

WAHCA January 2021 Public Policy Report

Prepared by Leslie Emerick, Lobbyist



Closed legislative session puts TVW at the forefront

Legislative Overview

The 2021 Washington state “virtual” legislative session officially begins on January 11, 2021. Olympia’s Capitol Campus has been closed to the public since April 2020 due to the COVID-19 pandemic and will remain largely dormant during this legislative session to protect legislators, staff, and the public from spreading the virus. Some militia groups have stated plans to enter and occupy the state Legislative Building during session, claiming that keeping the Capitol closed to the public is unconstitutional, COVID-19 or not. Many groups have now reconsidered since the chaos at our nation’s capital in Washington DC this past week. They did manage to storm the gates to the Governor’s Mansion last week and the Governor has called in the National Guard for the first week of session so we will be watching how this all plays out in WA State and DC. Makes me glad that I am working from home this year!

Much of the typical legislative and lobbying activity will move online largely through Zoom calls being broadcast on [TVW](#). Democratic leaders in each chamber have stated a handful of major priorities, including COVID-19 response, economic recovery, passing a two-year balanced budget, racial equity, and climate change. House members in the Democratic caucus have been asked to limit themselves to seven bills or fewer this session. And chairs of committees have been asked to limit public hearings and how many bills they let through. Leadership has told members they expect at least a 25-30% reduction in the volume of bills that can be processed.

This year, members of the public can testify by video or written testimony from wherever they are. Links to instructions will be available online. Written testimony can be submitted through a new portal online and will be part of the “official bill file” and accessible to committee members and others. There’s general agreement that offering remote testimony will benefit the average constituent. In the past, most people have had to make long trips to Olympia to see their legislator or testify before a committee to find the bill they care about was dropped from an agenda or a legislator had a scheduling conflict come up. I think the most positive thing about it will be a significant increase in opportunities for remote public testimony, but it may make it more difficult for lobbyists to be heard with so many more people testifying.

COVID-19 Information

Tracking PPE Distribution Dashboard: <https://coronavirus.wa.gov/what-you-need-know/personal-protective-equipment/tracking-ppe-distribution>

"King County to open mass coronavirus vaccination sites: this Seattle Times' article might interest you, too. You can read the full article here: https://www.seattletimes.com/seattle-news/health/king-county-to-open-mass-covid-19-vaccination-sites/?utm_source=email&utm_medium=email&utm_campaign=article_inset_1.1

Vaccine Coordination Meetings: Shawn, Sharla and I attended a meeting with DOH and King County Public Health to discuss the vaccine roll out for home health, home care and hospice agencies for distribution of the COVID-19 Vaccine. I also attended the DOH Vaccine Partners meeting and they referred to the link below for www.findyourphasewa.com as being in the soft roll out stage to be fully up and running by January 18th, 2021. Some health care facilities have been able to access locations where vaccines are being provided, but it is not uniform around the state yet. They hope to have at least 2 vaccine providers available in areas all over the state for 1A participants. The roll out has been pretty bumpy due to the limited amount of vaccine available in the state and funding to provide the services. There will be another meeting with King County and DOH next Monday to try and expand access.

We also received the following message from Kristin Peterson, DOH Assistant Secretary Health Systems Quality Assurance Division. For information on who is eligible for Phase 1A:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf>. As far as how to get access to the vaccine, DOH is piloting a system for Phase 1A individuals that does the following:

- 1) Assesses eligibility confirmation - and provides confirmation that can be used at a vaccine administration site in lieu of an official letter (note: providers are likely to ask for ID and/or badge)
- 2) Identifies where they can go to get vaccinated

To access the system, individuals who believe they are eligible for Phase 1A should visit this site: findyourphasewa.com. If they are confirmed a confirmation page will have a link to a website that includes a list of providers that are vaccinating people outside their system/facility with contact information to schedule an appointment. And if you or your colleagues have any feedback on the system, please share it at WAPhaseFinder@gmail.com.

Inslee announces statewide COVID-19 exposure notification tool: DOH, announced the launch of WA Notify, a simple, anonymous exposure notification tool to help stop the spread of COVID. By adding WA Notify to their smartphones, Washington residents will be alerted if they spent time near another WA Notify user who later tests positive for COVID-19.

Inslee announces "Healthy Washington—Roadmap to Recovery": Gov. Jay Inslee announced "[Healthy Washington—Roadmap to Recovery,](#)" a COVID-19 phased recovery plan. Beginning on January 11, 2021, the state will follow a regional recovery approach with every region beginning in Phase 1.

"Stay Safe—Stay Healthy": On December 30, Governor Inslee announced a one-week extension of the "Stay Safe—Stay Healthy" [proclamation](#), along with the statewide restrictions imposed, including the visitor restrictions in long-term care. The extension of the statewide restrictions will now expire on January 11, 2021. No changes were made in the proclamation aside from the expiration date. This extension effects all long-term care settings and providers. Please see previously issued letters regarding proclamation 25 for more details. [Learn More](#)

COVID-19 LTC Workers Waivers

NAR four-month rule proclamation: The legislature has approved an extension for the governor's proclamation suspending certification requirements in nursing homes. The proclamation, which you can find [here](#), is effective until the termination of the COVID-19 state of emergency or **January 21, 2021**, whichever occurs first. This means that a nursing assistant-registered can work in a nursing home past 120 days before obtaining a nursing assistant-certified credential.

Long-term care worker rules proclamation: The legislature has approved an extension for the governor's proclamation suspending certification requirements in community-based settings (adult family homes, assisted living facilities, and home care agencies). The proclamation, which you can find [here](#), is effective until the termination of the COVID-19 state of emergency or **January 21, 2021**, whichever occurs first. This means that a caregiver can work in a community-based setting past 200 days before obtaining a nursing assistant-certified or a certified home care aide credential.

Healthcare worker licensing proclamation: The legislature has approved an extension for the governor's proclamation removing certain barriers for licensure. The proclamation, which you can find [here](#), is effective until the termination of the COVID-19 state of emergency or **January 21, 2021**, whichever occurs first. Below is a summary of what the waivers pertaining to nursing assistants do.

Barriers to continued and uninterrupted healthcare practice, including continuing education and other training requirements and license renewal deadlines: Licensed health profession rules requiring continuing education (CE), AIDS education, and training in suicide assessment, treatment, and management are waived. This includes the 8 hours of CE required to maintain the medication assistant endorsement and the requirement to demonstrate clinical skills to an instructor in a practice setting in nursing assistant training programs.

Barriers to the practice of health care provider volunteers: The requirement to verify that an NA has completed basic caregiver training and core delegation training before delegation, and the

January 10, 2020

Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree are waived.

Barriers to long-expired credential reissuance: The requirement to retake nursing assistant or nursing training and pass the competency examination prior to reissuance when a nursing assistant-certified credential has been expired for over three years is waived.

Department of Social and Health Services (DSHS)

DOH and L & I will be providing two webinars about Respiratory Protection Plans and N95 fit testing for long-term care providers in WA State. These webinars will take place on January 13th and 20th at 11am. The first hour covers development of a respiratory protection plan and regulations related to use of N95 respirators. For those facilities who have a qualitative fit testing kit, the second hour will be a follow-along demonstration of qualitative fit testing procedures. These webinars are optional, and no educational credits will be provided. To register for webinars, please click below. **Please note that the content is the same for both dates, and you only need to register for ONE webinar.**

Wednesday 1/13 11am - 1pm

<https://register.gotowebinar.com/register/7365595820838193935>

Wednesday 1/20 11am - 1pm

<https://register.gotowebinar.com/register/8730101845536222479>

[Learn More](#)

Rulemaking notice from DSHS regarding LTC Worker Qualifications: The department is planning to amend WAC 388-71-0975 to clarify how to interpret the long-term care worker qualifications and requirements in statute and rule that have specific time periods for compliance when there has been a period of time in which the underlying requirements were suspended and waived in whole or part by emergency proclamation by the Governor.

The department filed an emergency rule for WAC 388-71-0975 as WSR 21-01-018 on December 3, 2020. If you are interested in participating in the rule making process, please contact Angel Sullivan at angel.sullivan@dshs.wa.gov.

Safe Start for LTC Facilities: https://www.dshs.wa.gov/sites/default/files/ALTSA/covid-19/LTC_Phases.pdf

Residential Care Services: A letter regarding the following topic is now available online:
[Reminder to Allow Health Care Provider Visits](#)

Aging and LTC Support Rulemaking: [WAC 388-71-0975](#) EMERGENCY ADOPTION

WSR 21-01-018, Effective Date: December 3, 2020

January 10, 2020

The department is amending WAC 388-71-0975, Who is required to obtain certification as a home care aide, and when, to clarify how to interpret the long-term care worker qualifications and requirements in statute and rule that have specific time periods for compliance when there has been a period of time in which the underlying requirements were suspended and waived in whole or part by emergency proclamation by the Governor. [Angel Sullivan](#) (360) 725-2495

Department of Health (DOH)

Department of Health Vaccine Updates:

<https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>, Find [COVID-19 vaccine information for health care providers](#).

DOH Update on Telemedicine Training Completion: Beginning **January 1, 2021 and no later than June 30, 2021**, health care professionals, who offer telemedicine services to patients must complete telemedicine training. (See deadlines for RN, LNP and ARNP telemedicine training below under the Nursing Commission.) To learn more about the different training options available and access additional resources, please visit the [Washington State Telehealth Collaborative Training webpage](#). To participate in any of these *free* trainings you will need to enroll and create a Canvas account by accessing the [Washington State Medical Professional Telemedicine Training](#).

The law refers to the definition of telemedicine as “the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. “Telemedicine” does not include the use of audio-only telephone, facsimile, or email.”

In addition, the Washington state Department of Health State Office of Rural Health is pleased to announce a new telehealth education series made possible by a collaboration between Northwest Telehealth, the Department of Health, and the Northwest Regional Telehealth Resource Center. This *free* series is designed to help clinical teams and healthcare organizations work through the decisions involved in setting up a well-run telemedicine service that serves patients directly. Please see the attached flyer for more information on the dates and topics. A registration link is included on the flyer. This is not limited to rural. [Direct to patient Series Flyer final \(002\).pdf](#)

- [Direct to patient Series Flyer final telehealth.pdf](#)
- [2101137telemedicinetrainingrequirementsallproviderspollicystatementfinal.pdf](#)

AIDS Education and Training Requirements: DOH has repealed the AIDS education and training requirements for home care aides that fall under the authority of the Secretary of Health, in support of Engrossed Substitute House Bill (ESHB) 1551, chapter 76, Laws of 2020. This rules update removes the AIDS education and training requirements for health professionals obtaining initial registration, certification, or licensure. Attached is the CR-103 Final Rule-Making order filed on December 23, 2020 as WSR#21-02-002.



Safe medication return program: Safe medication return is a unified, statewide program that gives Washington residents free, convenient, and environmentally responsible options to dispose of unwanted medication. The program is operated by MED-Project. The Department of Health oversees the program, monitors on-going operations, manages enforcement when compliance issues arise, and evaluates the program effectiveness. There are two main ways to return your unused medication and both options are free. If you have questions, please contact us by [email](#) or phone 360-236-4698.

- **Mail in your unused medication**

- Request a [free prepaid envelope](#) and it will be sent to you
- Place your unused medication in the envelope
- Mail the package as you would any other parcel

- **Take it to a drop off site**

- Find your nearest [drop off site](#), and deposit your medication in the kiosk.
- You do not need to provide an ID, talk with anyone, or complete paperwork

Palliative Care Roadmap Still Available!! Pat Justis has located funds for a third printing of the PC Roadmap that are available until the end of March so please place your orders soon! It's posted on [DOH Rural Health webpage](#), as well as the [WA Rural Palliative Care Initiative portal](#). To order: <https://prtonline.myprintdesk.net/DSF/>

Palliative Care-Rural Health Integration Advisory Team (PC-RHIAT): Pat Justis provided an update on the activities of the Rural Health Palliative Care initiative on January 6, 2021. For more information on their efforts go to: <https://waportal.org/partners/home/washington-rural-palliative-care-initiative>

Nursing Care Quality Assurance Commission (NCQAC)

Nursing Care Quality Assurance Commission Telemedicine Training Update: The NCQAC finally released their guidance for the telemedicine training impacting nurses licensed under the commission. The final date is later than the “Secretary” Professions that are not under a board or commission. The Nursing Care Quality Assurance Commission (NCQAC) recommends telemedicine training be completed as soon as possible as a demonstration of competency. The licensed nurse (RN, LPN, or ARNP) providing telemedicine clinical services licensed prior to January 1, 2021 will need to complete telemedicine training by December 31, 2021.

New Frequently Asked Questions for Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners

- **Is a registered nurse (RN), licensed practical nurse (LPN), or Advanced Registered Nurse Practitioner (ARNP) required to take telemedicine training?** Yes, licensed nurses (RN, LPN, or ARNP) in Washington State are required to take telemedicine training if the nurse provides telemedicine services. [RCW 43.70.495](#) requires the nurse who provides clinical services through telemedicine independently or under the direction of an [authorized health care practitioner](#) to complete telemedicine training. “Telemedicine” as defined in [RCW 70.41.020\(13\)](#) means, “the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment [but] does not include the use of audio-only telephone, facsimile, or email.”

The Washington State Telehealth Collaborative uses the following slightly different Medicaid definition of telemedicine in the training:

“Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.” [WAC 182-531-1730\(1\)](#). It does NOT include “the use of audio-only telephone, facsimile, or email.”

- **Does the training requirement apply to a nurse who provides telephone triage?** No, the telemedicine training requirement does not apply to audio-only telephone (telephone triage), facsimile, or email. However, the Nursing Care Quality Assurance Commission (NCQAC) recommends licensed nurses complete the telemedicine training if they provide services such as; telephone triage, remote patient monitoring (“RPM”, which enables recording and monitoring health data remotely), asynchronous telehealth (such as Store and Forward technology that allows patient data to be collected, stored, and later retrieved by another professional), Mobile Health (“mHealth,” using smart devices such as smartphones and smart wearables that allow continuous data collection about a person’s behavior or condition) or other types of telehealth. The telemedicine training provides a valuable overview of the roles, responsibilities, liability, and legal requirements when providing telehealth services.
- **Does the nurse need to send in the certification to the Nursing Care Quality Assurance Commission (NCQAC)?** The law, [RCW 43.70.495](#), requires the nurse to sign and retain an attestation of completion. The nurse does not need to send the attestation or documentation to the NCQAC unless requested.
- **When is completion of telemedicine training required?** NCQAC recommends telemedicine training be completed as soon as possible as a demonstration of competency. The licensed nurse (RN, LPN, or ARNP) providing telemedicine clinical services licensed

prior to January 1, 2021 will need to complete telemedicine training by December 31, 2021. The newly licensed RN, LPN, or ARNP or the RN, LPN, or ARNP licensed through the endorsement process who provides clinical services will need to meet the requirement one year after the initial license is issued. The Nursing Care Quality Assurance Commission (NCQAC) recommends all Washington nurses complete the telemedicine training as a demonstration of competence as soon as practical to provide an overview of the roles, responsibilities, liability, and legal requirements for providing telehealth services.

- **Does telemedicine training taken prior to January 1, 2021 meet the telemedicine training requirement?** Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content defined in [RCW 43.70.495\(2\)](#). The RN must be appropriately trained and competent to provide nursing telehealth services. To learn more about the different training options available and access additional resources, please visit the [Washington State Telehealth Collaborative Training page](#). To complete the free and publicly available telemedicine training, please go to this website: [Washington State Medical Professional Telemedicine Training](#).
- **What are the options to meet telemedicine training requirements?** To learn more about the different training options available and access additional resources, please visit the [Washington State Telehealth Collaborative Training page](#). To complete the free and publicly available telemedicine training, go to the [Washington State Medical Professional Telemedicine Training page](#).

Office of the Insurance Commissioner (OIC)

Insurance Commissioner Mike Kreidler extended his emergency order: directing all state-regulated health insurers to make additional coverage changes to aid consumers during the coronavirus pandemic. His order is in effect until Feb. 7 and requires health insurers to:

Continue coverage for providing telehealth via methods including telephone and video chat tools such as Facetime, Facebook Messenger video chat, Google Hangout video, Skype and Go-to-Meeting. Cover all medically necessary diagnostic testing for flu and certain other viral respiratory illnesses billed during a provider visit for COVID-19 with no copay, coinsurance or deductible. Treat drive-up testing sites for COVID-19 as provider visit with no copay, coinsurance or deductible. To help free up hospital beds, Kreidler is directing health insurers to waive or expedite prior authorization requirements for home healthcare or long-term care facility services to speed up discharging patients who are ready to leave.

Public Policy

Dementia Action Coalition (DAC) Care Transitions Workgroup: Meeting on January 5, 2021 I am a member of this readmission workgroup charged with identifying strategies to minimize unnecessary care transitions with a focus on ER visits, hospitalizations and readmissions. I contacted the WSHA and they are interested in working with the group on readmissions. There is a focus on home care workers in this group!