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This Week in Olympia

Legislative Update

February 17, 2012



CONNECT   

This 6th week of the 2012 Regular Legislative Session was important as Tuesday, February 14 at 5 p.m. was the deadline by which all bills were to be passed off of the floor of their house of origin in order to move to the opposite chamber for further consideration. There is the usual exception to these deadlines for bills that are considered necessary to implement the budget, which can be moved virtually at any time; we have indicated in our analysis below those bills likely to fall into this category.

This week was equally important for the release of the revenue forecast on February 16, upon which the House & Senate waited prior to releasing their budget proposals. The specifics as we know them now:

- A \$96 Million increase in forecasted revenue collections: half due to improved economic indicators and half due to early savings actions taken during the 2011 2nd Special Session;
- A \$330 Million 'savings' due to caseload reductions;
- \$500 Million remains targeted for the state reserve account;
- A \$400 - \$500 Million 'savings' identified through implementation of health care reform measures;
- A \$500 Million budget deficit remains;
- Saving Education is first and foremost in legislative priority, in part due to a recent Supreme Court ruling;
- The House budget is expected to be released early next week, most likely Tuesday, February 21;
- The Senate budget is expected to be released shortly thereafter;
- It is unlikely that a revenue package will be passed by the legislature as a referendum to the voters, in part due to the more positive revenue forecast;
- As senior and long term care providers, we remain vulnerable to significant cuts to our Medicaid funded programs.

Aging Services Assisted Living members will have received this week, via email, an update on our extensive efforts to retain the Boarding Home Capital Rate Add-On. If you would like more information on this issue, please call our office.

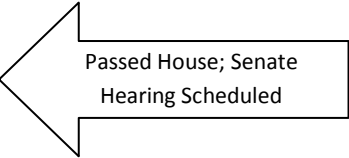
We encourage, and need, your continued advocacy efforts. If you have not yet been involved, please get involved and stay involved throughout the remainder of the session. We can help. Make appointments to visit with your legislators while they are in Olympia and share with them your funding needs and position on policy bills. In-person visits are the best way to educate your representatives about your community, those whom you serve and ways in which funding cuts and policy changes will impact your residents, clients, their family members and your employees. Alternatively, you can call or email them with this important information.

Below you will find our analysis of legislation introduced to date. As always, if you have any questions regarding bill proposals or our position on them, please do not hesitate to call on your legislative team – [Deb](#), [Julie](#) or [Paul](#) at the office, 253-964-8870.

Our contract lobbyist again this year is Scott Sigmon; if you wish to speak with him, you may call our office for his contact information. For information about contacting your elected officials or reviewing current legislative activities, click [here](#).

CONTINUING LEGISLATION

[ESHB 1398 / SB 5524](#) – RELATING TO EXEMPTING LOW-INCOME HOUSING FROM IMPACT FEES

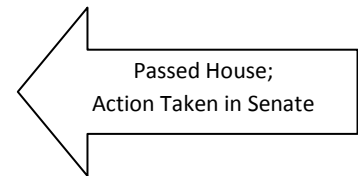


Passed House; Senate
Hearing Scheduled

This carryover legislation from 2011, after passing out of the full House, is in the Senate Financial Institutions and Housing & Insurance Committee, scheduled for a public hearing on February 22. The Senate bill died in committee.

The bill allows local governments to grant impact fee exemptions for the development of low income housing. Such an exemption is conditioned upon the developers' filing and recording of a covenant that prohibits the use of the property for any purpose other than low income housing, and which provides that if a property is converted to a use other than for low income housing, the property owner must pay the applicable impact fees in effect at the time of conversion. Local governments are restricted from increasing impact fees unrelated to this exemption in order to collect revenue lost as a result of the exemption, or from imposing a fee for system improvements for which the exemption applies.

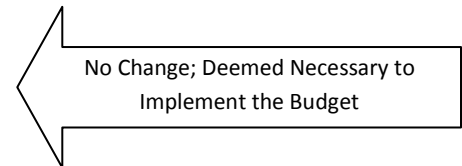
POSITION: Monitor

SHB 2056 - RELATING TO ASSISTED LIVING FACILITIES

SHB 2056 passed out of the full House February 9th and was both heard and passed out of the Senate Health and Long-Term Care Committee on February 16. The bill was amended per Aging Services of Washington's recommendations prior to House action.

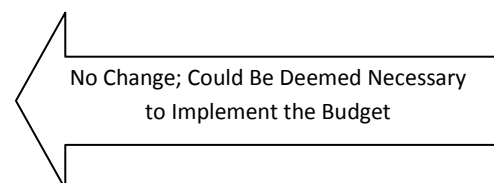
This bill replaces the term 'boarding home' with 'assisted living' in licensure and other relevant statutes. The current terminology of 'assisted living' is confusing for consumers. Oftentimes, the term 'boarding home' is used interchangeably with 'assisted living' – the former is a licensing term and the latter is more commonly used today as a term of art. The reference to 'boarding homes' is antiquated and no longer reflects the array of care and services available in these settings which have become an integral component of the care delivery options for seniors and persons with disabilities.

POSITION: Support

HB 2127 / SB 5967 – PROVIDING APPROPRIATIONS FOR THE 2011-2013 SUPPLEMENTAL STATE OPERATING BUDGET

HB 2127 and SB 5967 were each heard in their respective Ways & Means Committees during the 2011 2nd Special Session, and have been carried forward into the 2012 regular session with referral to the same committees. These companion bills provide for the appropriations necessary to implement the Governor's proposed Supplemental Operating Budget for the current biennium, ending June 30, 2013.

POSITION: Oppose funding cuts; Monitor

HB 2130 – COST-BASED REIMBURSEMENT FOR CRITICAL ACCESS HOSPITALS

This legislation, introduced during the 2011 2nd Special Session and carried forward into the 2012 regular session, would essentially eliminate the enhanced rate paid to critical access hospitals, their payment methodology would be placed into rule, and they would be exempt from the Hospital Safety Net Assessment. It has been referred to the House Ways & Means Committee.

POSITION: Monitor

SHB 2150 – GENERATING REVENUE FROM COMMUNITY RESIDENTIAL SERVICE BUSINESSES



This bill did not pass out of the full House by the February 14 deadline.

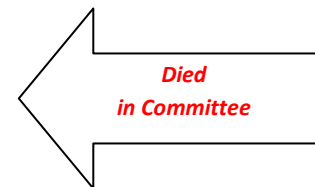
A tax of 4.7% is imposed on gross revenues of a community residential service provider/business licensed or certified by DSHS to provide certain services to those individuals defined as having a developmental disability.

One hundred percent of the moneys collected under this structure must be deposited in the developmental disabilities community residential investment account created with the same legislation. Expenditures from the account may only be used for payments to community residential service businesses.

We are watching this bill for potential amendments which would seek to impose a utility tax on other Home and Community Based Services, similar to legislation proposed last year.

POSITION: Monitor

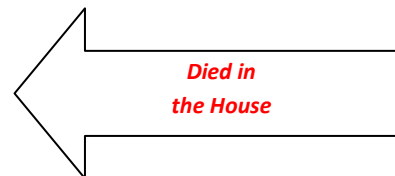
HB 2207 – GRANTING SCHEDULING AUTHORITY FOR MEDICAL EXAMS FOR QUALIFIED RETRO...EMPLOYERS AND GROUPS



This legislation would allow retrospective rating plan employers to assist the Department of Labor & Industries in the processing of claims under certain conditions and to schedule independent medical exams, consultations and vocational rehabilitation assessments from approved lists of providers. Provisions for training, costs, disputes, etc. are proscribed in the bill.

POSITION – Support

SHB 2227 – RELATING TO MEDICAL ASSISTANTS



The bill was not passed by the full House by the 5 p.m., Tuesday, February 14 deadline to remain alive for further action in the Senate.

This legislation, as amended, created four new Medical Assistant credentials, rather than only one as the initial bill proposed: Certified, Registered, Hemodialysis Technician and Phlebotomist. Training, examinations, scope of practice limitations and other requirements are to be developed by the Department of Health.

This new credentialed worker would be able to perform such procedures as preparing of and assisting in sterile procedures, capillary blood withdrawal, venipuncture, non-IV injections, specimen collection,

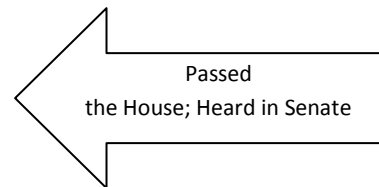
EKGs, and some medication administration. The reference to ‘standing orders’ is withdrawn and the ability for care to be performed by medication assistants under ‘standing orders’ is no longer allowed. Medication administration and the delegation of identified tasks would continue to be allowed under certain circumstances.

The Medical Assistant credentials would replace in its entirety the Health Care Assistant (HCA) credential in 2016.

The creation of such allied health professions is designed to be of benefit to patients and existing health care professionals, particularly in light of rising acuity levels, challenges in rural medical practices and health care personnel shortages, in addition to saving scarce state and federal dollars.

POSITION: Support with concerns

**[ESHB 2228](#) - RELATING TO MEDICATION ACCESS FOR THE UNINSURED
(also see comments on SB 6048, SSB 6051)**



This legislation was passed out of the full House, moved to the Senate, and was the subject of a public hearing in the Senate Health and Long-Term Care Committee on February 16. Aging Services testified in support but with concerns (see below for details). It would allow nursing homes, licensed boarding homes (assisted living) and adult family homes (among others) to donate prescription drugs and supplies to a participating pharmacy for redistribution, who then may distribute them to another participating health care facility or pharmacy for reuse.

Committee amendments included an expansion of the list of entities that can donate prescription drugs and supplies to participating pharmacies, requires the department to develop rules to establish patient eligibility requirements and changes priority of the end-user to patients that are uninsured and low-income, rather than to individuals that are either low-income or uninsured. Certain changes were made to recall notice provisions and immunity provisions.

Aging Services of Washington supports the intent of this bill to develop a system for the redistribution, on a voluntary basis, of unused medications to others in need. We do, however, have concerns about adequate liability protections for participating entities, consumer safety and the possible savings that may be realized through this program given non-narcotics are not included and the cost of generic and over-the-counter medications are likely less than the cost involved in repackaging and redistributing these drugs.

POSITION: Support with concerns

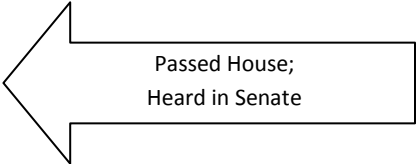
HB 2249 / SB 6076 – RELATING TO SENIOR CENTER LICENSES


*Both Bills Died in
Committee*

These companion bills would create a senior center liquor license, permitting the licensee to sell spirits by the individual glass for consumption on the premises under a different fee structure than is currently in place, and with changes to limitations on frequency of license usage. The senior center licensee must be a nonprofit organization, use only licensed servers and follow regulations subsequently developed by the liquor control board.

SB 6076 did not pass out of the Senate Rules Committee by 5 p.m. on Tuesday, February 14th, the deadline to remain alive. The House bill died previously in committee.

POSITION: Monitor

ESHB 2314 – CONCERNING LONG TERM CARE WORKERS


Passed House;
Heard in Senate

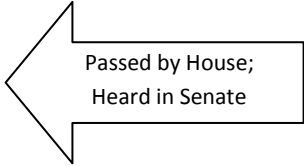
ESHB 2314, after being moved over to the Senate Chamber for further consideration, was heard in the Senate Health and Long-Term Care Committee on February 16.

The amended bill comports with Initiative 1163 and requires all long term care workers, which include credentialed NAC, LPN and RNs, to comply with the July 1, 2012 Continuing Education requirements. As such, those credentialed workers, the non-credentialed LTC worker (employed prior to January 7, 2012) and the Certified Home Care Aide would all be subject to the following: Continuing Education curriculum and trainers must be preapproved by DSHS prior to being offered and 12 hours will be required, rather than the current requirement of 10 hours.

This legislation incorporates the language of Initiative 1163 into corresponding statute, corrects references to previous effective dates of 2011 and 2014 (due to delay of caregiver training in the 2011 legislative session), allows nurse delegation to certified home care aides under certain conditions, which are more stringent in the amended bill, and excludes Community Residential providers from the training and certification requirements.

The amended bill reiterates the responsibility of the state to fund the cost of the required FBI Background Checks. The effective date for compliance with FBI Background Checks rules, however, is moved to January 7, 2012 rather than the DSHS-decided date of January 2, 2012. This gives affected providers an additional five days in which to have complied with the FBI Background Check process.

POSITION: Monitor

ESHB 2341 – RELATING TO COMMUNITY BENEFITS PROVIDED BY HOSPITALS

 Passed by House;
 Heard in Senate

ESHB 2341 passed off of the floor of the full House floor and was heard by the Senate Health and Long-Term Care Committee on February 16.

This legislation would require, beginning January 1, 2014, hospitals organized as or associated with a nonprofit entity or operated by a public hospital district to submit to the state a community health needs assessment every three years. Specific assessment components are identified within the bill, which the amended version has limited in scope. Additionally, an implementing strategy must be submitted within one year of each assessment submittal. Both of these submissions are in addition to that required of these entities by the IRS, although the amended legislation allows the IRS forms to be used as a partial stand-in for the state requirements. Hospitals are encouraged to collaborate for the purpose of development of only one assessment if they collectively serve the same community, and the Department of Health is directed to fund significant portions of these requirements. SHB 2341 has also removed the mandate for nonprofit hospitals to meet a specific community benefit level in order to maintain their nonprofit status.

POSITION: Monitor

HB 2462 - RELATING TO IMMUNITY FOR HEALTH CARE PROVIDERS FOLLOWING END-OF-LIFE PLANNING DECLARATIONS

 Died in
 Committee

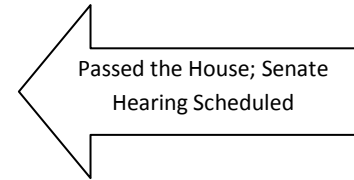
This legislation provides legal immunity for emergency medical personnel and health care providers who rely on a valid Physician Orders for Life Sustaining Treatment (POLST) form when providing, withholding or withdrawing certain emergency medical treatments.

The Department of Health is directed to design a guide and protocols for usage of the POLST form by emergency personnel when responding to calls/events. The POLST form may be used by health care providers to communicate orders pertaining to emergency and end-of-life care.

The House Judiciary Committee will not be moving this legislation forward.

POSITION: Support, with proposed amendments

**SHB 2473 / SB 6382 – RELATING TO CREATING A MEDICATION ASSISTANT
ENDORSEMENT FOR CNAs WORKING IN NURSING HOMES**

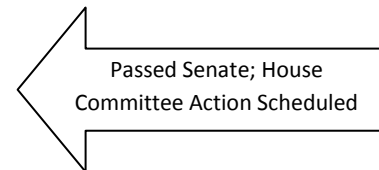


SHB 2473 was passed by the full House by the deadline of 5 p.m. on Tuesday, February 14th to remain alive. It is scheduled for a public hearing in front of the Senate Health and Long-Term Care Committee on February 22. A floor amendment was hung onto the bill while being debated by the full chamber, adding in language that requires a medication assistant, at the time they are doing the work of that credential, to be limited to doing the work of that credential. The Senate bill died previously in committee.

In a continuation of efforts from last year's legislative session, this bill creates an endorsement to the Nursing Assistant, Certified credential that would allow, under certain circumstances, the NAC working in the nursing facility to administer limited medications and perform identified treatments under the direct supervision of an RN. The new endorsement is entitled 'Medication Assistant'. Qualifications, training, exams, and specific tasks and duties within a scope of practice are to be developed by the Department of Health. Participation by a nursing home in the usage of such credentialed workers is voluntary.

POSITION: Monitor

**SHB 2554 / SB 6324 – RELATING TO... LANDLORDS AND TENANTS...
CARBON MONOXIDE ALARMS**



SHB 2554 died in the House Rules Committee. The Senate bill, passed off of the Senate floor on February 9, is scheduled for executive action by the House Judiciary Committee on February 20 after being heard on February 15.

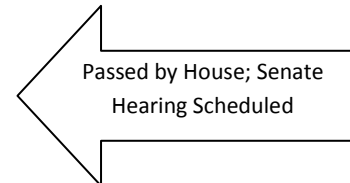
With respect to carbon monoxide alarms, these bills would change landlord tenant law in the following manner:

1) Landlord responsibilities would include a requirement to provide written notice to all tenants stating whether a unit is equipped with a carbon monoxide alarm and if so, a copy of the manufacturer's recommendations. Further, the notice must inform the tenant of the tenant's responsibility to maintain the carbon monoxide alarm in proper operating condition, including the replacement of batteries when required. Tenants must also be provided with information about the health and safety hazards associated with carbon monoxide exposure. This information must be approved or provided by the state department of Health, provided in written format to the tenant at the time of lease signing OR posted visibly in a public location at the dwelling property;

2) SB 6324 additionally amends the tenant's obligations to include their own responsibility to maintain any carbon monoxide alarm installed in the dwelling unit per the manufacturer's recommendations, including the replacement of batteries when needed for its proper operation.

POSITION: Monitor.

SHB 2578 – CONCERNING DISCIPLINARY ACTIONS AGAINST THE HEALTH PROFESSIONS LICENSE...



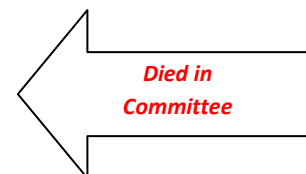
This legislation allows summary suspension of a license or temporary practice permit upon determination of a final order by DSHS that the holder is disqualified from unsupervised access to vulnerable adults in a nursing home, boarding home, adult family home or in-home setting. That suspension remains in effect until the disciplinary process by the pertinent authority has been completed. As amended by the House Health Care & Wellness Committee, however, the bill now specifies that the summary suspension of a health care provider's credential applies in cases of final findings by the Department of Social and Health Services (DSHS) of abuse, abandonment, neglect, or financial exploitation of a vulnerable adult rather than the standard of being disqualified from unsupervised access to vulnerable adults.

Further, an applicant for a license or permit may not practice in that health care profession under the same circumstances by a final order by DSHS until proceedings from the disciplinary authority have been completed.

SHB 2578 is scheduled for a public hearing in the Senate Health and Long-Term Care Committee on February 22.

POSITION: Support

HB 2632 / SB 6483 – RELATING TO CRIMINAL ACTIVITIES OCCURRING AT RENTAL PROPERTIES

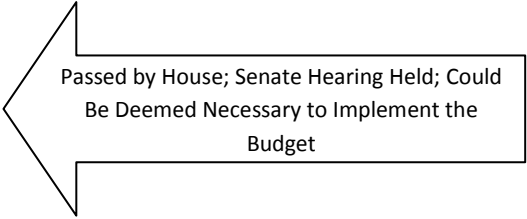


These bills are designed to provide landlords and law enforcement with legal means to quickly remove squatters, gang influences and those engaged in criminal activities from rental properties. Under certain conditions, it would be criminal trespass to occupy rental property unlawfully. A property owner or agent of the owner may then request law enforcement to remove the 'tenant' as a trespasser if they have demanded that they vacate the property. Law enforcement is required to make a reasonable attempt to identify and notify a landlord if they have found that a person residing in a dwelling unit is engaged in criminal street gang activity, human trafficking or is being investigated for such.

Neither bill had a public hearing.

POSITION: Monitor

**SHB 2648 – RELATING TO THE ADDITIONAL SURCHARGE
IMPOSED ON RNs and LPNS**



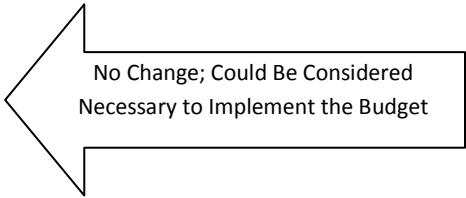
Passed by House; Senate Hearing Held; Could
Be Deemed Necessary to Implement the
Budget

Currently, an RN or LPN is obligated to pay an additional \$5.00 upon initial license and renewals for the purpose of funding a central nursing resource center, the Washington Center for Nursing. This was instituted via prior legislation with an expiration date of June 30, 2013. HB 2648 removes the expiration date. This surcharge will therefore continue until a further law amends to remove or alter it in some fashion.

SHB 2648 was passed off of the House floor by the February 14 deadline and was heard by the Senate Health and Long-Term Care Committee on February 16.

POSITION: Pending

HB 2685 – RELATING TO NURSING HOMES



No Change; Could Be Considered
Necessary to Implement the Budget

This bill resets the Medicaid nursing facility Financing Allowance factor to 8.5% on the net book value of assets in a nursing facility acquired prior to June 30, 2011 and to 4% on the net book value of assets in a nursing facility acquired post July 1, 2011.

During last session, a flat 4% return on all assets, regardless of the date of acquisition, was mandated. While this bill is an attempt to overcome the onerous 2011 methodology change, we believe it does not adequately set an appropriate return percentage for assets acquired post July 1, 2011. Debt servicing in the current marketplace reflects the appropriateness of an 8.5% return regardless of the date assets were acquired and put into use within the nursing facility.

HB 2685 has been heard in the House Health & Human Services Appropriations & Oversight Committee. Aging Services of Washington testified in favor of the bill but urged committee members to consider passing HB 2752 which reverses capital and non-capital component changes made last session to the payment methodology.

POSITION: Support with concerns

[HB 2727](#) - CONCERNING DISBURSEMENTS FROM THE SKILLED NURSING FACILITY SAFETY NET TRUST FUND

No Change; Could Be Considered Necessary to Implement the Budget

This proposed legislation reinforces the intent of legislation passed last year that created a nursing facility safety net assessment by adding language to underlying law which states that ‘... the legislature may not transfer or appropriate funds inconsistent with this chapter.’

By way of background, in 2011 the legislature established the Skilled Nursing Facility Safety Net Trust Fund (Trust Fund). All proceeds from the assessment fee are directed into this fund. The Trust Fund is subject to appropriation and can only be used for:

- Immediate pass-through to nursing facilities or rate add-on to reimburse the Medicaid share of the fee;
- Maintenance and enhancement of the Medicaid nursing facility rates; and
- Administration of the collection and disbursement of the fee; however, these administrative expenses cannot exceed one-half of one percent of the proceeds from the fee.

Additionally, HB 2727 adds: ‘The legislature may not increase the assessment solely for purposes of supplanting state general fund payments to skilled nursing facilities.’

Aging Services of Washington has consistently expressed concern that offsetting general fund state expenditures with federal funds via this assessment mechanism can create an unsustainable dependence.

The bill remains in the House Ways & Means Committee. A public hearing has not been scheduled.

POSITION: Monitor

[HB 2737](#) – RELATING TO NURSING HOMES MEDICAID REIMBURSEMENT AND SETTLEMENT PROCESS

*Died
In Committee*

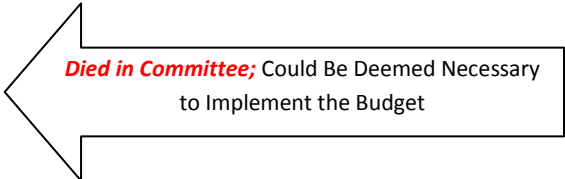
This bill would allow a nursing facility to shift unspent rate payments from direct care (nursing) and therapy services to other non-direct patient care cost centers within the facility. It also provides that the Comparative Analysis add-on rate component of the Medicaid daily rate will not be subject to settlement (the action of comparing costs incurred to rate paid annually).

We should not create incentives for facilities to under-spend in direct care or therapy which this bill does by allowing facilities to shift monies to other non-direct patient care areas. We support the clarification that the Comparative Analysis add-on is not to be settled.

The bill was referred to the House Health and Human Services Appropriations & Oversight Committee. While the bill had been scheduled for hearing, it was pulled from the agenda and will not be moved further. DSHS just recently agreed to not settle the Comparative Analysis add-on rate component making that section of the bill unnecessary.

POSITION: Oppose

**[HB 2752](#), RESTORE NURSING FACILITY PAYMENT
METHODOLOGY CHANGES MADE DURING 2011**



*Died in Committee; Could Be Deemed Necessary
to Implement the Budget*

Aging Services of Washington wrote this legislation, which was heard by the House Health & Human Services Appropriations & Oversight Committee on February 2, with comprehensive and moving testimony provided by Aging Services of Washington members Jeff Cohen (Caroline Kline Galland), Sam Wan (Kin On) and Jeffery Hattori (Nikkei Concerns, Seattle Keiro). We express our sincere thank you to them for representing not only their own communities but also you, their colleagues and fellow members.

With passage of ESSB 5581 last session, certain technical changes were made to the nursing facility payment methodology which will take full effect on July 1, 2013, and result in significant rate decreases in the direct care, support services, operations and financing allowance rate components.

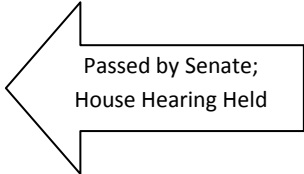
Nursing Facility Medicaid payment rate methodologies restored under HB 2752 are:

- 1) Minimum occupancies used in Operations, Property & Financing Allowance;
- 2) DC median-plus ceiling from the current 110% to 112%;
- 3) Support Services median-plus ceiling from the current 108% to 110%;
- 4) Financing Allowance to 8.5% on all assets regardless of acquisition date; and
- 5) Elimination of the Low Acuity rate adjustment.

With the federal government's approval of Washington's skilled nursing facility safety net assessment proposal, the above payment methodology changes should be reversed to avoid significant eventual financial loss. Failure to do so may result in the closure of several nursing facilities in 2013.

The bill died in committee.

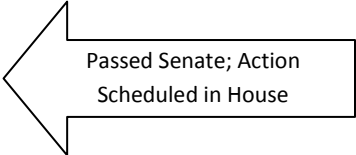
POSITION: Support

ESSB 6237 – CREATING A CAREER PATHWAY FOR MEDICAL ASSISTANTS


Passed by Senate;
House Hearing Held

ESSB 6237 was heard in front of the House Health Care Committee on February 15. It seeks to transition and ultimately replace the credential of health care assistant with a medical assistant credential.

POSITION: Monitor

SB 6315 / HB 2642 – RELATING TO THE FAIR TENANT SCREENING ACT


Passed Senate; Action
Scheduled in House

The Senate bill was passed off of the Senate floor in an amended form, has been heard by and is scheduled for executive action by the House Judiciary Committee on February 20. The House bill died previously in committee.

Landlord tenant law is amended to:

Define the term ‘tenant screening’: means using a consumer report or other information about a prospective tenant in deciding whether to make or accept an offer for residential rental property to or from a prospective tenant;

Define the term ‘tenant screening report’: means a consumer report as defined in RCW 19.182.010 and any other information collected by a tenant screening service;

Define the term ‘prospective landlord’: means a landlord or a person who advertises, solicits, offers or otherwise holds a dwelling unit out as available for rent;

Define the term ‘prospective tenant’: means a tenant or a person who has applied for residential housing that is governed under this chapter’;

(a) Prior to obtaining any information about a prospective tenant, the prospective landlord shall first notify the prospective tenant in writing, or by posting, of the following:

(i) What types of information will be accessed to conduct the tenant screening;

(ii) What criteria may result in denial of the application; and

(iii) If a consumer report is used, the name and address of the consumer reporting agency and the prospective tenant's rights to obtain a free copy of the consumer report in the event of a denial or other adverse action, and to dispute the accuracy of information appearing in the consumer report.

(b)(i) The landlord may charge a prospective tenant for costs incurred in obtaining a tenant screening report only if the prospective landlord provides the information as required in (a) of this subsection.

(ii) If a prospective landlord conducts his or her own screening of tenants, the prospective landlord may charge his or her actual costs in obtaining the background information only if the prospective landlord provides the information as required in (a) of this subsection. The amount charged may not exceed the customary costs charged by a screening service in the general area. The prospective landlord's actual costs include costs incurred for long distance phone calls and for time spent calling landlords, employers, and financial institutions.

(c) If a prospective landlord takes an adverse action, the prospective landlord shall provide a written notice of the adverse action to the prospective tenant that states the reasons for the adverse action. The adverse action notice must contain specific information in a format designed explicitly in law.

The bill includes the formation of a stakeholder workgroup to address a number of other issues related to tenant screening, such as tenant costs of obtaining a screening report, portability of the reports and court records which may or may not be considered in a background check. Aging Services of Washington will be engaged in these negotiations should this section of the legislation be placed into law.

POSITION: Support with concerns

**SSB 6517 – REGARDING HOSPITAL FINANCING AND
TAX PREFERENCE ELIGIBILITY**



*Died in Senate; Could Be Deemed
Necessary to Implement the Budget*

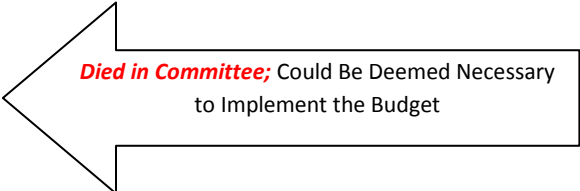
The amended bill did not pass out of the Senate Rules Committee by the February 14 deadline and is technically dead.

With the amendments, and of significance to public hospital districts, they have been stricken from the reporting requirements outlined in the final paragraph, below.

This legislation adds requirements to hospitals seeking financing through the Washington Health Care Facilities Authority, specifically: provision of prescribed charity care benefits; implementation of programs that will reduce emergency room usage for non-emergent health conditions; participation in activities to support the principles of accountable care; and the provision of documentation of community health needs.

Further, a nonprofit hospital or public hospital district must provide certain charity care considerations in order to qualify for and maintain their nonprofit status: documentation of charity care provided, including costs of care and charges of care; the salaries of the top 5 highest paid officials; and documentation of the availability of mental health beds within their hospital and within the region relative to the needs of the greater community for such services.

POSITION: Monitor

SB 6022 - RELATING TO LONG-TERM CARE SERVICES


*Died in Committee; Could Be Deemed Necessary
to Implement the Budget*

SB 6022 changes the effective date of Initiative Measure No. 1163 (related to Caregiver Training) to July 1, 2014. Washington State cannot afford to spend scarce state dollars on an unfunded mandate of questionable benefit to assisted living residents and to those who care for them.

It never received a public hearing and is technically dead.

POSITION: Support

**SB 6048 – RELATING TO PERMITTING NURSING HOMES TO
RECYCLE UNUSED PRESCRIPTION MEDICINES
(also see comments on SHB 2228, SSB 6049, SB 6051)**



*Died
In Committee*

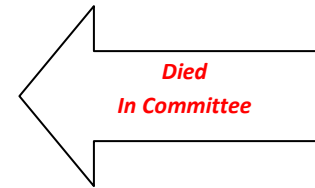
Aging Services of Washington testified in support of this legislation, but with concerns as noted below, at its public hearing on January 11. No further action was taken by the Senate Health & Long-Term Care Committee.

This bill, while similar to other legislation introduced for the purpose of allowing the redistribution of unused drugs, specifically applies to nursing homes. It allows participating nursing homes to share, between themselves, unused (non-controlled substances) prescription drugs. It also allows them to accept donations from drug manufacturers and prescribing health care practitioners. All drugs must be in unopened single-unit dose packaging, and may not have been in the possession of a patient or other individual who is not a program participant as defined by the bill. Handling fees are allowed to be charged by participating facilities. None of the donated drugs may be resold, and all must be legally re-prescribed to the end user.

Aging Services of Washington supports the intent of this bill to develop a system for the redistribution, on a voluntary basis, of unused medications to others in need. We do, however, have concerns about adequate liability protections for participating entities, consumer safety and the possible savings that may be realized through this program given non-narcotics are not included and the cost of generic and over-the-counter medications are likely less than the cost involved in repackaging and redistributing these drugs.

POSITION: Support with concerns

SSB 6049 – RELATING TO...A CANCER DRUG REPOSITORY PROGRAM
(also see comments on SB 6048 and SB 6051)



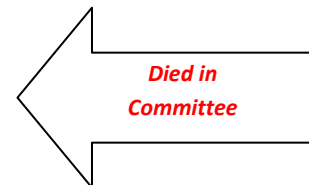
Aging Services of Washington supported this legislation at its public hearing on January 16, with concerns as noted below. After being amended by the Senate Health and Long-Term Care Committee, it died in the Senate Ways & Means Committee without a hearing.

This legislation would require the Department of Health to create a program for the redistribution of cancer drugs. Amendments to the original bill include heightened liability protection language, tamper-evident packaging requirements, and limited those entities accepting the used medications to pharmacies and health care practitioners (SB 6049 allowed nursing homes to be a collector).

Aging Services of Washington supports the intent of this bill to develop a system for the redistribution, on a voluntary basis, of unused medications to others in need. We do, however, have concerns about adequate liability protections for participating entities, consumer safety and the possible savings that may be realized through this program given non-narcotics are not included and the cost of generic and over-the-counter medications are likely less than the cost involved in repackaging and redistributing these drugs.

POSITION: Support with concerns

SB 6051 - RELATING TO THE DONATION AND REDISTRIBUTION
OF UNUSED PRESCRIPTION DRUGS
(also see comments on SHB 2228, SB 6048 and SSB 6049)



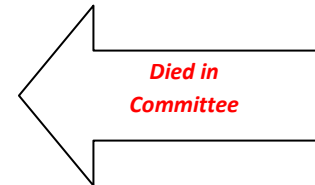
An individual would be allowed to donate unused (non-controlled substances only) prescription drugs to a nursing home (as well as certain other health care facilities), in accordance with rules to be subsequently developed, for the purpose of redistribution to the end-user. Protections designed to address concerns such as the donor source, potential for tampering, liability of the accepting facility or redistributing provider are addressed included within the bill. All drugs must be legally re-prescribed to the end user. This legislation is not applicable to licensed boarding homes or adult family homes. A handling fee of no more than \$20 may be charged to the recipient/end user of the drug by the nursing home or participating prescribing practitioner to offset the costs of inspecting the drugs, storage, repackaging, etc.

Aging Services of Washington supports the intent of this bill to develop a system for the redistribution, on a voluntary basis, of unused medications to others in need. We do, however, have concerns about adequate liability protections for participating entities, consumer safety and the possible savings that may be realized through this program given non-narcotics are not included and the cost of generic and over-the-counter medications are likely less than the cost involved in repackaging and redistributing these drugs.

Aging Services of Washington testified in support of this legislation, but with concerns as noted above, at its public hearing in early January. The bill did not see further action.

POSITION: Support with concerns

SB 6054 – RELATING TO ELIMINATING THE CERTIFICATE OF NEED FOR ALL HEALTH CARE FACILITIES EXCEPT HOSPITALS



This bill would exempt CCRCs, hospice, nursing homes, home health agencies and other health care entities, with the exception of hospitals, from the state's certificate of need program and accompanying regulations. It is unlikely that this bill will be scheduled for hearing given the long-held perceived policy and fiscal benefits to a regulated market.

SB 6054 died in the Senate Health and Long-Term Care Committee without a hearing.

POSITION: Pending

SSB 6115 – RELATING TO THE HEALTHCARE WORKFORCE



This bill died in the Senate Ways & Means Committee without a public hearing, after previously being passed out of the Senate Health and Long-Term Care Committee.

This bill creates a health care personnel shortage task force to establish and maintain a state strategic plan to ensure an adequate supply of health care professions, of which long term care workers are one of many. The task force seeks to examine, as one of its functions, scopes of practice of all health care licensees with the goal of having workers function at the top of the scope of their credential.

Committee amendments primarily pertained to requiring the University of Washington School of Nursing to consult with the task force when making changes to degree requirements or proposing to eliminate or add degree offerings. Any change, elimination, or addition to a degree program must be in accordance with the state strategic plan and further the social good and the public health of the people in the state.

SSB 6115 further provides for the ability of a fire department to develop programs which would assist or divert those 'low-acuity' users of 911 to connecting with community health care providers and social services. Reductions in repeated use of the 911 system and avoidable emergency room visits would be a required measurement of the program.

POSITION: Pending

SB 6447 – RELATING TO STATE WORK-STUDY FUNDING

Died in Committee; Could Be Deemed
Necessary to Implement the Budget

To preserve the existing level of funding for the state’s work-study program, cited within the legislation as a vital component of financial aid that helps low and middle-income students earn money for college while gaining valuable experience in jobs that are related to their career goals, a surcharge is to be added to all business, occupational and professional licenses. This includes a \$10 fee for corporations and partnerships filings with the Secretary of State, and a **3% surcharge on all health professional license and renewal fees**. It would take effect April 1, 2012.

SB 6447 technically died without passing out of the Senate Higher Education & Workforce Development Committee.

POSITION: Pending

Aging Services Legislative Team — Questions? Contact Us!

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