

# SENATE BILL REPORT

## E2SHB 1901

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As Reported by Senate Committee On:  
Health & Long-Term Care, March 23, 2011

**Title:** An act relating to reshaping the delivery of long-term care services.

**Brief Description:** Creating flexibility in the delivery of long-term care services.

**Sponsors:** House Committee on Health & Human Services Appropriations & Oversight (originally sponsored by Representatives Cody and Hinkle).

**Brief History:** Passed House: 3/04/11, 97-0.

**Committee Activity:** Health & Long-Term Care: 3/21/11, 3/23/11 [DPA].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass as amended.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Carrell, Kline, Murray, Parlette, Pflug and Pridemore.

**Staff:** Rhoda Donkin (786-7465)

**Background:** Boarding homes are privately owned facilities that are licensed by the state to assume general responsibility for the safety and well-being of seven or more residents. The services provided are considered domiciliary care may include a wide range of support, from light care and housekeeping to intermittent nursing services and other specialized care. Boarding homes vary in size and ownership from a small, locally-owned seven-bed facility to a 150-bed facility operated by a large national corporation. The majority of residents are private pay. Medicaid contracts for assisted living, adult residential care, and group homes for developmentally disabled individuals. There are approximately 544 boarding homes in the state, with 28,882 licensed beds. Boarding homes may also have non-licensed beds. Nonresidents in these beds may not receive domiciliary care directly by the boarding home. They receive all of their services independently, through contracts or arrangements not directly involving the boarding home.

Nursing facilities provide 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities and other specialized services. Residents in nursing facilities may require nursing services for chronic illness or rehabilitation, and are not capable of independent living, or they may need short post-hospital recuperative care. In

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general, because of the regulatory limits on the amount of nursing care provided in boarding homes, residents in nursing facilities are considered to have more acute needs than those in boarding homes. Some nursing facilities in the state have converted part of their facility to boarding homes in order to provide lower levels of care under assisted living and private pay arrangements.

**Summary of Bill (Recommended Amendments):** Nonresidents of boarding homes may receive technology-based monitoring devices, scheduled blood pressure checks, reminders about health care appointments, medication assistance, falls risk assessment, and nutrition management and education services, dental services, and wellness programs. Boarding homes must notify residents in non-licensed rooms that certain protections and services available to licensed beds do not apply to them.

The State Board of Nursing Home Administrators is authorized to determine the parameters for on-site full time administrators in nursing homes with small resident populations when the nursing home has converted some of its licensed nursing facility bed capacity into assisted living.

Under certain circumstances, nursing facilities may provide transitional care management services for up to 30 days by either telephone or through web-based means to patients who have been discharged from their facilities. These transition care services may be provided when a resident is without in-home care services, because they have refused them, or they are not eligible. The services may include care coordination, review of the discharge plan, and other support. If the nursing facility is concerned about the discharged patient's situation, the facility must call the patient's primary care physician.

DSHS must convene a workgroup of stakeholders to identify mechanisms to incentivize nursing facilities to close or eliminate licensed beds from active service. The recommendations from the workgroup must be submitted in a report to the Governor and the Legislature by September 1, 2011.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Amendments):** It is clarified that medication assistance to residents of boarding homes in unlicensed beds includes allowing non-nurses to hand prefilled insulin syringes to residents, and that refilling of syringes must be done by registered nurses.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Engrossed Second Substitute House Bill:** PRO: This is a proactive approach to rebalancing the long-term care system toward more community based care. This will help enable smoother transitions between levels of care and expand options for allowing people to live as independently as possible.

**Persons Testifying:** PRO: Dave Knutson, WA Health Care Assn., Ingrid McDonald, AARP.