Today is Day 54 of a 105 day legislative session; we’re more than halfway through. Next Wednesday, March 13, is the deadline for all policy bills to be passed out of their house of origin, with the exception of those bills that can be deemed necessary to implement the budget.

Our bill (HB 1983) to assist unserved and underserved communities to develop adult day health programs was introduced this week. It would establish a state challenge grant program to assist communities and organizations in efforts to plan and establish additional adult day health programs throughout the state. The challenge grant program would provide financial grants, not to exceed one hundred thousand dollars for each grant, for the purpose of helping to meet the costs of planning, development and start-up of new adult day health programs in underserved communities. Recipients of these grants must provide matching resources, in funds or in-kind, of equal value to any grant received. Specific funding for the program must be appropriated in the budget for this bill to become effective. Any adult day health program developed after receiving a challenge grant must agree to serve people whose care is paid for by the state medical assistance program on a first-come, first-served basis regardless of the source of payment.

Below you will find our analysis of legislation introduced to date. We have altered the format such that you will first see the bills we are supporting, followed by those we are monitoring and then lastly, those we oppose.

As always, if you have any questions regarding bill proposals or our position on them, please do not hesitate to call on your legislative team – Deb, Julie or Paul at the office, 253-964-8870.

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SUPPORTING LEGISLATION

HB 1316 / SB 5112 - Granting scheduling authority for qualified retrospective rating plan employers and groups
SB 5112, forwarded to the House, is scheduled for a public hearing on March 14 in the Labor and Workforce Development Committee. This legislation seeks to address claims processing delays by granting additional authorities to L & I’s Group Retrospective Rating programs and their third party administrators. HB 1316 died in committee.

Position: Support
**SHB 1382** - **Allowing for redistribution of medications under certain conditions**

**SSB 5148** - **Allowing for redistribution of medications under certain conditions**

While these bills are not companion bills, they both seek to allow unused prescriptions, under strict safety guidelines, to be redistributed, keeping medications out of landfills and the environment and diverted to those in need and uninsured. SHB 1382, after passing the full House, will be heard in front of the Senate Health Care Committee on March 14. SSB 5148, moving to the House, will be heard that same day in front of the Health Care & Wellness Committee for further deliberation.

**Position: Support**

**HB 1441 / SB 5216 — Relating to long term care insurance**

Both bills passed out of their respective Chambers and referred to the opposite house to be scheduled for a hearing. These bills would require denials of long term care insurance to be made within 30 days of receipt of request for coverage rather than the current 60 day limit. It also directs the Insurance Commissioner’s office to develop regulations governing prompt payment of claims.

**Position: Support**

**SHB 1529 — Relating to the disclosure of certain information when screening tenants**

This bill was passed by the full House this week and referred to the Senate Financial Institutions, Housing & Insurance Committee. SHB 1529 prohibits disclosure by a tenant screening service of a tenant’s, applicant’s or household member’s status as a victim of domestic violence, sexual assault or stalking. It would also make illegal the disclosure of a tenant’s termination of a previous rental agreement due to the same circumstances. A House amendment struck language out of the bill that would have allowed certain restrictions related to reporting outcomes from an unlawful detainer action.

**Position: Support**

**HB 1554 / SB 5145 — Allowing Fire Departments to develop a community assistance referral and education services program**

HB 1554 remains in the House Rules Committee for their deliberation. SB 5145, after passage by the full Senate, was the subject of a public hearing in the House Public Safety Committee on March 5. These bills allow fire departments to provide community outreach and assistance to residents of its district in order to advance injury and illness prevention within its community. The program will identify members of the community who use the 911 system for low acuity assistance calls and connect them to their primary care providers, other health care professionals, low-cost medication programs and other social services. The program may also provide a fire department-based, nonemergency contact in order to provide an alternative resource to the 911 system. The program may hire health care professionals as needed. Programs implemented under this law must, at least annually, measure any reduction of repeated use of the 911 emergency system and any reduction in avoidable emergency room trips attributable to implementation of the program.

**Position: Support**
**SHB 1629 – Relating to eliminating barriers to credentialing and continuing education as a home care aide**

HB 1629 was passed by the full House this week and referred to the Senate Healthcare Committee. As amended, the department may issue a provisional certification to a long-term care worker who is limited English proficient to allow the person additional time to comply with the requirement that they become certified as a home care aide within two hundred calendar days after the date of hire, if the long-term care worker: (a) is limited English proficient and has difficulty with all of the languages in which the training or examination is offered; and (b) complies with other requirements to be established by the department in rule. The provisional certification may only be issued once and shall be valid for no more than sixty days after the expiration of the two hundred calendar day requirement for becoming certified.

Further, the bill exempts from DSHS continuing education requirements licensed nurses (who are long term care workers and employed by assisted living communities, adult family homes and non-Medicare certified home care/health). The only licensed nursing continuing education requirements, then, would be those mandated by DOH (45 hours every 3 years). The licensed nurses must be performing the tasks for which they are licensed in order to be exempt.

The bill also extends the time in which a home care aide (non-licensed nurse) must become certified by DOH from 150 days from hire to within 200 days of hire. It does not change the requirement for long term care workers to obtain their required training within 120 days from the date of hire. LeadingAge Washington is collaborating with a number of stakeholders to effect these needed changes and we are optimistic that with such broad support and effort HB 1629 will see successful passage into law.

**Position: Support**

**HB 1630 – Relating to nurse delegation in adult day services**

HB 1630 was not scheduled for a public hearing prior to the committee deadline and will not move forward this session. It would have expanded the definition of ‘community-based care settings’ to include adult day health services administered or provided by contract by DSHS directly or through contract with area agencies on aging (AAA). It sought to allow a Registered Nurse to delegate tasks of nursing care to NACs and certified home care aides working in adult day health, provided proper nurse delegation training requirements are met.

**Position: Support**

**2SHB 1727 – Relating to Raising Licensure Limits to Allow Assisted Living Facilities to Serve a Higher Acuity Resident Population**

An amended HB 1727 remains in the House Rules Committee for their deliberation and a potential vote by the full Chamber.

It would allow, by choice, assisted living facilities to provide continuing nursing services, as defined in rule to be developed by the department, to meet the needs of more medically complex residents. As amended, HB 1727 allows an assisted living facility to obtain a department-issued, voluntary designation in order to provide ‘continuing nursing services’. It is intended to allow the assisted living provider to
admit and serve a resident who requires the frequent presence and evaluation of a licensed nurse (with appropriate registered nurse staffing) and whose needs cannot be met through intermittent nursing services. The continuing nursing services designation may not be used as a basis for permanent discharge of any Medicaid residents. A continuing nursing services designation is not required for the provision of intermittent nursing services to a resident with a short term illness that is expected to be resolved within fourteen days or who is receiving hospice care. A fee to cover the department’s costs of the designation program would be established. Further rulemaking work would include the process(es) of obtaining the designation, staffing and physical plant requirements and the extent to which the continuing nursing services may be provided in addition to disclosure notices.

Position: Support

HB 1885 / SB 5838 – Relating to Restoring Some of the Nursing Facility Payment Methodology Changes Made During 2011
This legislation restores several important rate setting methodologies to their pre-July 2011 standards and would spend $26M for the 2013-15 budget period entirely offset by Safety Net Assessment revenues. Neither bill has been scheduled for a public hearing to date; as both have been deemed necessary to implement the budget they are not affected by regular committee deadlines.

Not included in either bill, as it is current law, is a requirement that the department rebase nursing facility rates using 2011 cost and acuity data when establishing the July 1, 2013 Medicaid payment rates. The cost of rebasing nursing facility payment rates is approximately $26M for the 2013-2015 budget period and which can also be covered using the Safety Net Assessment revenue.

Restoring the payment rate setting methodologies and rebasing payments on more recent cost and experience data brings transparency, predictability and accountability to the rate setting process and supports facilities’ efforts to improve care transitions and reduce unnecessary hospitalizations in this era of health care reform.

Position: Support

HB 1983 – Relating to Expansion of Adult Day Health Programs
See Introduction for analysis.

Position: Support

SB 5041 - ...Not-for-Profit Tax Preferences...
SB 5041 has been heard in front of the Senate Ways & Means Committee. No further action is scheduled to date. This bill may be considered as necessary to implement the budget, therefore not subject to the regular committee deadlines.

Implementing recommendations from recent legislative tax preference review processes, this bill would require, in exchange for continued property tax exemptions, not for profit nursing homes to file with the Department of Revenue an annual community benefit report. Community benefits include, but are not limited to: Community health improvement services; health professions education; subsidized health services; research; financial and in-kind contributions; community-building activities; community benefit
operations; and charity care, including unreimbursed costs of indigent government sponsored programs and Medicaid shortfall.

**Position: Support with Amendments**

**SSB 5494 / HB 1606 – Relating to carbon monoxide alarms**

SSB 5494 was amended, with compliance required beginning July 1, 2014. It is now in the Rules Committee with the potential of being sent to the full Senate for a vote. HB 1606 was passed in its original form by the House Local Government Committee and sits in the House Rules Committee. Compliance would be required, in the House bill, beginning January 1, 2015. Currently, exemptions from the current installation deadline of January 1, 2013 exist, in some circumstances, for licensed boarding homes. This proposed legislation does not alter the exemptions.

**Position: Support**

**SSB 5562 – Relating to Encouraging Patient Self-Determination and Health Care Planning...**

SSB 5562 was passed in an amended form out of the Senate Health Care Committee and it remains in the Rules Committee for a potential vote by the full body. Added to the definition of ‘facility’ are a home care agency and a community residential services business.

The legislation, relating to what is commonly called the POLST (Physicians Order for Life Sustaining Treatment) form, holds health care providers and facilities immune from liability for providing or withholding life-sustaining treatment in accordance with the directions contained within the medical order. LeadingAge Washington participated with several stakeholders in drafting this legislation.

**Position: Support**

**MONITORING LEGISLATION**

**HB 1125 – Concerning Registered Sex Offenders in Adult Family Homes**

This bill would have required multiple notifications when a registered sex offender seeks to or moves into an adult family home and both adds and mandates sex offender specialty training to other DSHS specialty training such as mental health, developmental disabilities and dementia. It also required the payment of an enhanced Medicaid rate to Adult Family Home Providers who serve registered sex offenders for ‘extraordinary expenses’, including the new training.

**Position: Monitor**

**SHB 1343 / SSB 5205 - Removing the expiration for the additional surcharge imposed on registered nurses and licensed practical nurses**

SHB 1343 passed the full House this week and has been referred to the Senate Health Care Committee. SSB 5205 remains in its Rules Committee awaiting potential action by the full Chamber. These bills would remove a 2013 expiration date for the nursing center surcharge on professional nursing licenses, making the fee an ongoing responsibility of licensees. Both bills were amended to include an effective date of 30 days after the signature of the Governor.

**Position: Monitor**
**SHB 1519** – Relating to establishing accountability measures for service coordination organizations

Given the state’s managed care ‘future’, this is an important bill to monitor. "Service coordination organizations" are defined as entities that arrange for a comprehensive system of medical, behavioral, or social support services. The term specifically includes regional support networks, managed care organizations that provide medical services to medical assistance clients, counties that provide chemical dependency services, and area agencies on aging that provide case management services.

By July 1, 2015, the Health Care Authority and DSHS must include outcomes and performance measures in their contracts with service coordination organizations. The outcomes include: (1) improvements in client health status; (2) increases in client participation in meaningful activities; (3) reductions in client involvement with the criminal justice system; (4) reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jails and prisons; (5) increases in stable housing; (6) improvements in client satisfaction with quality of life; and (7) reductions in population-level health disparities. By December 1, 2014, the Authority and the Department must report to the Legislature about the expected outcomes and the performance measures.

**Position: Monitor**

**HB 1523 / SB 5510** – Relating to abuse of vulnerable adults

This legislation requires that all relevant records related to the alleged harmed vulnerable adult that are in the possession of mandated reporters and their employees must be accessible by DSHS or law enforcement upon request. Further, reports and investigations of abuse, abandonment, neglect, self-neglect and financial exploitation of vulnerable adults may be shared between DSHS, the certified professional guardian board and the office of public guardianship for the purpose of recruiting or appointing appropriate guardians or disciplining guardians. SB 5510 remains in the Senate Rules committee for potential passage by the full body. The House bill has died in committee.

**Position: Monitor**

**HB 1631** – Relating to planning measures for future long-term care services and supports...

**SSB 5519** – Relating to planning measures for future long-term care services and supports...

These bills are not companion bills but are similar in intent. HB 1631 was passed by the full House this week and will now move over to the Senate for deliberation. An amended SSB 5519 remains in the Senate Ways & Means Committee awaiting a public hearing. The amended version restricts funding for information and support services to ‘within available’ rather than that necessary to reach 10,000 caregivers by end of fiscal year 2014. Either bill could be deemed necessary to implement the budget.

HB 1631 would create a new Joint Legislative Executive Committee on aging and disability issues for the purpose of conducting multiple related studies and reports, such as inventoring current and future demographics and needs of the elderly and disabled and developing a strategy of actions the state may take in meeting these needs.
SB 5519 seeks to reach a much greater number of caregivers in the community in order to provide them with long-term care information and support services by eliminating funding restrictions for such. It requires DSHS to develop a plan to reduce Medicaid utilization rates by expanding caregiver support measures to a greater percentage of caregivers in need. Analyses of private pay models, tax incentives to purchase long-term care insurance and a public insurance option, among several other options, are all to be conducted and reported to the legislature. SB 5519 would also create a new Joint Legislative Executive Committee on aging and disability issues for the purpose of conducting multiple related studies and reports.

Position: Monitor

HB 1689 / SB 5602 – Creating a Silver Alert System
These bills create a public notification system to broadcast information about the disappearance of a senior citizen, aged 65 and older, with Alzheimer’s disease and other mental disabilities to aid in their safe return. Neither has been scheduled for a public hearing.

Position: Monitor

2SHB 1701 – Relating to...Adult Family Home Quality Assurance Panel
SSB 5630 – Relating to... Adult Family Home Quality Assurance Panel
While not companion bills, these are similar in intent.

SSB 5630 was passed by the full Senate and forwarded to its House policy committee. SHB 1701 was forwarded to the House Rules Committee for further deliberation.

As amended in each bill, Adult Family Home providers, resident managers and caregivers would be subject to dementia, developmental disability and mental illness specialty training, as well any other training the department might require for unmet special needs (traumatic brain injury, skilled nursing, bariatric care, etc.) Standardized competency testing would also be required of all caregivers hired after the effective date of the law. In SSB 5630, the department would be requested to study the feasibility of providing information on a website about adult family home vacancies. SHB 1701 was amended such that a new stakeholder- and department-designed consumer friendly website would be required. Links to all licensed long-term care facilities would be required, and links to the disclosure forms of all licensed assisted living facilities AND adult family homes would be mandated.

Adult family homes would be required to provide certain disclosures to residents and potential residents, modeled after the disclosures required of assisted living facilities.

Position: Monitor
OPPOSING LEGISLATION

SB 5017 - Eliminating the certificate of need review for all health care facilities except hospitals

Senate Bill 5017 would remove the requirement for organizations to go through the Certificate of Need process in order to place additional nursing home beds online. This would reverse a long standing policy of determining bed need as a vital component of the balancing of the state’s long term care system. Also eliminated from CON requirements are other health care facilities such as home health and hospice. The bill was the subject of a public hearing in front of the Senate Health Care Committee, and stakeholders have been asked to work together to make recommendations on improving the CON process.

Position: Oppose

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For information about finding and contacting your own district’s elected officials, follow this link. To review legislative bill action, follow this link.

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