SENATE AMENDMENTS TO
SENATE BILL 703

By COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH AND RECOVERY

April 16

On page 1 of the printed bill, line 2, after the second semicolon, delete the rest of the line and delete line 3 and insert “and amending ORS 443.443 and 443.447.”.

Delete lines 5 through 28 and delete pages 2 through 6 and insert:

“SECTION 1. ORS 443.447 is amended to read:

"443.447. (1) The Quality Measurement Council is established in the Department of Human Services to prescribe how the department shall implement the Residential Care Quality Measurement Program established under ORS 443.446.

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

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

“(b) One individual representing residential care facilities;

“(c) One consumer representative from an Alzheimer’s advocacy organization;

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

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

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

“(g) One individual representing the department; and

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

“(3)(a) On and after January 1, 2022, the council may update by rule the quality metrics to be reported by residential care facilities under ORS 443.446.

“(b) In developing quality metrics the council shall consider whether the data that must be reported reflect and promote quality care and whether reporting the data is unnecessarily burdensome on residential care facilities.

“SECTION 2. ORS 443.443 is amended to read:

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

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

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

“(c) A statement that if the facility is not capable of meeting the resident’s needs for care and services, the facility may require the resident to pursue other options, including by moving to another facility or care setting;

“(d) A statement that if a resident leaves the facility to receive acute medical, psychiatric, nursing facility or other care, before the resident may return to the facility, the facility will first
(e) A statement of a resident’s right to appeal if the facility requires the resident to leave the facility or does not permit the resident to return to the facility, as described in paragraphs (c) and (d) of this subsection; and

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

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

(a) Be in writing;

(b) Be written in plain English;

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

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

(e) Require the signature of the individual or the person acting on behalf of the individual acknowledging that the individual or person understands the content and the implications of the information.

(3) A residential care facility must update and submit to the Department of Human Services the information described in this section at any time there is a change in management or ownership of the facility. The department shall make the information available to the public on the department’s facility search website.

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

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

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

(c) The average compensation paid to direct care workers by the facilities in each geographic area designated by ORS 653.025 (1), (2) and (3).

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

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

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

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

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