

# SENATE BILL REPORT

## SB 6391

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As Reported By Senate Committee On:  
Health & Long-Term Care, January 30, 2006

**Title:** An act relating to the provision of services to independent residents in a continuing care retirement community.

**Brief Description:** Concerning the provision of services to independent residents in a continuing care retirement community.

**Sponsors:** Senators Keiser, Deccio, Thibaudeau and Fairley.

**Brief History:**

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

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### 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.

**Summary of Substitute 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.

**Substitute Bill Compared to Original Bill:** The substitute bill limits the services that can be provided to a nonresident residing in the independent living section of a CCRC. Additionally, registered nurse practitioners and nurse practitioners are granted the authority to carry out the tasks enumerated within the bill.

**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.