

HCS HB 1620 -- ASSISTED LIVING FACILITIES

SPONSOR: Schaaf (Sutherland)

COMMITTEE ACTION: Voted "do pass" by the Special Committee on Healthcare Facilities by a vote of 9 to 2.

This substitute changes the laws regarding assisted living residences. The term "residential care facility I" as it applies to long-term care provided to the elderly and disabled is changed to "residential care facility" and the term "residential care facility II" is changed to "assisted living facility." In its main provisions, the substitute:

(1) Defines "assisted living facility" as any premises other than a residential care facility, intermediate care facility, or skilled nursing facility that provides or coordinates 24-hour care and protective oversight to three or more residents. Care may include the provision of shelter, board, and assistance with any activities of daily living or supervision of health care under the direction of a licensed physician;

(2) Defines the terms "community based assessment," "dementia," "activities of daily living," "instrumental activities of daily living," "shared responsibility agreement," "appropriately trained individual," and "social model of care";

(3) Requires an assisted living facility to provide for or coordinate oversight and services to meet the needs of a resident as provided for in a written contract signed by the resident or other responsible party;

(4) Prohibits an assisted living facility from accepting an individual who is a danger to self or others, requires physical or chemical restraint, requires more than one person to simultaneously assist the resident in daily activities, or is bed-bound;

(5) Requires an assisted living facility to provide staff in appropriate numbers and with appropriate skills to provide 24-hour care to residents;

(6) Requires an assisted living facility to keep a written plan for the protection of all residents in the event of a disaster;

(7) Requires an assisted living facility to complete a resident assessment upon admission, at least semi-annually, and whenever a significant change has occurred in the resident's condition;

(8) Requires the use of a personal electronic monitoring device

for any resident of an assisted living facility whose physician recommends its use;

(9) Prohibits any facility from naming or advertising itself as an assisted living facility without obtaining a license from the Department of Health and Senior Services; and

(10) Requires the department to develop rules to ensure the compliance of the provisions of the substitute.

FISCAL NOTE: Estimated Cost on General Revenue Fund of Unknown, greater than \$100,000 in FY 2007, FY 2008, and FY 2009. No impact on Other State Funds.

PROPOSERS: Supporters say the bill is long overdue in redefining residential care facilities to assisted living facilities, expanding options, and creating choices for older Missourians. Residents with diminished capacity will be allowed to remain at the assisted living facility with certain protections in place, rather than transferred to a skilled nursing facility when they are unable to exit safely in an emergency. Those living with dementia can continue to live a dignified and meaningful life if surrounded by competent and caring staff.

Testifying for the bill were Representative Sutherland; Lieutenant Governor; Missouri Alzheimer's Coalition; AARP; Missouri Association of Homes for the Aging; Department of Health and Senior Services; Bethesda Health Group, Incorporated; Lutheran Senior Services; Missouri Association of Long-Term Care Physicians; Missouri Aging Federation; Missouri Coalition for Quality Care; Missouri Long-Term Care Ombudsman Program; Missouri Alliance of Area Agencies on Aging; Kathy Ray-Smith, Missouri Association of Regional Long-Term Care Ombudsman; Central Missouri Area Agency on Aging; OWL, the Voice of Mid-Life and Older Women; and Sunrise and Mary LePage.

OPPOSERS: Those who oppose the bill say that in its current form the bill is inconsistent with current regulations and practices and unsafe for residents. There is a need for fair and proper enforcement of the regulations. Currently, inspectors are punitive; therefore, the Department of Health and Senior Services should be properly hiring and training their personnel to improve the education, attitude, and success of the people working in long-term care facilities.

Testifying against the bill were Missouri Health Care Association; and Larus Corporation.

Dominic Lackey, Legislative Analyst