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**SUBSTITUTE HOUSE BILL 1877**

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**State of Washington**

**53rd Legislature**

**1993 Regular Session**

**By** House Committee on Health Care (originally sponsored by Representatives Flemming, Eide, Mastin and Morris)

Read first time 03/03/93.

1 AN ACT Relating to long-term care; adding a new section to chapter  
2 18.51 RCW; and creating new sections.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The legislature finds that long-term care  
5 provided in nursing homes is a vital part of our health care system and  
6 that maintaining the highest standards and quality of care in nursing  
7 homes is essential to an efficient and effective health care system.  
8 The upwardly spiraling costs of health care is occurring in every  
9 segment of the health care system including the nursing home setting.  
10 Efforts to control the rising costs of health care must also take place  
11 in the nursing home setting and among all health care providers  
12 responsible for generating health care charges for nursing home  
13 residents.

14 The legislature finds that the causes for rising medical costs in  
15 the nursing home setting are complex and not always easily identified.  
16 To this end, it is in the best interest of the nursing home residents  
17 and their families, and all parties involved with generating health  
18 care charges to be aware of the costs incurred and reimbursement given  
19 for residents in long-term care facilities. Full disclosure of health

1 care charges is especially important for physicians, mid-level  
2 practitioners, and any other associated health care practitioners  
3 directly responsible for generating charges and managing the care of  
4 such patients.

5 The legislature further finds that both the rising cost and quality  
6 of care in the nursing home setting are directly related to the  
7 efficient and effective use of the time and skills of licensed health  
8 care professionals. The amount of time health care providers spend  
9 directly on nursing home resident care affects the overall quality of  
10 care and life of nursing home residents. The greater the amount of  
11 time spent directly on hands-on patient care, translates to the  
12 increased health, safety, and well-being of the nursing home resident.  
13 Unfortunately, the combination of federal, state, and local regulations  
14 on nursing homes has created an inordinate, cumbersome, and redundant  
15 volume of paperwork for care providers. As a result, many nursing home  
16 care providers are required to spend valuable time on duplicate  
17 paperwork at the expense of caring directly for nursing home residents.

18 The legislature recognizes and values the need for thorough,  
19 accurate, and sufficient documentation of resident care in nursing  
20 homes. However, if quality of care is to be maintained in light of the  
21 need to control spiraling nursing home health care costs, duplicity and  
22 inefficiencies in nursing home care documentation protocols must be  
23 identified and appropriately modified. The residents' health and  
24 safety must not be compromised, and such modifications should enhance  
25 the efficacy of health care delivery to the resident.

26 NEW SECTION. **Sec. 2.** The department of social and health services  
27 aging and adult services administration shall, to the extent that  
28 resources are available, review all federal and state laws, and  
29 departmental rules that require health care providers in nursing homes  
30 to submit documentation. The departmental review shall be conducted to  
31 determine what documentation or protocols are redundant and can be  
32 modified or eliminated without jeopardizing the health and safety of  
33 residents or violating federal regulations. The review shall result in  
34 an itemized evaluation of the number of forms requiring physician's  
35 review and signature together with a citation of their origin. In  
36 addition, the department shall review and suggest efficiencies that  
37 could be realized through the development of standardized physicians'  
38 protocols for repetitive but nonlife-threatening conditions, such as

1 but not limited to, skin tears, early stage decubiti, bowel and bladder  
2 care, and other common and predictable nursing home patient conditions.  
3 Whenever possible source documentation should be enabled to allow  
4 multiple attestations to be consolidated into a single document. The  
5 department shall conduct this review in coordination with different  
6 nursing home care constituent groups and professions, including but not  
7 limited to, a gerontologist to be selected by the Washington state  
8 medical association, Washington osteopathic medical association, a  
9 nurse to be selected by the Washington state nurses association, one  
10 representative from each of the two largest nursing home associations,  
11 and a representative of a nursing home residency advocacy group to be  
12 selected by the department. The department shall make appropriate  
13 regulatory changes, or recommend appropriate regulatory changes to the  
14 appropriate regulatory agency, resulting from this review and report  
15 its actions and any statutory changes needed to further the goal of  
16 regulatory simplification to the chair of the house of representatives  
17 health care committee and the chair of the senate health and human  
18 services committee by December 12, 1993.

19 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.51 RCW  
20 to read as follows:

21 All nursing home administrators in facilities licensed under this  
22 chapter shall be required to develop and maintain a written procedure  
23 for disclosing patient charges to attending physicians with admitting  
24 privileges. The nursing home administrator shall have the capability  
25 to provide an itemized list of the charges for all health care services  
26 that may be ordered by a physician. The information shall be made  
27 available on request of the physicians or other appropriate health care  
28 providers responsible for prescribing care. Physicians or other health  
29 care providers may inform the resident or their family of these  
30 charges.

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