing for the group prior to the meetings was helpful.</p> <p>Only one issue went sideways. Sen Patton discussion over Death With Dignity. Never seen a discussion as poignant and powerful as on SB 5433. It would amend the law to require MDs to counsel the patient around extending their life even though 80% of patients choosing a Death with Dignity option are in hospice and have already made their decisions.</p> <p>Video at link forwarded by Leslie worth watching. Question regarding what the effect of this bill would do. Leslie explained that it would be a step back from where the voters intended.</p> <p>Secure medicine return bill didn't make it out of committee.</p> <p>Ann Rivers said she would sponsor the amendment for the budget proviso to collect and deliver the information about how Home Healthcare can lower costs.</p> <p>Bills Leslie is continuing to watch:  5436 extending health care to telemedicine. Still live.  5177 requiring long term care providers to be trained to recognize hearing loss in patients.  Additional summaries of activities and bills in Leslie's report on the website.</p>		
10:30	Follow up on PAC funds	<p>Discuss findings in regards to ability to make contributions by HCAW to PAC.</p> <ul style="list-style-type: none"> <li>*OK for HCAW to donate to PAC</li> <li>*PAC funds are for state elections. HCAW PAC is not a Federal PAC.</li> <li>*PAC and HCAW funds must be separate.</li> <li>*PAC and HCAW meetings are to be separate.</li> <li>*PAC plan for expenditure should be made by PAC in a separate meeting.</li> </ul>	Next steps: provide more clarity on previous Board motion for establishing plan for expenditure of \$20,000, now that details about the funds are clearer.	Rob, Leslie and Doris

Information received from Leading Age, Deb Murphy their executive director.

Deb referred Doris to their accountant who she described as an expert.

Once the 501(c)6 receives moneys it can do with those funds whatever they deem important.

Consequently, it is okay for HCAW to donate to the PAC.

Question: do we want to invest the entire \$20,000 for supporting State candidate campaigns? Should any be targeted to supporting members to the March on Washington? Do we want to support getting local legislator on Home visits with our care providers?

Additionally, with everything pointing to funding around Medicaid and the way state legislators think about Home Health, should the money be used for both state advocacy and campaign support?

Reactions:

Important to consider that PAC \$\$ can go to local legislators.

How much money is available? What is the best utility investment of the money – travel? State legislative support? National legislative support?

What is the highest and best use of the funds for HCAW?

Question on the POL is the form for Federal PAC. No deductions are allowed for funds meant to influence political office holders or candidates. HCAW would need to report what % is distributed in support of PAC activities.

Can address the % of dues issue by printing on the statement how much will be directed to the PAC.

Don't use funds already collected but going forward put on statement.

Could the non-dues revenue be used to support the PAC.

Given the cash on hand (17 to 18 months of cash) shouldn't we use the funds that can make a difference to members?

		<p>Funds can be used without directing first to the PAC and as long as it isn't for a specific legislation or candidate it can be invested by the organization (ie, scholarships for the March on Washington; scholarships to the annual conference)</p> <p>Doris and Leslie to bring back proposals on what HCAW could do with the funds available.</p> <p>Leslie described the timeline for financial support at the State level as follows:</p> <p>After the legislative session is over the legislators can once again fund raise. Election year is 2018 not 2017 but the parties will have fundraisers this year. A bit of PAC money available this fall would be helpful. Then Spring 2018 would be the time to support individual legislators (House &amp; Senate Health Care Committees).</p> <p>Proposal to push the conference PAC fundraising more so members understand what they are supporting.</p> <p>Have discussion at conference that moving forward the invoices would state % of dues directed to PAC. Option would be to give the members the option to direct the % or not.</p> <p>Leslie requested Board support selling tickets at the Conference and in providing testimonials at the conf. Consider competition among Board members to sell tix at the conference, could be individual or teams. If teams chosen then the teams could choose their Super Hero figure to champion their team, in keeping with the theme of the conference. Whatever the solution we need to breathe some life into the effort at the conference. Was suggested that the team could have one member dress as a Super Hero.</p> <p>Proposal to supplement the silent auction with items purchased by the organization to make the auction more valuable to the PAC. Generally supported by the Board.</p>		
10:45		<p>HCAW conference:  Registrations  Sponsorships: Thank you GHC and Kindred!  Exhibitors</p>	<p>What can Board members do to reach out to sponsors and exhibitors!</p>	<p>Brian and Doris</p>

		<p>Emcee Award nominations needed. To date there is only one nomination. Deadline is the 17<sup>th</sup>. Silent auction/wine auction Board presenters (Greg and Leslie; Brent Korte)</p> <p>MCOs, Molina and United are considering exhibits. Washington Hospitals: Packet Insert only</p> <p>Would the Board like to have a table at the vendor fair for HCAW and rotate shifts? Good support.</p> <p>Other: Leading Age Conference – Skamania, June 12 Panel of Board members including Sam, Gretchen, Carolyn and Doris, Sam to schedule phone conference for those on the panel to coordinate the presentation. Request for a few dollars to support the travel to the conference since the</p> <p>Aging Services &amp; Transitions of Care Conference – Seattle/Des Moines, May 10.</p> <p>Rural Healthcare Conference (Done) Doris presented at the conference. Outline forwarded to Board members. Continuing discussions with the Rural Health folks about how to bring Home Healthcare to their regions. They are interested in working with HCAW.</p> <p>Have received a grant for rural providers to attend conference. One application received to date. Can fund up to 8 total.</p>	<p>Coordinate efforts of the Leading Age and Aging Services presentations</p> <p>Conference report</p>	<p>John and Melissa to give update on current status of sponsors and donors and award nominations received.</p> <p>Bd members to contribute?</p> <p>Doris/Sam</p>
11:15	HCAW memberships to previous Board	Pros and Cons; who would be included?		Doris

	members who are fully retired.	Should we offer free membership to previous board members who are fully retired? Pick that up at the next meeting.		
11:30	<b>Adjourn</b>			Rob

Date:04/14/17		<p><b>Time:</b> 9:30 to 10:30</p> <p>Please note: this meeting is only <b>one hour</b> and is primarily preparatory to the conference/annual meeting. Please review minutes and financials ahead of time so that all are ready to discuss and/or vote. Discussion items will also need to be focused to enable us to get through the agenda in the one hour time frame! Anything requiring more discussion will need to be assigned for specific follow up, discussion at the conference or at a follow up Board meeting or retreat.</p>	<p><b>Location: Call</b></p> <p>Conference call: 712.770.4010      Access: 177659</p> <p>Online Meeting Link:  <a href="https://join.freeconferencecall.com/melissa579">https://join.freeconferencecall.com/melissa579</a></p> <p>Online Meeting ID: melissa579</p>	
TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	<p>Call to order</p> <p>Minutes of last mtg</p> <p>Financials</p>	<p>Roll call and review agenda for the day.</p> <p>Review....be prepared to discuss or vote!</p> <p>Review financials to date; Discuss presentation for annual meeting</p>	<p>Review and approve</p> <p>Review and approve.</p> <p>Rev/Approve. Plan presentation of financials at annual meeting..Larissa?</p>	<p>Rob</p> <p>Mike/Larissa</p>
9:45	Renewal Report...	Status of 2017 renewals; what is impact on budget?	<p>Impact on budget... what is the balance between new members and non renewed members?</p> <p>Next steps....do we need to determine why non renewed members did not renew? What would make them rejoin? How can HCAW demonstrate value to them?</p>	John and Mike
9:55 a.m.	State and Federal Legislative Update	March on Washington (MOW) and Forum of states	Debrief MOW and plan for conference presentation on Joint HV's	Rob, Doris and Brent



April 12, 2017

## HCAW April 2017 Legislative Update

Prepared by Leslie Emerick, Governmental Consultant

### Legislative Overview

Today is the 94<sup>th</sup> day of the 105-day legislative session. The last bill cut-off for fiscal committees was on April 4th. The next deadline is April 12th for a bill to pass out of the opposite house with a vote on the floor of the House or Senate. Some of the bills listed in the fiscal committees are still on the list because they may be considered necessary to implement the budget. There were 2,521 bills introduced during this legislative session. Bills live for 2 years during a biennial legislature, so some of the bills that have died this year may be back next year. I have attached an updated bill report for your review.

I testified representing private duty agencies on Monday, April 3, in the House Finance Committee against HB 2186 regarding their concerns that this will impact fixed income seniors if the B & O tax rate is increased.

The Senate's \$43 billion budget raises property taxes, with the most significant impact on the residents in the Puget Sound with high property values. Legislators from the west side of the state are not very happy with that proposal!

The House has a \$44.9 billion budget, include a B & O tax 20% surcharge on highest grossing businesses, exempts smaller businesses and a 7% capital gains tax from the sale of stocks, bonds and other assets. Both the House and Senate budgets have the implementation of the Home Health Nursing Report that we worked on over last summer. The work will begin again this summer on implementing the plan.

The last day of session is April 23, but I suspect that we will have at least one Special Session of the legislature to hammer out the budget proposals between the House and the Senate! More to come...

We took a strong stand against [SB 5433 Death with dignity decisions](#), sponsored by Senator Miloscia this year and was able to kill the bill for this session. The bill revised the state death with dignity act to require an attending physician to inform the patient of feasible alternatives, including the treatment for the purpose of cure and the treatment for the purpose of extending the patient's life, to ensure that the patient is making an informed decision. The bill passed out of the Senate 26-23. We requested that Rep Cody, the chair of the House Health Care Committee not hear the bill in her committee after passing the Senate and she agreed. The bill is dead for this session.

You may be interested in the testimony of the floor of the Senate on this bill, here is a link to the hearing on the bill: <http://www.tvw.org/watch/?eventID=2017031045>

On the slider on the bottom of the screen on the left side go to 51:55 to start the hearing debate. It was an amazing discussion and worth listening to! It's not often that we hear this level of discussion on hospice related issues. Very poignant...

April 12, 2017

## **Department of Health**

### **In-Home Services Rules**

I spoke with John Hilger last week to check on the status of the rules. The next step in the rule updating process is to take the final version of the revised rules and file a CR-102. The CR-102 will announce a formal public hearing date whereby interested parties can attend and submit official comments and or testify regarding the proposed new rules. After the public hearing, the department will formally respond to any comments or testimony. A CR-103 will be filed shortly afterwards to announce that the rules are now effective. Looking forward, the effective date of the new rules should be around early summer 2017.

### **WA State Telemedicine Collaborative**

The meetings continue to sort out how to best deliver these services to patients and set up guidelines for practitioners. A bill this session is from the collaboratives work. SB 5436 Expanding patient access to health services through telemedicine by further defining where a patient may receive the service. This bill has passed both houses and is on its way to the Governor for signature.

### **Dementia Collaborative Workgroup**

The Dementia Coalition is still developing a plan to implement the state Alzheimer's Plan using existing financial resources. I attended the meeting on March 9<sup>th</sup> at the Aging and Long-Term Support Administration headquarters, Lacey, WA. Here is a link to their website if you are interested in what they have done so far:

<https://www.dshs.wa.gov/altsa/stakeholders/alzheimers-state-plan>

## **Health Care Authority**

### **Pediatric Concurrent Care Rules**

I reviewed the revised draft of WAC 182-551-1860 Concurrent care for hospice clients age 20 and younger and felt that this new version was much improved! At the last Public Hearing on November 8, 2016, the agency received several comments from stakeholders regarding these rules and redrafted the rules.

The revised draft aligns with the language in the Federal rules. The agency is removing the prior authorization requirement for services that the client is entitled to under Title XIX Medicaid and Title XXI Children's Health Insurance Program (CHIP) that are related to the treatment of the client's condition for which a diagnosis of terminal illness has been made.

Barb Hanson, WSHPCO Executive Director, sent in a letter of support for the latest draft by the deadline of March 22, 2017. The CR 102 public hearing is scheduled for May 9<sup>th</sup>, 2017. If anyone wants to attend the hearing in Olympia the location is: Health Care Authority, Conf Rm 107, 626 - 8th Avenue, Olympia WA

April 12, 2017

### **Department of Health Hospice CON**

A meeting regarding the Certificate of Need (CoN) hospice services rules convened on March 28, 2017 in Tumwater. The department is trying to move to the CR 102 phase of the process. I have attached the summary from the meeting. They are still working on what the average daily census should be for hospice.

### **DSHS**

DSHS is proposing to amend chapter 388-106 WAC “Long-Term Care Services” and other related rules as may be required related to Private Duty Nursing. The goal is to clarify the definition for nurse services intervention, define the scope of services to be authorized, and explain the necessity for documentation to support the required services. No date has been set yet for the next stakeholder meeting.



emergency and additional information on the person with a disability that would assist the first responder.

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<b>Health care auth. auditing</b>	S Passed 3rd	Caldier	Neutral
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Addressing health care authority auditing practices.

[SHB 1314](#)

*Summary:* Addresses auditing requirements of the state health care authority and contractors that conduct audits on behalf of the authority. Requires the state health care authority to: (1) Develop and implement a procedure by which an improper payment identified by an audit may be resubmitted as a claims adjustment; and (2) Provide educational and training programs annually for providers.

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<b>Comm. assist. referral progs</b>	S Passed 3rd	Griffey	Neutral
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Concerning reimbursement for services provided pursuant to community assistance referral and education services programs.

[E2SHB 1358](#)

*Summary:* Requires the state health care authority to adopt standards for the reimbursement of health care services provided to eligible clients by fire departments pursuant to a community assistance referral and education services program. Requires the standards to allow payment for covered health care services provided to individuals whose medical needs do not require ambulance transport to an emergency department. Requires the joint legislative audit and review committee to, in consultation with the state health care authority, conduct a cost-effectiveness review of the standards for reimbursement. Provides that this act is null and void if appropriations are not approved.

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<b>Hospital payment methodology</b>	S Passed 3rd	Tharinger	Support
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Allowing alternative payment methodologies for critical access hospitals participating in the Washington rural health access preservation pilot.

[SHB 1520](#)

*Summary:* States that the purpose of the Washington rural health access preservation pilot is to develop an alternative service and payment system to the critical access hospital authorized under section 1820 of the social security act to sustain essential services in rural communities. Requires payments for services, delivered by public health care service districts participating in the Washington rural health access preservation pilot to recipients eligible for certain medical assistance programs, to be based on an alternative, value-based payment methodology established by the state health care authority. Requires the payment methodology to provide sufficient funding to sustain essential services in the areas served, including emergency and primary care services.

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<b>Taxes</b>	H Rules R	Lytton	Concerns
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Concerning investing in Washington families by improving the fairness of the state's excise tax system by narrowing or eliminating tax preferences, imposing a business and occupation tax surcharge while eliminating tax liability for small businesses, enacting an excise tax on capital gains, modifying the real estate excise tax, making administrative changes, and implementing marketplace fairness in Washington.

[SHB 2186](#)

*Summary:* Addresses the state's tax system with regard to: (1) Capital gains taxes; (2) Business and occupation tax rate change and deduction; (3) Eliminating the sales and use tax exemption for bottled water; (4) Repealing the preferential business and occupation tax rate for warehousing and reselling prescription drugs; (5) Narrowing a use tax exemption for self-produced fuel; (6) Eliminating the preferential business and occupation tax rate for international investment management services; (7) Nonresident sales tax exemption remittances; (8) Graduated real estate excise tax rates; (9) Real estate excise tax on foreclosures; (10) Requiring local governments that

issue building permits to supply subcontractor information to the department of revenue; (11) Remote sellers, referrers, and marketplace facilitators; (12) The expansion of an individual's liability for an entity's unpaid tax obligations; (13) Reducing interest on tax refunds; and (14) Transfers to the education legacy trust account.

<a href="#"><u>ESSB 5048</u></a> (SHB 1067)	<b>Operating budget</b>	H Passed 3rd	Braun	Neutral
	Making operating appropriations for the 2015-2017 and 2017-2019 fiscal biennia.			
	<i>Summary:</i> Makes operating appropriations for the 2015-2017 and 2017-2019 fiscal biennia.			
<a href="#"><u>SB 5177</u></a>	<b>Hearing loss training</b>	H Passed 3rd	Bailey	Neutral
	Requiring long-term care workers to be trained to recognize hearing loss.			
	<i>Summary:</i> Requires entry-level training for long-term care workers to include the identification of hearing loss in a client and how to seek assistance if hearing loss is suspected.			
<a href="#"><u>ESSB 5180</u></a> (HB 2116)	<b>Advisory committee on aging</b>	H Rules R	Bailey	Support
	Establishing the legislative advisory committee on aging.			
	<i>Summary:</i> SB 5180-S - DIGEST Creates the legislative advisory committee on aging to review issues of importance to the state's aging community which may include housing, long-term care, health and wellness, transportation, and finances.			
<a href="#"><u>SB 5436</u></a>	<b>Telemedicine locations</b>	H Passed 3rd	Becker	Support
	Expanding patient access to health services through telemedicine by further defining where a patient may receive the service.			
	<i>Summary:</i> Provides that an originating site for a telemedicine health care service includes any location determined by the individual receiving the service.			
<a href="#"><u>ESSB 5894</u></a>	<b>Behavioral health system</b>	H Approps	O'Ban	Neutral
	Concerning behavioral health system reform.			
	<i>Summary:</i> Revises the involuntary treatment act, the community mental health services act, criminally insane provisions, and public and private facilities for the mentally ill with regard to: (1) Integrating risk for long-term civil involuntary treatment into managed care; (2) Development of community long-term involuntary treatment capacity; (3) State hospital short-term reforms; (4) Improving access to assisted outpatient mental health treatment; (5) Reducing demand for forensic services; (6) Addressing managed care entities to provide fully integrated care; and (7) Data measurement.			

## Medium Priority Bills

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>	<u>Position</u>
<a href="#"><u>2SHB 1120</u></a>	S Pres Signed	Smith	Neutral
	Regulatory fairness act Concerning the regulatory fairness act.		

*Summary:* Provides that the regulatory fairness act does not apply to the adoption of a rule if an agency is able to demonstrate that the proposed rule does not affect small businesses. Requires a proposing agency to consider mitigation options if a proposed rule affects only small businesses. Requires the office of regulatory assistance to act as the central entity to collaborate with and provide support to state agencies in meeting the requirements of the regulatory fairness act. Requires the state auditor to conduct a performance review of agency compliance with the regulatory fairness act. Provides that this act is null and void if appropriations are not approved.

**Foundat. public health servs**

S Ways &  
Means

Robinson

Neutral

Concerning foundational public health services.

[ESHB 1432](#)  
(SB 5353)

*Summary:* Addresses the protection of the public's health in the state, core public health services and essential capabilities that comprise foundational public health services, and development of a governmental public health improvement plan. Creates the core public health services account. Provides that this act is null and void if appropriations are not approved.

**Child, youth, families/dept**

S Ways &  
Means

Kagi

Neutral

Creating the department of children, youth, and families.

[E2SHB 1661](#)  
(SSB 5498)

*Summary:* HB 1661-S2 - DIGEST Creates the department of children, youth, and families. Creates the office of innovation, alignment, and accountability, within the office of the governor, with the primary duties and focus, until July 1, 2018, on developing and presenting a plan for the establishment of the department of children, youth, and families. Requires the office of the family and children's ombuds to establish the oversight board for children, youth, and families which will begin its work on or after July 1, 2019. Transitions, on July 1, 2018, the office of innovation, alignment, and accountability from the office of the governor to be an office within the department of children, youth, and families. Abolishes the department of early learning and transfers its powers, duties, and functions to the department of children, youth, and families. Transfers the powers, duties, and functions of the department of social and health services, pertaining to child welfare services under chapters 13.34, 13.36, 13.38, 13.50, 13.60, 13.64, 26.33, 26.44, 74.13, 74.13A, 74.14B, 74.14C, and 74.15 RCW, to the department of children, youth, and families. Repeals the legislative children's oversight committee and transfers its duties to the oversight board for children, youth, and families.

**Biometric identifiers**

S Passed 3rd

Smith

Neutral

Concerning state agency collection, use, and retention of biometric identifiers.

[SHB 1717](#)

*Summary:* Prohibits state agencies from collecting, capturing, purchasing, or otherwise obtaining a biometric identifier unless certain conditions are met.

**LPN clinical experience**

S Passed 3rd

Cody

Neutral

Concerning obtaining required clinical experience for licensed practical nurses who complete a nontraditional registered nurse program.

[HB 1721](#)  
(SB 5516)

*Summary:* Repeals RCW 18.79.380 regarding the completion of the nontraditional registered nurse program by a licensed practical nurse and the requirement to obtain clinical experience.

[SSB 5035](#)

**Investigational med. product**

H Passed 3rd

Pedersen

Neutral

Concerning patients' access to investigational medical products.

*Summary:* Authorizes an eligible patient and his or her treating physician to request that a manufacturer make an investigational product available for treatment of the patient.

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**Pediatric transitional care**

H Passed 3rd

Fain

Neutral

Concerning pediatric transitional care services.

*Summary:* Addresses an establishment that provides pediatric transitional care services to drug exposed infants and requires the establishment to demonstrate that it is capable of providing services for children who: (1) Are no more than one year of age; (2) Have been exposed to drugs before birth; (3) Require twenty-four hour continuous residential care and skilled nursing services as a result of prenatal substance exposure; and (4) Are referred to the establishment by the department of social and health services, regional hospitals, and private parties. Requires the secretary of the department of health, in consultation with the department of social and health services, to adopt rules on pediatric transitional care services.

[SSB 5152](#)  
(SHB 1491)

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**Nutrition programs**

S Pres Signed

Brown

Neutral

Concerning the expansion of nutrition programs for older adults.

*Summary:* Requires the department of social and health services to develop a program to expand nutrition services through the meals on wheels program.

[SB 5736](#)

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**Behavioral health/prmry care**

H Passed 3rd

Brown

Neutral

Concerning behavioral health integration in primary care.

*Summary:* Establishes the youth behavioral health protection act. Addresses a health care integration model in which behavioral health care is colocated, collaborative, and integrated within a primary care setting. Requires the state health care authority to: (1) In order to increase the availability of behavioral health services and incentivize adoption of the primary care behavioral health model, establish a methodology and rate which provides increased reimbursement to providers for behavioral health services provided to patients in primary care settings; (2) Complete a review of payment codes available to health plans and providers related to behavioral health; (3) Create a matrix listing behavioral health-related codes available for provider payment through medical assistance programs; and (4) Along with the department of social and health services, establish a performance measure to be integrated into the statewide common measure set which tracks effective integration practices of behavioral health services in primary care settings.

[SSB 5779](#)