
HOUSE BILL 1291

State of Washington

67th Legislature

2021 Regular Session

By Representative Pollet

1 AN ACT Relating to establishing a statewide home air quality
2 improvement program; and adding a new chapter to Title 70 RCW.

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

4 NEW SECTION. **Sec. 1.** The legislature finds that:

5 (1) Chronic respiratory conditions, such as asthma, can lead to
6 hospitalization and even death when poorly controlled;

7 (2) The prevalence of asthma in Washington state is among the
8 highest in the nation:

9 (a) Between eight and 11 percent of children in middle school, or
10 about 120,000 children in Washington, have asthma; and

11 (b) Youth of color and low-income individuals have a higher
12 prevalence of asthma;

13 (3) Individuals with chronic respiratory conditions, such as
14 asthma, may be at an increased risk for severe symptoms from the
15 virus that causes COVID-19;

16 (4) Dust mites, mold, and pests in the home can exacerbate
17 symptoms impacting respiratory health;

18 (5) Other environmental factors, such as smoke from wildfires in
19 Washington state and neighboring areas, can exacerbate symptoms
20 impacting respiratory health;

1 (6) High efficiency particulate air filters and other home
2 environment supplies are becoming increasingly vital tools for
3 improving and maintaining air quality amidst emergent environmental
4 threats, such as regional wildfires and the COVID-19 pandemic;

5 (7) Washington researchers have found that home health
6 interventions, including education from a community health worker and
7 supplies to remediate triggers, are successful;

8 (8) Children whose families participated in home health
9 intervention programs had reduced emergency care utilization and more
10 symptom-free days;

11 (9) A reduction in emergency care utilization to treat
12 exacerbated respiratory conditions, such as asthma attacks triggered
13 by environmental factors, may help prevent the overburdening of
14 medical facilities during the COVID-19 pandemic;

15 (10) Home health intervention programs can reduce costly
16 emergency room visits for the state because public funds pay for
17 about 60 percent of Washington's asthma-related hospitalization
18 costs; and

19 (11) Research shows that home visit programs have a \$1.90 return
20 on investment for every dollar spent.

21 NEW SECTION. **Sec. 2.** The definitions in this section apply
22 throughout this chapter unless the context clearly requires
23 otherwise.

24 (1) "Community respiratory health worker" means a person who has
25 been trained and determined to meet competency standards established
26 by the department for conducting home visits to assess environmental
27 respiratory triggers and providing home environment supplies and
28 guidance to program clients.

29 (2) "Deidentified" has the same meaning as in RCW 70.02.010.

30 (3) "Department" means the department of health.

31 (4) "Health care information" has the same meaning as in RCW
32 70.02.010.

33 (5) "Home environment supplies" or "supplies" means supplies for
34 the prevention or mitigation of environmental factors that may
35 aggravate symptoms experienced by program clients in a dwelling,
36 including vacuum cleaners, allergen control bedding covers, green
37 cleaning kits, plastic bins, air filters, spacers for inhalers, peak
38 flow meters, binders for educational materials, medicine boxes, walk-
39 off mats, and other items identified by the department.

1 (6) "Local health jurisdiction" means a local health department
2 as established under chapter 70.05 RCW, a combined city-county health
3 department as established under chapter 70.08 RCW, or a health
4 district established under chapter 70.05 or 70.46 RCW.

5 (7) "Program" means the statewide home air quality improvement
6 program established under section 3 of this act, to be known as the
7 "air" program.

8 (8) "Program client" means a person enrolled in the program who
9 meets the criteria established in section 4 of this act for
10 eligibility to receive services and supplies.

11 NEW SECTION. **Sec. 3.** The department shall establish the
12 statewide home air quality improvement program, to be known as the
13 "air" program. The goals of the program shall be to improve control
14 of respiratory conditions in children and teenagers, reduce the
15 prevalence of environmental triggers for respiratory conditions in
16 children and teenagers, and reduce emergency room visits and
17 hospitalizations for respiratory conditions. The program seeks to
18 accomplish these goals through evidence-based, self-management
19 support of parents and guardians in their homes, coupled with the
20 provision of home supplies and instruction. Under the program, the
21 department shall coordinate with local health jurisdictions to
22 establish a referral process for community respiratory health workers
23 to provide home visitation services and home environment supplies to
24 persons who are under 19 years old and below 312 percent of the
25 federal poverty level who meet the medical eligibility criteria
26 established by the department. The local health jurisdiction may be
27 the sole provider of the program services and supplies or may
28 collaborate with one or more local organizations to provide some or
29 all of the services and supplies.

30 NEW SECTION. **Sec. 4.** The department shall:

31 (1) Enter into agreements with each local health jurisdiction to
32 establish the terms for participation in the program, including
33 training responsibilities, the delivery of services and supplies, the
34 role of local organizations performing program functions within a
35 local health jurisdiction, conditions for reimbursement for services
36 and supplies, reporting standards, and other necessary terms;

37 (2) Establish a process for:

1 (a) Accepting referrals from health care providers and authorized
2 entities on behalf of potential program clients who meet medical
3 eligibility criteria for the program; and

4 (b) Directing referrals to the appropriate local health
5 jurisdiction to serve the potential program client;

6 (3) Develop materials for local health jurisdictions to use to
7 train and supervise community respiratory health workers and evaluate
8 compliance with competency standards;

9 (4) Establish medical necessity criteria related to client
10 eligibility for the program, which must include evaluation of
11 clients' COVID-19 risk factors such as underlying medical conditions,
12 frontline medical workers living in the household, and ability to
13 maintain social distancing;

14 (5) Establish a process for determining a potential program
15 client's financial eligibility for the program;

16 (6) Adopt program parameters for the number and content of home
17 visits by a community respiratory health worker and the types and
18 numbers of home environment supplies that may be provided to a
19 program client. In establishing these parameters, the department
20 shall consult available research and existing programs to determine
21 best practices;

22 (7) Establish procedures for reimbursing local health
23 jurisdictions for services and supplies provided to a program client;

24 (8) Develop an awareness campaign to inform primary care
25 providers and providers at emergency departments of the availability
26 of the program, the referral process, and the medical eligibility
27 criteria for clients to participate in the program;

28 (9) Coordinate with medicaid managed care plans and health plans
29 to encourage referrals of potential program clients to the program;
30 and

31 (10) Adopt rules as necessary to implement the program.

32 NEW SECTION. **Sec. 5.** Each local health jurisdiction receiving
33 funding from the department for the statewide home air quality
34 improvement program shall establish a program in compliance with the
35 requirements of this chapter and pursuant to the terms of its
36 agreement with the department.

37 (1) Local health jurisdictions shall:

1 (a) Establish a program for recruiting, training, supervising,
2 and determining the competence of community respiratory health
3 workers;

4 (b) Establish a process for accepting referrals received by the
5 department, contacting the potential program client, and, for persons
6 who agree to become a program client, sending a community respiratory
7 health worker to conduct a home visit and deliver any home
8 environment supplies that may be deemed necessary;

9 (c) Distribute educational and awareness materials for program
10 clients and health care providers; and

11 (d) Report data, as required by the department, related to
12 program participation and services and supplies provided by the local
13 health jurisdiction.

14 (2) Local health jurisdictions may enter into agreements with
15 local organizations to collaborate in providing some or all of the
16 services and supplies under the program. Local health jurisdictions
17 that choose to enter into agreements with local organizations, rather
18 than providing services and supplies themselves, may not delegate the
19 responsibilities for training and determining the competence of
20 community respiratory health workers.

21 NEW SECTION. **Sec. 6.** In establishing a system for accepting
22 referrals on behalf of potential program clients, the department
23 shall allow for referrals to come from primary care providers and
24 emergency departments. The department may examine various methods for
25 accepting referrals from emergency departments, primary care
26 providers, and other health care providers, such as allergists and
27 pulmonologists, including direct referrals and reporting through
28 existing databases related to notifiable conditions or emergency
29 department visits. The department may examine options to authorize
30 other entities to refer potential clients to the program, such as
31 referrals from managed care organizations based on utilization data.
32 The department shall consider referral pathways already established
33 by existing programs and options for allowing local health
34 jurisdictions and local organizations to participate in the referral
35 process.

36 NEW SECTION. **Sec. 7.** The department shall collaborate with the
37 health care authority to identify areas of the program that may be
38 eligible for federal matching funds from federal centers for medicare

1 and medicaid services or other funds from other federal agencies and
2 ways to design the program to maximize the potential for receiving
3 federal support. The department may apply for any federal grants or
4 funds that may support the activities of the program. The health care
5 authority shall apply for a waiver from the federal centers for
6 medicare and medicaid services for any components of the program that
7 may be eligible for federal matching funds under medicaid.

8 NEW SECTION. **Sec. 8.** (1) By November 15, 2022, the department
9 shall report to the governor and the health policy and fiscal
10 committees of the legislature on the initial implementation of the
11 program. The report shall include:

12 (a) An overview of the implementation of the program in each of
13 the local health jurisdictions, including the training and
14 availability of community respiratory health workers, the number of
15 referrals for services and supplies, and the extent to which services
16 and supplies are available statewide;

17 (b) An assessment of the potential elements of the program that
18 may be eligible for federal matching funds under medicaid or other
19 federal funding opportunities; and

20 (c) A summary of any elements of the program that have been
21 barriers to implementation or factors contributing to successful
22 implementation, including the availability of community respiratory
23 health workers, funding, and program awareness, and any
24 recommendations requiring state or local support to improve the
25 proper implementation of the program, as well as any recommendations
26 to provide additional referral pathways for potential program
27 clients.

28 (2)(a) By November 15, 2024, the department shall report to the
29 governor and the health policy and fiscal committees of the
30 legislature on the outcomes of the program and evaluation of the
31 program components in subsection (1)(c) of this section. The report
32 shall include:

33 (i) The number of program clients served;

34 (ii) The ongoing costs of the program; and

35 (iii) Any reportable outcomes in improvements in health and
36 reductions in spending on care related to respiratory conditions,
37 including any reductions in emergency department visits.

1 (b) In developing information for the report, the department and
2 the health care authority shall collaborate to evaluate claims data,
3 as necessary and available.

4 NEW SECTION. **Sec. 9.** Any health care information received by
5 the department or a local health jurisdiction under this chapter is
6 exempt from public inspection and copying pursuant to chapter 42.56
7 RCW. Records may only be released in aggregated form so that health
8 care information is deidentified.

9 NEW SECTION. **Sec. 10.** Sections 1 through 9 of this act
10 constitute a new chapter in Title 70 RCW.

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