
HOUSE BILL 1877

State of Washington 53rd Legislature 1993 Regular Session

By Representatives Flemming, Eide, Mastin and Morris

Read first time 02/12/93. Referred to Committee on Health Care.

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 review all federal and
28 state laws, and departmental rules that require health care providers
29 in nursing homes to submit documentation. The departmental review
30 shall be conducted to determine what documentation or protocols are
31 redundant and can be modified or eliminated without jeopardizing the
32 health and safety of residents or violating federal regulations. The
33 review shall result in an itemized evaluation of the number of forms
34 requiring physician's review and signature together with a citation of
35 their origin. In addition, the department shall review and suggest
36 efficiencies that could be realized through the development of
37 standardized physicians' protocols for repetitive but nonlife-
38 threatening conditions, such as but not limited to, skin tears, early

1 stage decubiti, bowel and bladder care, and other common and
2 predictable nursing home patient conditions. Whenever possible source
3 documentation should be enabled to allow multiple attestations to be
4 consolidated into a single document. The department shall conduct this
5 review in coordination with different nursing home care constituent
6 groups and professions, including but not limited to, a gerontologist
7 to be selected by the Washington state medical association, a nurse to
8 be selected by the Washington state nurses association, one
9 representative each from the not-for-profit nursing home association
10 and the for-profit nursing home association, and a representative of a
11 nursing home residency advocacy group to be selected by the department.
12 The department shall submit a final report of their findings and
13 suggestions to the chair of the house of representatives health care
14 committee and the chair of the senate health and human services
15 committee by December 12, 1993.

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

18 All nursing home directors in facilities licensed under this
19 chapter shall be required to develop and maintain a written procedure
20 for disclosing patient charges to attending physicians with admitting
21 privileges. The nursing home director shall have the capability to
22 provide a written record of the charges for all health care services
23 ordered on behalf of their patients on a monthly basis, and shall
24 include an itemization of charges for the previous month. The
25 information shall be made available on request of the physicians or
26 other appropriate health care providers responsible for prescribing
27 care. Physicians or other health care providers may inform the
28 resident or their family of these charges.

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