

SSB 5436 - H COMM AMD

By Committee on Health Care & Wellness

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 74.39A  
4 RCW to read as follows:

5 (1)(a) A joint legislative executive committee on aging and  
6 disability is established, with members as provided in this  
7 subsection.

8 (i) Four members of the senate, with the leaders of the two  
9 largest caucuses each appointing two members, who are voting members;

10 (ii) Four members of the house of representatives, with the  
11 leaders of the two largest caucuses each appointing two members, who  
12 are voting members;

13 (iii) A member from the office of the governor, appointed by the  
14 governor, who is a voting member;

15 (iv) The secretary of the department of social and health  
16 services or his or her designee, who shall serve as an ex officio  
17 member;

18 (v) The director of the health care authority or his or her  
19 designee, who shall serve as an ex officio member;

20 (vi) The insurance commissioner or his or her designee, who shall  
21 serve as an ex officio member; and

22 (vii) The director of the department of retirement systems or his  
23 or her designee, who shall serve as an ex officio member.

24 (b) The cochairs must be selected from among the members who are  
25 legislators. The cochairs who served as the cochairs of the joint  
26 legislative executive committee on aging and disability created in  
27 section 206, chapter 4, Laws of 2013 2nd sp. sess. must convene the  
28 initial meeting of the committee. All meetings of the committee are  
29 open to the public.

30 (c) The purpose of the committee is to identify key strategic  
31 actions to prepare for the aging of the population in Washington,  
32 including state budget and policy options, by conducting at least,  
33 but not limited to, the following tasks:

1 (i) Identify state budget and policy options to more effectively  
2 use state, federal, and private resources to, over time, reduce the  
3 growth rate in state expenditures that would otherwise occur by  
4 continuing current policy in light of significant population growth,  
5 particularly in the aging and disabled demographic;

6 (ii) Identify strategies to better serve the health care needs of  
7 an aging population and people with disabilities and promote healthy  
8 living, including the use of technology;

9 (iii) Consider the recommendations of the Bree collaborative  
10 regarding advance care planning and develop implementation strategies  
11 to educate people about advance care planning, make advance planning  
12 documents accessible and available in clinical and community  
13 settings, and increase compliance by health care providers and  
14 facilities with the advance planning wishes of patients;

15 (iv) Review the regulation of continuing care retirement  
16 communities and ways to protect those who reside in them, including  
17 the consideration of effective disclosures to residents;

18 (v) Identify the needs of older people and people with  
19 disabilities for high quality public and private guardianship  
20 services and information about assisted decision-making options;

21 (vi) Identify options for promoting client safety through  
22 residential care services and consider methods of protecting older  
23 people and people with disabilities from physical abuse and financial  
24 exploitation;

25 (vii) Identify policy options to create financing mechanisms for  
26 long-term services and supports that will promote additional private  
27 responsibility for individuals and families to meet their needs for  
28 service;

29 (viii) Identify policies to promote financial security in  
30 retirement, support people who wish to stay in the workplace longer,  
31 and expand the availability of workplace retirement savings plans;  
32 and

33 (ix) Identify policy options to help communities adapt to the  
34 aging demographic in planning for housing, land use, and  
35 transportation.

36 (d) The committee shall consult with the office of the insurance  
37 commissioner, the caseload forecast council, the health care  
38 authority, and other appropriate entities with specialized knowledge  
39 of the needs and growth trends of the aging population and people  
40 with disabilities.

1 (e) The office of program research, senate committee services,  
2 the office of financial management, and the department of social and  
3 health services shall provide staff support for the committee.

4 (f) Within existing appropriations, the cost of meetings must be  
5 paid jointly by the senate, the house of representatives, and the  
6 office of financial management. Joint committee expenditures are  
7 subject to approval by the senate facilities and operations committee  
8 and the house of representatives executive rules committee, or their  
9 successor committees. The committee members may be reimbursed for  
10 travel expenses as authorized under RCW 43.03.050 and 43.03.060, and  
11 chapter 44.04 RCW as appropriate. Advisory committee members may not  
12 receive compensation or reimbursement for travel and expenses.

13 (2) This section expires December 1, 2017."

14 Correct the title.

EFFECT: Makes the member of the Joint Legislative Executive Committee on Aging and Disability (Committee) from the Office of the Governor a voting member. Adds the Insurance Commissioner to the Committee as an ex officio member.

Removes the requirements for the Committee to establish a demographic profile and an inventory of services and supports for older people and people with disabilities. Specifies that, when identifying options to reduce the growth rate in state expenditures due to the population, consideration is to be given specifically to the aging and disabled demographic. Specifies that the Committee must consider the use of technology among the strategies to serve the health needs of the aging and disabled populations. Requires the Committee to consider the implementation of the Bree Collaborative's recommendations regarding advance care planning and develop implementation strategies. Requires that the Committee review continuing care retirement communities, the need for guardianships, and ways to promote client safety and protect older people and people with disabilities from physical abuse and financial exploitation.

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