
Health Care & Wellness Committee

HB 1218

Brief Description: Improving health, safety, and quality of life for residents in long-term care facilities.

Sponsors: Representatives Bateman, Simmons, Sells, Lekanoff, Peterson, Stonier, Davis, Taylor, Dolan, Orwall, Cody, Santos, Ortiz-Self, Fitzgibbon, Slatter, Bronoske, Callan, Valdez, Ramel, Riccelli, Macri, Goodman and Harris-Talley.

Brief Summary of Bill

- Requires long-term care facilities to develop comprehensive disaster preparedness plans.
- Requires long-term care facilities to meet timeliness standards regarding communications with the public as well as resident access to communication equipment.
- Requires long-term care facilities to maintain a current resident roster and contact list with contact information about each resident and any resident representative.
- Requires long-term care facilities to post notice of any stop placements or limited stop placements that have been imposed on the facility.
- Directs the Department of Social and Health Services to develop training materials to educate local health jurisdictions about the state's long-term care system and the rights of residents.
- Provides residents of long-term care facilities the right to visitation by an essential support person during times when resident visitation is limited.

Hearing Date: 1/28/21

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Christopher Blake (786-7392).

Background:

Long-Term Care Facilities.

The Department of Social and Health Services (Department) licenses four primary types of residential long-term care settings: nursing homes, assisted living facilities, adult family homes, and enhanced services facilities.

- Nursing Homes: Nursing homes provide continuous 24-hour convalescent and chronic care. Such care may include the administration of medications, preparation of special diets, bedside nursing care, application of dressings and bandages, and carrying out treatment prescribed by licensed health care providers.
- Assisted Living Facilities: Assisted living facilities are facilities that provide housing and basic services to seven or more residents. Services provided by assisted living facilities include housekeeping, meals, snacks, laundry, and activities. They may also provide domiciliary care including assistance with activities of daily living, health support services, and intermittent nursing services.
- Adult Family Homes: Adult family homes are facilities licensed to care for up to eight individuals who need long-term care. These homes provide room, board, laundry, necessary supervision, and assistance with activities of daily living, personal care, and nursing services.
- Enhanced Services Facilities: Enhanced services facilities provide treatment and services to persons who do not have a medical need for acute inpatient treatment and have been determined by the Department to be inappropriate for placement in other licensed facilities because of complex needs that result in behavioral and security issues.

The Department administers the licensing programs for each of the long-term care facilities. The Department's licensing functions include processing applications for new providers, performing inspections, complaint investigations, and enforcement if resolution is not met. In some instances, formal dispute resolutions or hearings may be included. Sanctions against a facility for noncompliance may include conditions on a license, civil penalties, stop placement orders, and the suspension or revocation of a license.

Summary of Bill:

Comprehensive Disaster Preparedness Plans.

Adult family homes, assisted living facilities, enhanced services facilities, and nursing homes (collectively, "long-term care facilities") must develop and maintain comprehensive disaster preparedness plans (preparedness plans). The preparedness plans must address procedures to be followed during a disaster or emergency, such as a fire, earthquake, flood, infectious disease outbreak, loss of power or water, or other measures that may require sheltering in place, evacuation, or other emergency measures.

Preparedness plans must address:

- timely communications with the residents' emergency contacts;
- timely communications with state agencies, local health jurisdictions, first responders, long-term care ombuds, developmental disability ombuds, and the agency responsible for advocating for persons with mental illness;
- descriptions of on-duty employees' responsibilities;
- provisions for contacting and requesting emergency assistance;
- provisions for meeting residents' essential needs; and
- procedures to identify each resident that has been evacuated or transferred and the resident's immediate location and to provide aggregate emergency information as needed for each resident's health or safety.

Inspections by the Department of Social Health Services (Department) of each long-term care facility must include an evaluation of the adequacy of the facility's preparedness plan. In addition, inspections must include an evaluation of the facility's supply of personal protective equipment, its ventilation system, and its infection control capabilities.

Resident Contact Information.

Each long-term care facility must maintain a current resident roster that includes the name and room number of each resident. The roster must be provided immediately upon an in-person request from any long-term care ombuds. In addition, each long-term care facility must maintain a list of contact information for each resident, including name, room number, and any telephone number and email. The contact list must also include information about any resident representative, including name, relation to the resident, phone number, and any email and mailing address. Upon request, the contact information must be provided to any long-term care ombuds with 48 hours of the request.

The Department must inform long-term care facilities that: (1) long-term care ombuds have the right to obtain contact information; (2) the state long-term care ombuds program and all long-term care ombuds are considered a health oversight agency for purposes of state and federal health information privacy laws which permit the sharing of information; (3) the information requested by a long-term care ombuds becomes property of the state and is subject to confidentiality and disclosure laws; and (4) the long-term care facility may not delay or refuse to provide the resident roster or the contact information on the basis that the facility must first obtain consent from a resident or resident representative.

Resident Communications.

Long-term care facilities must be responsive to incoming communications, including answering telephones from 8:00 a.m. to 5:00 p.m. every day and responding promptly to telephone and electronic messages. Long-term care facilities must have a communication system for after-hours communications from family members, medical providers, and others, as well as emergency contact to and from facility staff. Each long-term care facility must maintain enough telephones and other communications equipment to ensure that residents have 24-hour access to communications with family members, medical providers, and others. The communications

equipment must allow for auditory privacy and not be located in a staff office or station and be accessible to persons with disabilities. Long-term care facilities are not required to provide telephones at no cost in each resident room.

Posting of Stop Placement Orders.

Any long-term care facility that is subject to a stop placement or limited stop placement must publicly post a notice that an order has been issued. The notice must be posted in a conspicuous place at the long-term care facility and must include the date of the order, the conditions placed on the long-term care facility's license, and a phone number to contact the Department for additional information.

Essential Support Persons.

In circumstances in which resident visitation is limited due to a public health emergency or other threat to the health and safety of the residents and staff of a long-term care facility, residents must be allowed access to an essential support person. An "essential support person" is defined as a person who is at least 18 years old, is designated by the resident or resident representative, and is necessary for the resident's emotional, mental, or physical well-being in compassionate care or end-of-life care situations, situations where the visitation from a familiar person will reduce the confusion or anxiety of a cognitively impaired resident, or other situations involving emotional distress. Long-term care facilities must allow an essential support person to visit the resident, subject to reasonable restrictions as necessary to protect the health and safety of the essential support person, residents, and staff. A person's designation as an essential support person may be temporarily suspended if the person does not comply with health and safety conditions established by the long-term care facility.

Public Health Training.

The Department and the Department of Health, in collaboration with the State Office of the Long-Term Care Ombuds, must develop training materials to educate leadership and staff of local health jurisdictions about the state's long-term care system and the rights of residents. The training must cover state and federal resident rights and the process for local health jurisdiction personnel to report abuse and neglect in long-term care facilities.

Definition of "Resident Representative".

The term "representative," as used in the context of resident rights, is changed to "resident representative." The definition is changed from persons able to provide informed consent for a patient who is not competent to:

1. a court-appointed guardian or conservator of the resident;
2. an individual authorized under state or federal law to act on behalf of the resident to support the resident in decision making; to access medical, social, or other personal information; to manage financial matters; or receive notification; or
3. if there no person available under the first two options, then an individual chosen by the resident to act on behalf of the resident to support the resident in decision making; to access medical, social, or other personal information; to manage financial matters; or receive notification.

Appropriation: None.

Fiscal Note: Requested on January 19, 2021.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.