

# FINAL BILL REPORT

## SHB 1218

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Synopsis as Enacted

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

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by 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).

**House Committee on Health Care & Wellness**  
**Senate Committee on Health & Long Term Care**  
**Senate Committee on Ways & Means**

### **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

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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, investigating complaints, and enforcing regulatory standards. 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:**

#### Emergency Preparedness for Long-Term Care Facilities.

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. The Department of Social and Health Services (Department) must adopt rules governing preparedness plans to address:

- timely communications with the residents' emergency contacts;
- timely communications with state and local agencies, long-term care ombuds, and developmental disability ombuds;
- on-duty employees' responsibilities;
- requests for emergency assistance;
- residents' essential needs;
- procedures to identify each resident that has been evacuated or transferred and the resident's immediate location and to provide emergency information for each resident's health or safety;
- standards for maintaining personal protective equipment and infection control capabilities; and
- inspection procedures related to the preparedness plans.

The Department of Health and the Department must develop a report and guidelines on epidemic disease preparedness and response for long-term care facilities, including adult family homes. In developing the report and guidelines, the agencies must consult with stakeholders including local health jurisdictions, advocates for consumers of long-term care, associations representing long-term care facility providers, and the Office of the State Long-Term Care Ombuds. The report must identify best practices and lessons learned about containment and mitigation strategies for controlling the spread of infectious agents. The

report must address visitation policies, access to personal protective equipment and other infection control supplies, admission and discharge policies and standards, and rapid and accurate testing to identify infectious outbreaks. The report must consider federal rules, consider each provider type, develop an implementation timeline for the guidelines, consider available resources for infection control, establish methods to ensure the consistent application of the guidelines, and develop a process to maintain and update the guidelines. A draft report and guidelines on COVID-19 are due by December 1, 2021, and a final report by July 1, 2022. Beginning December 1, 2022, the agencies must annually review the report and guidelines and make any necessary changes regarding COVID-19 and emerging epidemics of public health concern. The updated reports and guidelines must be submitted to the health care committees of the Legislature and include any recommendations for necessary statutory changes.

#### Resident Contact Information.

Each long-term care facility and adult family home, 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, aggregated contact information must be maintained for all residents, including name, room number, and any telephone number and email. The contact information must also include information about any resident representative, including name, relation to the resident, phone number, and any email and mailing address. Upon written request, the contact information must be provided to any long-term care ombuds within 48 hours of the request or within a reasonable time, as agreed to by the requesting long-term care ombuds.

The Department must inform long-term care facilities, as well as adult family homes, 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 health oversight agencies 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 or adult family home may not refuse to provide or unreasonably delay providing the resident roster or the contact information on the basis that the facility must first seek or obtain consent from a resident or resident representative.

#### Resident Communications.

Long-term care facilities must be responsive to incoming communications and respond within a reasonable time to telephone and electronic messages. Each long-term care facility must have a communications system with enough working telephones and other communications equipment to assure 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 usable by persons with hearing loss and other 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, as well as any adult family home, that is subject to a stop placement or limited stop placement must publicly post a standardized notice developed by the Department that states that an order has been issued. The notice must be posted in a conspicuous place at the long-term care facility or adult family home and must include the date of the order, the conditions placed on the license, contact information for the Department, contact information for the administrator of the long-term care facility or adult family home, and a statement that anyone may contact the Department or administrator for additional information.

### Essential Support Persons.

In circumstances where 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 or adult family home, 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 certain situations, such as 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 and adult family homes 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 or adult family home.

### Public Health Training.

The Department and the Department of Health, in collaboration with the State Office of the Long-Term Care Ombuds and representatives of long-term care facilities and adult family homes, 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 and adult family homes.

### 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, 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 to receive notifications.

**Votes on Final Passage:**

House	95	2	
Senate	27	21	(Senate amended)
House	96	2	(House concurred)

**Effective:** July 25, 2021