
SENATE BILL 5519

State of Washington

63rd Legislature

2013 Regular Session

By Senators Bailey, Darneille, Dammeier, Keiser, Litzow, Kohl-Welles, and Conway

Read first time 02/01/13. Referred to Committee on Health Care .

1 AN ACT Relating to enacting planning measures to provide for the
2 future long-term care services and supports needs of the aging
3 population; amending RCW 74.41.050; creating new sections; and
4 providing expiration dates.

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

6 NEW SECTION. **Sec. 1.** The legislature makes the following
7 findings:

8 (1) By 2030 nearly twenty percent or one out of every five people
9 in our state will be age sixty-five or older and by 2060 the population
10 of people who are age eighty-five or older in our state will more than
11 triple. This will affect every area of state government;

12 (2) There is a need for increased focus and a planning to support
13 the growing number of seniors and people with disabilities with
14 Washington state. Planning is necessary across a broad range of policy
15 areas including health, long-term services and supports, housing,
16 transportation, financial security, and protections for vulnerable
17 adults;

18 (3) To address the growing demand for long-term services and
19 supports, Washington state must do more to leverage private resources,

1 support families so they can take care of their loved ones without
2 having to resort to medicaid and help people plan for potential future
3 costs;

4 (4) In the past few decades, a number of initiatives have been
5 undertaken to reform Washington's system of supports for seniors to
6 emphasize home and community based options. These efforts have saved
7 millions of dollars by preventing expensive institutional placements;

8 (5) Washington must begin planning for the future long-term
9 services and supports needs of its residents by taking steps to grow
10 its workforce, resources, and quality long-term services and supports,
11 and identify alternative long-term care financing options to help
12 families and reduce the rate of growth in medicaid;

13 (6) It is necessary to explore public and private sector approaches
14 to support payment for long-term services and supports to support full
15 integration of people with disabilities and assist elders to age in
16 place; and

17 (7) The family caregiver support program and the four existing
18 aging and disability resource centers have proven potential in delaying
19 medicaid utilization and helping families manage and plan for the cost
20 of long-term services and support.

21 **Sec. 2.** RCW 74.41.050 and 2008 c 146 s 4 are each amended to read
22 as follows:

23 (1) The department shall contract with area agencies on aging or
24 other appropriate agencies to conduct family caregiver long-term care
25 information and support services ((to the extent of available funding))
26 with a goal of reaching ten thousand caregivers by the end of fiscal
27 year 2014. The responsibilities of the agencies shall include but not
28 be limited to: ((+1)) (a) Administering a program of family caregiver
29 long-term care information and support services; ((+2)) (b)
30 negotiating rates of payment, administering sliding-fee scales to
31 enable eligible participants to participate in paying for respite care,
32 and arranging for respite care information, training, and other support
33 services; ((and—(3)) (c) developing an evidence-based tailored
34 caregiver assessment and referral tool; and (d) conducting outreach
35 activities in order to reach people in the community who would benefit
36 from family caregiver long-term care information and support services.

1 In evaluating the need for respite services, consideration shall be
2 given to the mental and physical ability of the caregiver to perform
3 necessary caregiver functions.

4 (2) By July 1, 2014, the aging and disability services
5 administration of the department of social and health services must
6 report to the appropriate committees of the legislature on a phased
7 expansion plan to meet the demands of an aging society and extend
8 caregiver support to a greater percentage of caregivers in need. The
9 report should include evaluation of the program's potential to: (a)
10 Delay or divert medicaid utilization rates; and (b) improve the health
11 and well-being of family caregivers including, but not limited to,
12 reducing rates of depression and other health or mental health issues.
13 In developing the plan, the aging and disability services
14 administration must consult with stakeholders, including individuals
15 with developmental disabilities, physical disabilities, behavioral
16 health needs, and long-term care needs.

17 NEW SECTION. Sec. 3. By July 1, 2014, the aging and disability
18 services administration of the department of social and health
19 services, in consultation with stakeholders, including individuals with
20 developmental disabilities, physical disabilities, behavioral health
21 needs, and long-term care needs, must report to the appropriate
22 committees of the legislature on:

23 (1) The existing funding of the following aging and disability
24 resource centers: (a) The northwest regional council in Skagit and
25 Whatcom counties; (b) Pierce county community connections; (c)
26 southeast Washington aging and disability resource centers in Asotin,
27 Benton, Columbia, Franklin, Garfield, Kittitas, Yakima, and Walla Walla
28 counties; and (d) aging and long-term care of eastern Washington in
29 Ferry, Pend Oreille, Spokane, Stevens, and Whitman counties;

30 (2) The level of funding necessary to achieve the full complement
31 of aging and disability resource center functions statewide by December
32 1, 2017. The full complement of services includes five core functions:
33 (a) Information and assistance; (b) options counseling; (c) streamlines
34 access; (d) person-centered care transitions; (e) quality assurance and
35 evaluation; and (f) care coordination. This proposal must include ways
36 to maximize opportunities to leverage federal dollars and requirements
37 to establish local partnerships to draw in additional funding;

1 (3) Preliminary results of evaluations underway on the aging and
2 disability resource centers as of the effective date of this section
3 and a proposal for ongoing evaluations and assessments; and

4 (4) The roles and responsibilities of the aging and disability
5 resource centers, how they serve different populations including
6 individuals with developmental disabilities, individuals with physical
7 disabilities, and individuals with behavioral health needs, and how
8 they interact with existing information and assistance programs such as
9 211, parent to parent, and regional support networks.

10 This section expires December 15, 2014.

11 NEW SECTION. **Sec. 4.** (1) The office of financial management must
12 evaluate the following options to support families as they prepare for
13 the cost of long-term services and supports needs:

14 (a) Tax incentives or other measures to encourage individuals to
15 purchase private long-term care insurance and to encourage employers to
16 offer private long-term care insurance to their employees;

17 (b) Options to incentivize state workers to participate in employer
18 offered private long-term care insurance;

19 (c) Options to increase take-up rate of long-term care partnership
20 policies, including a public option;

21 (d) Regulatory changes necessary to encourage the use of life
22 insurance to finance long-term services and supports;

23 (e) A public insurance option financed through voluntary
24 contributions; and

25 (f) A public insurance option financed through mandatory
26 contributions.

27 (2) Each of the options listed in subsection (1) of this section
28 should be evaluated based on how it meets the following goals:

29 (a) Delay or divert medicaid long-term care utilization and provide
30 relief for family caregivers;

31 (b) Support individuals with functional or cognitive limitations or
32 both so that they are able to remain in the community by purchasing
33 nonmedical services and supports such as home care and adult day health
34 services and avoid institutional care;

35 (c) Expand long-term coverage and supports for the greatest number
36 of people;

1 (d) Address direct care workforce recruitment and retention issues
2 to ensure access to long-term services and supports;

3 (e) Be affordable for families and include comprehensive benefits;

4 (f) Reduce inequality and promote economic security for middle
5 class families; and

6 (g) Include a minimal impact on the state general fund and bring
7 additional funds into the long-term care system.

8 (3) The office of financial management must select one or more of
9 the options in subsection (1) of this section and provide a proposal
10 and implementation plan for the preferred option to start in 2015.

11 (4) The office of financial management must consult with the joint
12 legislative executive committee on aging and disability issues created
13 in section 5 of this act on the study design as well as on the draft
14 and final report.

15 (5) The office of financial management must also consult with
16 stakeholders, including advocates for people with disabilities or area
17 aging, labor representatives, area agencies on aging, long-term
18 services and supports providers, and the office of the insurance
19 commissioner on the study design as well as on the draft and final
20 report.

21 (6) The office of financial management must provide a draft report
22 to the joint legislative executive committee on aging and disability
23 issues for review and feedback by October 15, 2014. The office of
24 financial management must deliver a final report to the legislature by
25 December 10, 2014, that includes an implementation plan to the ways and
26 means committees of the senate and the house of representatives.

27 (7) This section expires December 15, 2014.

28 NEW SECTION. **Sec. 5.** (1) A joint legislative executive committee
29 on aging and disability issues is established, with members as provided
30 in this subsection.

31 (a) The president of the senate shall appoint the chair of the
32 senate committee with jurisdiction over long-term care policy as well
33 as one additional member from each of the two largest caucuses of the
34 senate;

35 (b) The speaker of the house of representatives shall appoint the
36 chair of the house committee with jurisdiction over long-term care

1 policy as well as one additional member from each of the two largest
2 caucuses of the house of representatives;

3 (c) The governor shall appoint one member to service as a liaison
4 to the committee;

5 (d) The secretary of the department of social and health services
6 or his or her designee; and

7 (e) The director of the health care authority or his or her
8 designee.

9 (2) The joint committee must be convened by September 1, 2013. At
10 the first meeting, the members of the joint committee shall select
11 cochairs from among the committee members. The joint committee shall
12 establish advisory committees, consisting of at least three
13 stakeholders and chaired by a member of the joint committee, to focus
14 on specific topic areas. All meetings of the joint committee and the
15 advisory committees are open to the public.

16 (3) The joint committee shall consult with the office of the
17 insurance commissioner, the caseload forecast council, and other
18 appropriate entities with specialized knowledge of the growing needs of
19 the aging and disability populations.

20 (4) The joint committee shall conduct the following activities:

21 (a)(i) Establish a profile of Washington's current elderly and
22 disabled population and its needs;

23 (ii) Establish an inventory of the services and supports currently
24 available to the elderly and disabled, including health care providers
25 and facilities, long-term care providers and facilities, caregiver
26 supports, public and private financing, transportation services, and
27 housing;

28 (iii) Assess the areas of the current system where the additional
29 support is needed for Washington's current elderly population;

30 (b)(i) Establish a profile of Washington's expected elderly and
31 disabled population in 2025 and evaluate its anticipated needs;

32 (ii) Establish an anticipated inventory of future services and
33 supports that will be required to meet the needs of the elderly and
34 disabled population in 2025;

35 (c) Develop a strategy of actions that the state may take to
36 prepare for the future demographic trends in the elderly and disabled
37 populations and build the necessary capacity to meet these demands,
38 including the identification of:

1 (i) Statutory and regulatory changes to promote the most efficient
2 use of resources, such as simplifying administrative procedures,
3 facilitating points of entry into the long-term care services and
4 supports system, and improving transitions between care settings;

5 (ii) Practices for promoting the use of technology, chronic care
6 management, and disability prevention programs to maintain the
7 independence of the elderly and disabled populations;

8 (iii) Caregiver supports;

9 (iv) Specialized resources for populations with special needs, such
10 as chronic conditions and dementia; and

11 (v) Housing and transportation programs to help individuals who are
12 elderly or disabled to maintain their independence;

13 (d) Consult with and provide direction to the office of financial
14 management in completing the study under section 4 of this act.

15 (5) Staff support for the joint committee must be provided by the
16 senate committee services, the office of program research, and the
17 office of financial management. The office of financial management
18 shall designate staff of the department of social and health services
19 to provide additional support to the joint committee.

20 (6) The joint committee members may be reimbursed for travel
21 expenses as authorized under RCW 43.03.050 and 43.03.060, and chapter
22 44.04 RCW as appropriate. Advisory committee members may not receive
23 compensation or reimbursement for travel and expenses.

24 (7) The expenses of the joint committee must be paid jointly by the
25 senate, the house of representatives, and the office of financial
26 management. Joint committee expenditures are subject to approval by
27 the senate facilities and operations committee and the house of
28 representatives executive rules committee, or their successor
29 committees.

30 (8) The joint committee shall report its findings and
31 recommendations to the governor and the appropriate committees of the
32 legislature by December 10, 2014.

33 (9) This section expires December 15, 2014.

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