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## *This Week in Olympia*

### Legislative Update

January 13, 2012



CONNECT   

Monday, January 9 saw the opening of the 2012 Legislative Session. While policy bills are certainly a significant component of deliberations, the focus of the 60 day session will be, primarily, on addressing the \$1.5 billion budget shortfall for the 11/13 biennium.

Any and all proposals will be on the table, funding cuts, government reforms, and revenue generating alike. Aging Services of Washington supports a broad based approach to generating new and additional revenue to address the remaining budget shortfall of nearly \$1.5 billion. Additionally, any savings that can be achieved by changing how the state does business should be pursued as well. However, government reforms alone will not address the shortfall of the magnitude we face. And while the one-half cent increase in the state's sales tax, as proposed by the Governor, is generally thought to be regressive, it is one of just a few mechanisms that can quickly generate sufficient revenue to avoid devastating funding reductions for many health and social services programs. It will continue to be our collective mission to gain legislative support for the funding necessary to provide quality care and services to our state's frail elders and oppose funding cuts for essential care and services for our state's most vulnerable seniors.

We encourage, and need, your advocacy efforts again this year. We ask that you get involved early and stay involved throughout the entire session. 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.

Plan to attend our Legislative Rally Day on February 1<sup>st</sup> at 9:30 a.m. in the Heritage Room, Capitol Lake, in Olympia. This is the one opportunity Aging Services of Washington members have to come together, as a body, to discuss the latest happenings in Olympia and speak in a unified voice, representing the needs of seniors and those who serve them. Please join us on February 1<sup>st</sup>!

Download a Rally Day [registration](#) form here and fax it to our offices, 253-964-8876. We are making appointments now for you to visit with your legislators that afternoon, so the timeliness of your registration is appreciated.

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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](#).

#### **NEW LEGISLATION INTRODUCED – 1<sup>st</sup> week of the 2012 Regular Session**

##### **[HB 2056](#) - RELATING TO ASSISTED LIVING FACILITIES**

HB 2056 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.

This bill was heard in the House Health Care committee on Monday, January 9<sup>th</sup> and Aging Services of Washington testified in support of its passage for the reasons mentioned above, with recommendations to make technical perfecting amendments.

**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 2<sup>nd</sup> 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 2<sup>nd</sup> 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

**HB 2150 – GENERATING REVENUE FROM COMMUNITY RESIDENTIAL SERVICE BUSINESSES**

Consistent with prior legislative efforts, this bill would impose a ‘utility’ tax on businesses licensed or certified by DSHS to provide certain services to those individuals defined as having a developmental disability.

This bill was heard in the House Ways & Means Committee on January 11, with Executive Action scheduled for Wednesday, January 18.

**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 prescribed in the bill.

**POSITION – SUPPORT**

**HB 2227 – RELATING TO MEDICAL ASSISTANTS**

This legislation creates a Medical Assistant registration credential. Designated health care professionals, including physicians, RNs and ARNPs would be allowed to delegate tasks to a Medical Assistant as developed in subsequent rule. Medical Assistant training requirements and scope of practice limitations are established. 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 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.

The bill was heard in the House Health and Wellness Committee on January 12, with Aging Services signing in favor of the legislation.

**POSITION: SUPPORT**

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

This legislation 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. Priority for the end-user of the redistributed drugs is given to those individuals at or below 200% of the federal poverty level or who are uninsured. All drugs must be legally re-prescribed to the end user and donated at no cost. Certain protections such as facility liability and drug quality are written into the bill language. No compensation is granted to or between any of the participants in a transaction.

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.

The bill was heard in the House Health Care committee on Thursday, January 12. Aging Services of Washington testified in support of the intent of this legislation, but with concerns as noted above.

**POSITION: SUPPORT WITH CONCERNS****[HB 2249](#) / [SB 6076](#) – RELATING TO SENIOR CENTER LICENSES**

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. The senior center licensee must be a nonprofit organization, use only licensed servers and follow regulations subsequently developed by the liquor control board.

**POSITION: MONITORING****[HB 2314](#) – CONCERNING LONG TERM CARE WORKERS**

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 and excludes Community Residential providers from the training and certification requirements.

Supported Living providers had been previously exempted; this legislation expands that to include such settings as group homes, etc., all of which are related to the provision of care to the developmentally disabled. Community Residential is the overarching title of this group of provider licenses.

Importantly, the bill would remove the July 1, 2012 requirements for CE units for credentialed NAC, LPN and RN Long Term Care (LTC) Workers. Only the non-credentialed LTC worker (employed prior to January 7, 2012) and the Certified Home Care Aide would be subject to the CE changes which will occur in July.

The state would continue to be obligated 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.

HB 2314 will be heard by the House Health & Wellness Committee on Thursday, January 16.

**POSITION: PENDING**

**HB 2341 – RELATING TO COMMUNITY BENEFITS PROVIDED BY HOSPITALS**

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. 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. Further, the provision of community benefits, or charity care, is prescribed according to certain standards and state-reporting is again required.

The House Health Care & Wellness Committee will hold a public hearing on this bill Monday, January 16.

**POSITION: MONITORING**

**SB 6022 - RELATING TO LONG-TERM CARE SERVICES**

SB 6022 changes the effective date of Initiative Measure No. 1163 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 has been referred to the Senate Ways & Means Committee and remains to be scheduled for a hearing.

**POSITION: SUPPORT**

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

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.

Aging Services of Washington testified in support of this legislation, but with concerns as noted above, at its public hearing on Thursday, January 11. It is scheduled for Executive Action by the Senate Health and Long-Term Care Committee on Monday, January 16th.

**POSITION: SUPPORT WITH CONCERNS**

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

This legislation would require the Department of Health to create a program for the redistribution of cancer drugs and would allow certain health care facilities, including nursing homes, to participate under subsequent rules to be developed.

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 supported this legislation, but with concerns as noted above, at its public hearing on Thursday, January 11. It is scheduled for Executive Action by the Senate Health and Long-Term Care Committee on Monday, January 16.

**POSITION: SUPPORT WITH CONCERNS**

**SSB 6051 - RELATING TO THE DONATION AND REDISTRIBUTION OF UNUSED PRESCRIPTION DRUGS  
(also see comments on HB 2228, SB 6048 and SB 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 on Thursday, January 11. It is scheduled for Executive Action by the Senate Health and Long-Term Care Committee on Monday, January 16.

**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.

It has been referred to the Senate Health and Long-Term Care Committee.

**POSITION: PENDING**

**SB 6115 – RELATING TO THE HEALTHCARE WORKFORCE**

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.

SB 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.

It will be heard in the Senate Health and Long-Term Care Committee on Wednesday, January 18.

**POSITION: PENDING**

**Ageing Services Legislative Team — Questions? Contact Us!**

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