

SENATE BILL REPORT

ESSB 6391

As Passed Senate, February 13, 2006

Title: An act relating to the provision of services for nonresident individuals residing in long-term care settings.

Brief Description: Concerning the provision of services for nonresident individuals residing in long-term care settings.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Deccio, Thibaudeau and Fairley).

Brief History:

Committee Activity: Health & Long-Term Care: 1/18/06, 1/30/06 [DPS].

Passed Senate: 2/13/06, 47-0.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6391 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Benson, Brandland, Franklin, Johnson, Kastama, Kline, Parlette and Poulsen.

Staff: Sharon Swanson (786-7447)

Background: Supportive services, limited health care services, and wellness programs often allow residents of retirement/senior housing the ability to remain independent and in their own homes for as long as possible. A nonresident living in retirement/senior housing within a continuing care retirement community (CCRC) has ready access to support services, limited health care services, and wellness programs.

A CCRC provides different levels of care ranging from independent living to assisted living to skilled nursing care under a continuing care contract. A continuing care contract is a contract to provide a person shelter along with nursing, medical, health-related, or personal care services, which is conditioned upon payment of an entrance fee, transfer of property, or the payment of periodic charges for the care and services involved.

Currently, a nonresident residing in independent senior housing can receive very specific health services such as: assistance on an emergency basis; infrequent, voluntary, and non-scheduled blood pressure checks; nurse referral services; assistance with making health care appointments; and services customarily provided under landlord tenant agreements.

Health care assistants are unlicensed individuals who assist other licensed health care practitioners such as physicians and registered nurses, in providing health care to patients. Health care assistants can be certified by a health care facility or a health care practitioner.

Summary of Bill: A continuing care retirement community may provide supportive services to a nonresident living in the independent senior housing setting in an effort to promote and prolong independence. The supportive services are enumerated within the bill and include: blood pressure monitoring following a medication change; blood glucose monitoring; and assistance with compression stocking.

The bill contains additional language stating that a nonresident of a CCRC, a person residing in an unlicensed apartment within a boarding home, or other independent retirement/senior housing, may receive adult day services as defined in statute.

Health care assistants are permitted to conduct blood drawing procedures on research study participants in the residences of the research study participants as long as they do so as part of a research study authorized by the institutional review board of a comprehensive cancer center or a nonprofit degree-granting institution of higher education. Blood drawing procedures must be conducted under the general supervision of a physician.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Allowing additional support services to be provided to individuals living in independent housing will allow seniors to stay in their own homes longer. The cost of assisted living care and nursing care is greater than the cost of staying in your own home to receive services. Getting old is not cheap. Let us minimize the impact on our financial resources for as long as possible.

Testimony Against: If this bill passed the Legislature, it would create an inconsistency in the law. Currently, health services received in a private residence are required to have oversight. This bill does not provide for oversight. The intent of the bill is good, but regulatory oversight is necessary. This type of care is already authorized and given in other settings. Providing the same service but not providing for the same requirements creates inconsistency.

Who Testified: PRO: Della Lium, Exeter House; John Kneekens, Covenant Shores; Bernice J. Dye, Covenant Shores; Julie Peterson, Washington Association of Housing and Services for the Aging; Darin Meyer, Covenant Shores.

CON: Bill Moss, Department of Social and Health Services; Kary Hyre, Long Term Care Ombudsman; Hilke Faber, Resident's Council of Washington; Gail McGaffick, Home Care Association of Washington; Blanche Jones, Health Services.

House Amendment(s): The House amendment reduces the amount of time a nonresident individual can receive adult day services on the premises of a boarding home and adds a severability clause.