

A-Engrossed
Senate Bill 703

Ordered by the Senate April 16
Including Senate Amendments dated April 16

Sponsored by Senator PATTERSON; Senator MANNING JR

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[Requires Department of Human Services and Oregon Health Authority to adopt quality metrics for caregiver registries, home health agencies, in-home care agencies and certain residential care facilities. Requires registries, agencies and facilities to annually report quality metrics and specified financial information to department and authority. Requires department and authority to post information reported by registries, agencies and facilities along with data published by Residential Care Quality Measurement Program.]

[Declares emergency, effective on passage.]

Adds direct care worker or representative of direct care worker to Quality Measurement Council.

Requires residential care facility to update uniform disclosure statement and submit statement to Department of Human Services any time there is change in management or ownership.

Directs department to conduct study of cost of care in, sufficiency of reimbursement paid to and average compensation paid to staff in residential care facilities. Requires department to report results of study to Legislative Assembly by January 1, 2023, and to publicly report aggregate, deidentified data from study. Sunsets on January 2, 2023.

A BILL FOR AN ACT

1
2 Relating to community-based care providers; creating new provisions; and amending ORS 443.443
3 and 443.447.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 443.447 is amended to read:

6 443.447. (1) The Quality Measurement Council is established in the Department of Human Ser-
7 vices to prescribe how the department shall implement the Residential Care Quality Measurement
8 Program established under ORS 443.446.

9 (2) The council consists of *[eight]* **nine** members, appointed by the Governor, as follows:

10 (a) One individual representing the Oregon Patient Safety Commission;

11 (b) One individual representing residential care facilities;

12 (c) One consumer representative from an Alzheimer's advocacy organization;

13 (d) One licensed health care practitioner with experience in geriatrics;

14 (e) Two individuals associated with an academic institution who have expertise in research us-
15 ing data and analytics and in community-based care and quality reporting;

16 (f) The Long Term Care Ombudsman or a designee of the Long Term Care Ombudsman; *[and]*

17 (g) One individual representing the department; **and**

18 **(h) One direct care worker or a representative of a direct care worker who works in a**
19 **residential care facility.**

20 (3)(a) On and after January 1, 2022, the council may update by rule the quality metrics to be

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 reported by residential care facilities under ORS 443.446.

2 (b) In developing quality metrics the council shall consider whether the data that must be re-
3 ported reflect and promote quality care and whether reporting the data is unnecessarily burdensome
4 on residential care facilities.

5 **SECTION 2.** ORS 443.443 is amended to read:

6 443.443. (1) A residential care facility, which includes an assisted living facility, shall provide,
7 at a minimum, the following information to an individual or any person acting on behalf of the in-
8 dividual at the time the individual applies for admission to the residential care facility and upon
9 request:

10 (a) A summary explanation of the services provided by the facility;

11 (b) A summary explanation of the types of care that the facility does not provide;

12 (c) A statement that if the facility is not capable of meeting the resident's needs for care and
13 services, the facility may require the resident to pursue other options, including by moving to an-
14 other facility or care setting;

15 (d) A statement that if a resident leaves the facility to receive acute medical, psychiatric,
16 nursing facility or other care, before the resident may return to the facility, the facility will first
17 evaluate whether the facility is capable of meeting the resident's care needs and, if not, the resident
18 will not be permitted to return to the facility;

19 (e) A statement of a resident's right to appeal if the facility requires the resident to leave the
20 facility or does not permit the resident to return to the facility, as described in paragraphs (c) and
21 (d) of this subsection; and

22 (f) A statement of whether the facility will arrange for or otherwise coordinate hospice care for
23 a resident upon request.

24 (2) The information described in subsection (1) of this section must:

25 (a) Be in writing;

26 (b) Be written in plain English;

27 (c) Be explained to the individual or the person acting on behalf of the individual in a manner
28 the individual or person understands;

29 (d) Be provided separately from all other disclosure and residency agreement documents; and

30 (e) Require the signature of the individual or the person acting on behalf of the individual ac-
31 knowledging that the individual or person understands the content and the implications of the in-
32 formation.

33 **(3) A residential care facility must update and submit to the Department of Human Ser-**
34 **VICES the information described in this section at any time there is a change in management**
35 **or ownership of the facility. The department shall make the information available to the**
36 **public on the department's facility search website.**

37 **SECTION 3. (1) The Department of Human Services shall conduct a study of licensed**
38 **residential care facilities, which includes licensed assisted living facilities and residential care**
39 **facilities with memory care endorsements, to evaluate:**

40 **(a) The total cost to provide care to residents by categories prescribed by the department**
41 **such as by geographic region, age of the facility or the mix of patients within a facility;**

42 **(b) The sufficiency of the reimbursement paid to facilities to meet the total cost of care**
43 **for medical assistance recipients in the facilities, for each type and category of facility; and**

44 **(c) The average compensation paid to direct care workers by the facilities in each ge-**
45 **ographic area designated by ORS 653.025 (1), (2) and (3).**

1 **(2) The department may contract with a third party vendor to conduct the study.**

2 **(3) The department or a third party vendor may not make overly burdensome requests**
3 **to facilities for information needed to conduct the study.**

4 **(4) The department shall publicly report the aggregate, deidentified data from the study.**

5 **(5) No later than January 1, 2023, the department shall report to the Legislative Assem-**
6 **bly, in the manner provided in ORS 192.245, on the results of the study.**

7 **SECTION 4.** **Section 3 of this 2021 Act is repealed on January 2, 2023.**

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