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WAHCA August 2021 Public Policy Report

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Policy Overview

August is typically quiet on the legislative front while people take vacations and prepare for Fall meetings and legislative days. State agencies on the other hand are very busy with rulemaking from the last legislative session! My main activities have been participating in agency rules meetings and ongoing workgroups for the Dementia Action Collaborative, Nursing Commission meetings, Rural Palliative Care and more...although we are not in session, policy activity is still pretty active this summer!



As you are aware, this summer has been unusually hot and this has had an impact on long-term care and hospitals dealing with heat exposure by seniors. DOH has an interesting link on their website: [Heat Wave 2021 :: Washington State Department of Health](#). On July 16, 2021, The Centers for Disease Control and Prevention (CDC) released a [rapid analysis](#) of emergency department visits during late June's northwestern heat wave. According to the report, the mean daily number of heat-related illness emergency department visits from June 25-30, 2021, in Region 10 was 69 times higher than that during the same days in 2019. The most affected groups were males and people age 75 and older. Region 10 includes Alaska, Idaho, Oregon, and Washington.

DOH Incident Command Team (ICT): DOH set up an ICT during the heat wave and is requesting information how it impacted health care providers and agencies. Since around 50% of residents in WA State do not have air conditioning, there is a big concern about releasing people back into their homes. Do you have any stories to share with DOH about impacts on home care?

COVID-19 Pandemic: Just when we thought we were nearing the end of the pandemic and Washington state has mostly opened back up, a new strain of the virus is causing setbacks around the country and the world, and Washington state is no exception. Cases seem to be rising in areas where there is a high percentage of non-vaccinated people, although it also has come breakthrough cases in other areas of the state as well. Here is an article released by DOH on July 28, 2021.

New reporting from DOH reveals the devastating impact of COVID-19 on people who are unvaccinated, and underscores once again the need for people to get vaccinated now if they haven't already. The new data, released July 28, shows that between February and June 2021, at least 94% of COVID-19 cases, deaths, and hospitalizations in individuals 12 years or older from Washington state occurred in individuals who were not fully vaccinated. As of July 24, 2021, 61.4% of those eligible to receive vaccines have completed an approved vaccination series in our state. "We urge

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those who are eligible to get vaccinated. If they still have questions, we encourage them to speak to their healthcare provider,” said Secretary of Health Umair A. Shah, MD, MPH. “We all have a role to protect our community especially those who are most vulnerable.”

These data will be updated weekly in the new [COVID-19 Cases, Deaths and Hospitalizations in Persons Who Are Not Fully Vaccinated report](#). The report provides an overview of confirmed or probable COVID-19 cases, hospitalizations, and deaths among people who are not fully vaccinated in Washington state. “Not fully vaccinated” is defined as those who have not received any dose of a COVID-19 vaccine or have received one or more doses of a COVID-19 vaccine but are not fully protected. Full protection from vaccination occurs about two weeks after receiving the final dose of an authorized COVID-19 vaccine because it typically takes that long for the body to build a high enough level of protection to fight the disease. More details will be added to the report, including demographics and trends, over the next few weeks. The COVID-19 Cases, Deaths and Hospitalizations in Persons Who Are Not Fully Vaccinated report can be found in the reports section on the [COVID-19 Data Dashboard](#).

WAHCA Joins Dr. Shah, Secretary of Health, in Power of Providers Initiative

“As health care providers, we are committed to our patients and the overall health of the community. We support getting as many people vaccinated against COVID-19 as possible. Our goal is to seek patients’ vaccination status, ask them about the vaccine and offer education, provide vaccination or a vaccine referral, and empower patients to share their vaccination status.” Dr. Shah [Read Secretary Shah’s Letter about the Power of Providers Initiative \(PDF\)](#) | [Spanish \(PDF\)](#)

Visit [DOH's Vaccine Power of Providers Initiative web page](#) for more information

Mandatory Vaccinations? The next big controversy will be over whether to require vaccination in our health care system in WA state. This is worth a discussion among our agencies! I am sharing an article that just came out from the WA State Hospital Association:

[WA State Hospital Association Statement Supporting COVID-19 Vaccine Requirements for Hospital and Health System Workers](#)

SEATTLE — During its most recent meeting, the WA State Hospital Association Board of Directors adopted a resolution supporting COVID-19 vaccination requirements for health care workers. WA’s hospitals and health systems exist to improve and protect the health of our communities. In keeping with that goal, the WA State Hospital Association Board of Directors urges all hospitals in Washington State to adopt policies that require all health care workers to be vaccinated against COVID-19 or to follow steps determined by the hospital’s policies. These requirements are necessary to protect workers, vulnerable patients, and community from COVID-19.

"Our state’s health systems and hospitals have seen firsthand how debilitating and deadly this disease can be," said Cassie Sauer, President and CEO of the Washington State Hospital Association. "When the COVID-19 vaccines were first released, WSHA and its members strongly encouraged everyone who was eligible, including hospital and health system employees, to get vaccinated against COVID-19. In the months since, clinical data has shown the COVID-19 vaccines to be extraordinarily safe and

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effective and our best tool to prevent spread of the disease." The evidence is clear – vaccination against COVID-19 prevents people from becoming seriously ill, requiring hospitalization, or dying from the virus. To date, more than 4.4 million people in Washington and more than 164 million across the country have been vaccinated with minimal side effects.

Hospitals in WA State are currently experiencing a rise in COVID-19 hospitalizations due to the fast-spreading Delta variant. Many of the people hospitalized now are very sick and may not survive. Sadly, some individuals who declined vaccination and became ill request the shot after it is too late and they are near death. DOH data shows that more than 94% of COVID-19 cases, hospitalizations and deaths during May and June were among people not fully vaccinated. Anecdotal reports from hospitals suggest that all or nearly all the seriously ill hospitalized patients are unvaccinated. Hospital and health system employee vaccination against COVID-19 is vital to safely care for patients by protecting them from infection. It is also vital to stop the spread of the virus within healthcare facilities and among coworkers and other caregivers.

Department of Health (DOH)

Bi-Weekly Fit Testing Update: Plan going forward: For large facilities, have fit testing contractors use the N95s that building can purchase. For AFH, provide 3M for fit testing. Skilled nursing facilities have supplied their own N95's for fit testing. the AFH's have relied on DOH and contractors to supply the N95's for fit testing. As the pandemic has wound down the supply chain is homogenizing to major suppliers. New DOH website for Fit Testing:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/HealthcareAssociatedInfections/FitTesting>

<https://www.lni.wa.gov/safety-health/safety-rules/enforcement-policies/DD1180.PDF>

Personal Protective Equipment (PPE) Backstop Update July 9, 2021

What: The state PPE backstop has been available to help support state agencies, counties, tribes and other partners through the COVID-19 pandemic. As the state transitions from how PPE needs were met during the pandemic, we are working to get PPE to the local level, where it is most useful.

When: Now is the time to submit requests for PPE to the state backstop. State agencies, counties, tribes, and other partners are encouraged to order PPE to make their pre-COVID backstops whole (level prior to January 20, 2020) as well as up to a 90-day supply to support COVID-19 related responses.

Who: Counties, tribal nations, or state agencies needing PPE can order from the state backstop for their communities and partners. [DOH Prioritization Guidelines for Allocation of Personal Protective Equipment](#) are available. Not all facilities or individuals that request or need access to PPE entities may be captured within these tiers, Local Emergency Management Agencies need to use their best judgement around how to prioritize those facilities and individuals in order to best serve their communities.

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How: Order forms for the state PPE backstop must be completed and submitted to local county emergency managers. County emergency managers are able to answer questions about the forms and ordering process. Additional information about ordering and the order form is available here: [Ordering Personal Protective Equipment \(PPE\)](#).

In the future, availability of PPE and the process for ordering will change. Future processes for ordering are currently under development and will be communicated to partners broadly.

Questions: Contact Jill Edgin, PPE Coordinator, at jill.edgin@doh.wa.gov or 360-584-5967.

FAQ:

- **What is going to happen to the PPE that is still in the state staging area?** Washington state is working to get PPE to the local level, where it is most useful.
- **My county, tribal nation, or state agency was offered a bulk distribution of PPE items. Will this distribution be ceased after July 20, 2021?** All orders placed will be fulfilled based on availability of supplies from the state PPE backstop as they have been. Any changes in ordering availability or process will be communicated to partners prior to the change occurring.
- **My county, tribal nation, state agency has state provided PPE that we received, and we no longer have need for these items. Can we return them to DES/DOH? What are the restrictions to our disposing of these items locally?** Any county, tribal nation, or state agency that has excess PPE is encouraged to distribute this stock to community partners who need PPE in order to protect the community from the spread of COVID-19.

The DOH [Prioritization Guidelines for Allocation of Personal Protective Equipment](#) can be utilized as guidance; however, agencies and jurisdictions need to use their best judgement around how distribution of PPE can best support protection in their community.

DOH Agency Rulemaking

In-Home Services Rules: DOH plans to update the In-Home Services Rules this fall: Do you have suggestions for changes that should be made? We need to let John Hilger at DOH know soon so he can begin to incorporate into his initial draft for stakeholder to review.

Why are the rules being opened? Initially they were being opened for the Telemedicine Supervisory Visits for Home Health & Hospice rules update. Now the issues will be done as separate rulemaking. These rules will be run concurrently.

When do the WA State Waivers end? No end in sight. We are hoping that the state provides advance notice of waivers ending to allow agencies to “ramp down” to normal operations. Are there any that we would want to “keep”?

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Please note that DOH has moved all of the COVID-19 Healthcare Infection Prevention materials to one location. Now, regardless of the healthcare setting, all COVID-19 infection prevention guidance for healthcare settings can be found here:

<https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/InfectionPrevention>

Long-Term Care Workforce Steering Committee: We wrapped up the ongoing workgroup to deliver a final report to the legislature with recommendations on how to reduce barriers to entering Long-Term Care Workforce. The final report is completed, here is the link: [Long-term Care Workforce Development Final Report \(wa.gov\)](#)

DSHS/AL TSA

The department filed an emergency rule on July 30 to implement the changes related to the passage of [Substitute House Bill 1411](#), which adds time limitations to certain crimes which were previously permanently disqualifying. To read the filing notice and rule, click [here](#).

DSHS and DOH Stakeholder Workgroups on Legislation: During the 2021 legislative session, the Washington state legislature passed two bills in response to the COVID-19 public health emergency with major impacts on long-term care facilities and homes:

- ESHB 1120 addresses the statutes and rules that were suspended due to the COVID-19 pandemic and how to return to normal operations at the end of the state of emergency. This directs the department to adopt rules on the suspended topics and adopt in rule the periods of time requirements were suspended and how to reinstate them. These topics include fingerprint background checks, the timeline of licensing inspections, nursing home staffing, and long-term care worker training.
- SHB 1218 addresses the quality of life, health, and safety of long-term care residents during a state of emergency, such as a pandemic. The legislation directs the department develop rules requiring long-term care facilities to develop emergency preparedness plans, respond to communications from the public, make accommodations to assist residents with communication, maintain current resident information, post any notice of stop placement, and support a resident's right to visitation from an essential support person during times when visitation is otherwise limited.

The department will be conducting rule-making projects on these topics to amend Chapters 388-97, 388-76, 388-78A, 388-107, and 388-101 WAC in compliance with this legislation. Administrators, providers, and superintendents from long-term care facilities, as well as members of the general public, are invited to participate in this process. This will mean participating in a workgroup or workgroups, attending meetings, and reviewing draft language as the rule changes are drafted and adopted. This project is expected to begin in the summer of 2021 and continue through the adoption of the final rules. If you have any questions or if you want to participate in the rule-making process, please contact the Policy Unit at rcspolicy@dshs.wa.gov.

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LTC Services and Supports Mandatory Payroll Deduction begins: Washington became the first state in the nation to establish a defined benefit to help offset the costs of long-term care. Now, workers have just a few months to decide whether they want to buy a private plan and opt out of the state-managed program before a payroll deduction hits their paychecks starting in January. Under an update to the law, passed by the Legislature this year, people who want to opt out of the state-managed program must have a private long-term care insurance plan in place before Nov. 1, and then apply for an exemption to avoid having the automatic deduction from their paychecks starting in January 2022.

The WA Cares Fund, workers will pay a premium of .58% of total pay per paycheck, meaning an employee with a salary of \$50,000 will pay \$290 a year. Starting Jan. 1, 2025, people who need assistance with at least three “activities of daily living” such as bathing, dressing or administration of medication, can tap into the fund to pay for things like in-home care, home modifications like a wheelchair ramp and rides to the doctor. The benefit also covers home-delivered meals, and reimbursement to unpaid family caregivers. The lifetime maximum of the benefit is \$36,500, with annual increases to be determined based on inflation.

Ongoing Public Policy Meetings

WA State Telemedicine Collaborative: I have been attending these meetings for many years with my “in-home services hat” on. This year the collaborative was instrumental in passing the legislation that allows for audio only telemedicine ([HB 1196](#)). This is especially important in areas with poor broadband or with people who have difficulties with video meetings. The next Telehealth Collaborative meeting will be held Thursday, September 9, 2021 from 10 am to 12 pm via Zoom. **Zoom link:** <https://uw-phi.zoom.us/j/664674162> Phone: 646 558 8656 Meeting ID: 664 674 162 Want a reminder for when the Collaborative will meet next? [Sign up for our newsletter!](#)

WA State Senior Citizens Lobby: This is a monthly meeting I have been attending for over 10 years. Speakers usually include the Assistant Director for Aging and LTC Services at DSHS and other who speak to issues related to servicing senior citizens in our state.

Dementia Action Collaborative: I have been participating in the states Dementia Collaborative for several years. I am working on a readmissions committee with this group that includes discussions around home care. They are working on a “tool kit” for dementia patients leaving the hospital and how to keep them safe and prevent readmissions.

WA State Hospital Association (WSHA) Readmissions Workgroup: I am in the WSHA Readmissions Workgroup. I am trying to incorporate homecare into their discussions!

Nursing Care Quality Assurance Commission (NCQAC): I attend several different types of meetings with the nursing commission and am tracking issues related to certified and registered nursing assistants (CNA’s), ARNPs and RNs, and more!

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Palliative Care-DOH Rural Health Integration Advisory Team (PC-RHIAT): For more information on their efforts go to: <https://waportal.org/partners/home/washington-rural-palliative-care-initiative>