

FINAL BILL REPORT

E2SHB 2668

PARTIAL VETO

C 146 L 08

Synopsis as Enacted

Brief Description: Concerning long-term care.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Morrell, Green, Cody, Hunt, McCoy, Wallace, Pedersen, Campbell, McIntire, Conway, Simpson, Kenney and Darneille).

House Committee on Health Care & Wellness

House Committee on Appropriations

Senate Committee on Health & Long-Term Care

Senate Committee on Ways & Means

Background:

The Long-Term Care Task Force (Task Force) was created in 2005 in legislation requested by Governor Gregoire. The Task Force met for two and a half years, and held its last meeting in July 2007. The Task Force received testimony related to the fact that most long-term care services are provided by family members and informal caregivers.

One of the themes that emerged in Task Force meetings was that informal caregivers – family, friends, and neighbors who make up the vast majority of care providers – need more access to information, community services, respite, equipment, counseling, training, and other forms of support to continue to care for loved ones in their homes and neighborhoods for as long as possible. Further, information was presented to the Task Force that better use of preventive health care strategies and improved management of chronic care would promote and sustain informal caregiving around the state.

Summary:

Caregivers who provide critical health and safety support to long-term care recipients may receive a one-time voucher benefit which may be used for respite or other services. The Department of Social and Health Services (DSHS) will develop a caregiver assessment and referral tool to determine eligibility for this benefit and other services. Statewide services provided by DSHS and the area agencies on aging will include long-term care planning, counseling, crisis intervention, and streamlined access to community based services. Area Agencies on Aging will include information on changing demographics in their service area in their annual plans.

Adult family homes are not required to develop plans of care or discharge for respite care services. When providing respite care, boarding homes will obtain sufficient information to meet the individual's needs.

The Department of Health is directed to develop a statewide Senior Falls Prevention Program (Program). The Program will include affordable senior-focused exercise programs, community education, and assessments on falls risk identification and reduction.

The DSHS is directed to provide additional support to residents in community settings who exhibit challenging behaviors that put them at risk for institutional placement. The DSHS may issue challenge grants to plan and establish additional adult day service programs. The DSHS may also establish two dental access projects.

The DSHS is authorized to conduct vulnerable adult fatality reviews under certain conditions.

The delegation of insulin injections is authorized.

The bill contains null and void clauses for each section with a fiscal impact.

Votes on Final Passage:

House	94	0	
Senate	49	0	(Senate amended)
House	94	0	(House concurred)

Effective: June 12, 2008

Partial Veto Summary: The Governor vetoed Sections 6 and 9 which were not funded by the Legislature in the budget, and are therefore null and void pursuant to Section 15 of the bill.