

FINAL BILL REPORT

2SSB 6544

PARTIAL VETO

C 272 L 98

Synopsis as Enacted

Brief Description: Providing for adult family home and boarding home training.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Deccio, Franklin, Wood, Wojahn and Winsley).

Senate Committee on Health & Long-Term Care

Senate Committee on Ways & Means

House Committee on Health Care

House Committee on Appropriations

Background: There are over 27,000 elderly and disabled residents living in boarding homes and adult family homes in Washington State. These facilities provide room and board and an array of services ranging from personal care to limited nursing care. Residents have a range of health care needs, including conditions which leave them frail, confused, and otherwise vulnerable.

Currently, care givers in adult family homes and some boarding homes are required to have a minimum of 22 hours of training in infection control, first aid, and residents' rights. Care givers in homes where there are residents with dementia, developmental disabilities or mental illness are not required to have any specific training related to caring for these special populations.

Summary: The Department of Health (DOH), the Department of Social and Health Services (DSHS), the Nursing Care Quality Assurance Commission and representatives of other long-term care services must meet with boarding home and adult family home providers and resident groups to develop recommendations on training standards for care givers and administrators in adult family homes and boarding homes, and in-home care providers. Their report is due to the Legislature by December 1, 1998.

The proposal must include recommended training standards for both administrators and staff serving residents with a diagnosis of dementia, mental illness or developmental disability. Training recommendations must take into account the following factors: availability and affordability of training; potential costs to DSHS and private providers; what types of training could transfer; competency testing; and practical and clinical coursework.

Disclosure language requires all facilities receive a full assessment of the health condition of each resident before admission. Specific required information is defined. These assessments are required before admission except in cases of emergency placements.

Facilities must also fully disclose to potential residents what items and activities they are capable of arranging. Facilities must also inform each resident in advance of changes in

services, charges for services, or changes in the facility's rules. Facilities with six or fewer residents may make changes with a 14-day notice.

The Division of Developmental Disabilities (DDD) must also conduct a study of current administrator and resident care givers' training for specified programs and make recommendations to coordinate all training. The DDD study must consider training standards for everyone, not just licensees. Training standards for all facilities must be considered, not just those with special populations. DSHS is given lead responsibility for coordinating the study.

An adult family home advisory committee is authorized. The committee is made up of six members, two resident advocates, three adult family home providers, and one public member. They are appointed by the Secretary of Health.

Nurses who delegate specific tasks in long-term care settings need only get one written consent. Nurses are given discretion in how they evaluate the competency of nursing assistants. DSHS may levy fines for violations of nurse delegation procedures, but the agency is not required to. The Joint Select Committee on Nurse Delegation is extended for one more year.

All regulatory powers and duties of boarding homes are transferred to the Department of Social and Health Services from the Department of Health. DOH transfers all appropriations and fees to carry this out. No collective bargaining contracts are altered by this transfer.

A joint legislative and executive task force on long-term care is established. The Governor appoints seven members, including representatives of DOH, DSHS, the state Long-Term Care Ombudsman, two members of the Senate and two members from the House. The task force may hold public hearings. Its duties include: conducting a review of all long-term care quality and safety standards; a review of the need for reorganization and reform of long-term care services; recommending ways to establish a single point of entry for all long-term care clients; and other evaluation of long-term care standards. The task force must report its findings to the Governor in January and December 1999. The sum of \$50,000 is appropriated to fund this task force.

All residents of boarding homes and adult family homes who are bed bound continuously for longer than 10 days must see a licensed practitioner who will assess the resident's medical condition. Should the resident continue to be bed bound for longer than 10 days, contact with a licensed practitioner is required every 30 days. These requirements do not apply for residents who are receiving hospice service. A licensed practitioner is defined as a physician, physician assistant, registered nurse, advanced registered nurse practitioner, or osteopathic physician.

Votes on Final Passage:

Senate	44	0	
House	98	0	(House amended)
Senate			(Senate refused to concur)

Conference Committee

House 96 2

House 95 3 (House reconsidered)

Senate 43 3

Effective: April 1, 1998

June 11, 1998 (Section 5)

Partial Veto Summary: Provision of the bill are vetoed which specify when residents of boarding and adult family homes who become bed bound must be seen by a licensed practitioner, and which define those practitioners and their duties.