

HOUSE BILL REPORT

SHB 2454

As Amended by the Senate

Title: An act relating to family caregiver long-term care information and support services.

Brief Description: Providing a program to support family and other unpaid long-term caregivers.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Edmonds, Parlette, Cody, Kenney, Radcliff, Kagi, Edwards, Lantz, Hatfield, Ogden, Conway, Veloria, Lovick, Kessler, O'Brien, Regala, McDonald, Carlson, Tokuda, Cooper, Van Luven, Ruderman, Murray, Schual-Berke, Scott, Stensen, Keiser, Santos, Pflug, Rockefeller, Wood and McIntire).

Brief History:

Committee Activity:

Health Care: 1/27/00, 1/28/00 [DPS];
Appropriations: 2/3/00, 2/7/00 [DPS (HC)].

Floor Activity:

Passed House: 2/11/00, 96-0.
Senate Amended.
Passed Senate: 3/2/00, 47-0.

Brief Summary of Substitute Bill

- The Fred Mills Act.
- Established a new category of assistance for unpaid family caregivers working with disabled adults called "unpaid family caregiver information and assistance services." These services combined with respite care are designed to provide relief and assistance to unpaid caregivers to keep the functionally disabled adult from being institutionalized.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Campbell; Conway; Edmonds; Edwards; Mulliken; Pennington and Ruderman.

Staff: Antonio Sanchez (786-7383).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Health Care be substituted therefor and the substitute bill do pass. Signed by 27 members: Representatives Huff, Republican Co-Chair; Barlean, Republican Vice Chair; Doumit, Democratic Vice Chair; D. Schmidt, Republican Vice Chair; Alexander; Benson; Boldt; Clements; Cody; Crouse; Gombosky; Grant; Kagi; Keiser; Kenney; Lambert; Linville; Mastin; McIntire; McMorris; Parlette; Regala; Rockefeller; Ruderman; Sump; Tokuda and Wensman.

Staff: Dave Johnson (786-7154).

Background:

As the first wave of baby boomers enter their mid-50s, an increasing number of their parents are moving into the ranks of what is called the "old-old" where disability and the need for daily care becomes increasingly likely. Data indicate that one out of four persons over the age of 80 will require nursing home care. Before they are admitted into a nursing home, however, family members usually have been providing daily care for some time. These unpaid family caregivers most often are females (72 percent).

Unpaid family caregivers are persons who provide unpaid help with personal needs or household chores to a relative or a friend. Approximately 80 percent of all long-term care in this state is provided by unpaid family caregivers. In Washington, this translates to an estimated 504,272 caregivers. One-quarter of the caregivers provide intense caregiving of at least 20-40 hours per week, amounting to 502,900,000 hours of care.

A recent study by the American Society on Aging indicates that "caregiving exacts an enormous emotional and physical toll including immense stress, high rates of depression, and feelings of anger and anxiety."

The state Respite Care Program provides unpaid family caregivers a limited range of care options to assist them with their caregiving activities or to provide a paid caregiver to provide them with temporary in-home assistance. Services provided

under the Respite Care Program include: respite assessment and care plan; hourly and daily respite care; planned and emergency episodes; and in-home and out-of-home service options. Levels of care include: supervision, personal care and nursing care; services appropriate to persons with dementing illnesses; or neurological disorder including traumatic brain injury are also provided.

The caregiver is the client in the Respite Care Program. The caregiver is a spouse, relative or friend who provides care and/or supervision on a daily basis for an adult who is functionally disabled. The caregiver does not receive financial compensation for the care and is assessed as being at risk of placing the eligible participant in a long-term care facility if respite care and other support services are not available. The Area Agencies on Aging (AAA) receive funding from Aging and Adult Services to administer the Respite Care Program. Case managers from the AAA perform an assessment of both the caregiver and of the participant (adult who is functionally disabled). The Respite Care Program received statewide funding (State General Funds) beginning in 1989.

The department requires eligible participants to pay part of the cost of the respite care services received. There is no charge to the participant if his or her income is at or below 40 percent of the State Median Income. If the participant's income is between 40 and 99 percent of the State Median Income, he or she is charged a percentage of the cost of respite care. This amount is calculated using a sliding fee schedule. If the participant's income is 100 percent or more of the State Median Income, he or she pays the full cost of the service. The cost of respite care is determined by the number of hours or days of respite care authorized and used. The caregiver is not means tested or required to pay for the care received.

Total number of caregivers served: 2,712. Total number of respite service hours: 244,700. Average cost of respite care per hour: \$9.91. Cost includes administration, coordination, assessment and service.

Summary of Bill:

Functionally disabled adults at risk of being institutionalized in a long-term care institution, if not for the help of unpaid family members or friends, are allowed to have information and support services provided to relieve or assist their unpaid caregiver. The type of services and information that is provided to unpaid caregivers by local Area Agencies on Aging are outlined and must be provided with the intent to maintain the unpaid caregiving at home for as long as possible.

EFFECT OF SENATE AMENDMENT(S): The act was named the Fred Mills Act.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed; however, the bill is null and void if not funded in the budget.

Testimony For: (Health Care) This bill will help family caregivers maintain their loved ones at home for as long as possible and gives new options for needed care.

(Appropriations) The number one need of unpaid caregivers is information and assistance. Unpaid caregivers, with the proper support, can delay institutionalization of family members by up to one year. This represents significant cost savings, including to the state. This brings our state in line with the best practices taking place in other cities and states. A \$1,000,000 investment in this program is a very wise investment. This would really jump start the existing program and is a very cost effective investment in helping unpaid caregivers.

Testimony Against: (Health Care)Not supported in the Governor's budget.

(Appropriations) While a good program, this item is not funded in the Governor's budget.

Testified: (Health Care)(In support) Richard Dorsett, Association of Area Agencies on Aging; Dennis Mahar, Lewis-Mason-Thurston Area Agency on Aging; Kathy Moio, Good Samaritan Community Healthcare; Don Duckett, family caregiver; Mark Buckley, Alzheimer's Association Western and Central Washington State Chapter; Jerry Reilly, Washington Health Care Association; Bruce Reeves, Senior Citizens' Lobby; and Donald Primrose.

(Health Care) (Non-support, money not in Governor's budget.) Kathy Leitch, Aging and Adult Services Administration, Department of Social and Health Services.

(Appropriations) Representative Edmonds, prime sponsor; Richard Dorsett, Washington Association of Area Agencies on Aging; and Dennis Mahar, Lewis-Mason-Thurston Area Agency on Aging.

(Appropriations) (Opposed) Kathy Leitch, Department of Social and Health Services, Aging and Adult Services.