

**CHAPTER 442 (SCR 39)**

A CONCURRENT RESOLUTION creating a task force on quality long-term care for the purpose of studying methods to promote and enhance the provision of quality care in Kentucky's long-term care facilities.

WHEREAS, there are currently over 35,000 long-term care beds in Kentucky; and

WHEREAS, in fiscal year 1998-1999, the Kentucky Medical Assistance Program spent over \$690,000,000 on long-term care services; and

WHEREAS, according to the Kentucky State Data Center, by 2020, the population over the age of 65 in Kentucky is estimated to grow to 717,607 which is an increase of 45%, as compared with only a 10% growth in Kentucky's total population; and

WHEREAS, between 2010 and 2020 Kentucky's entire population growth will be in the 65 and over category; and

WHEREAS, these stunning changes in our population will dramatically increase the need and demand for quality long-term care services; and

WHEREAS, Kentucky needs to prepare now for the challenges that will be presented in caring for this growing elderly population;

NOW, THEREFORE,

*Be it resolved by the House of Representatives of the General Assembly of the Commonwealth of Kentucky, the Senate concurring therein:*

Section 1. The Legislative Research Commission is directed to establish a task force on quality long-term care during the 2000-2002 interim to study the issue of providing quality longterm care in Kentucky. The task force shall meet at least monthly, beginning not later than October 1, 2000, and shall report its findings and recommendations to the Legislative Research Commission and the Governor no later than September 1, 2001. The task force shall study methods to promote and enhance the quality of care provided in long-term care facilities in Kentucky, as well as in-home and community-based services, which shall include, but not limited to:

- (1) Wage pass through programs to increase staff salaries;
- (2) Financial incentives for facilities exceeding quality standards;
- (3) Linkage of reimbursement to staffing levels;
- (4) Provision of additional training for facility staff;
- (5) Mandatory staff-to-patient ratios;
- (6) Assisted living facilities and other nonmedical socially oriented living arrangements in the community; and
- (7) Noninstitutional services delivered in the home of the client including, but not limited to, the provision of home health, meals, housekeeping, and assistance with personal care.

Section 2. The task force shall consist of 27 members as follows:

- (1) The Chair of the House Health and Welfare Committee;
- (2) The Chair of the Senate Health and Welfare Committee;

- (3) The Chair of the House Appropriations and Revenue Committee;
- (4) The Chair of the Senate Appropriations and Revenue Committee;
- (5) The Chair of the House Seniors, Military Affairs, and Public Safety Committee;
- (6) The Secretary of the Cabinet for Health Services or the secretary's designee;
- (7) The Commissioner for the Department for Medicaid Services;
- (8) The Director of the Division of Licensing and Regulations;
- (9) The Kentucky State Long-Term Care Ombudsman;
- (10) The Director of the Division of Aging Services;
- (11) The Attorney General or the Attorney General's designee.
- (12) Sixteen members appointed jointly by the President of the Senate and the Speaker of the House of Representatives, with one member representing each of the following interests:
  - (a) The Kentucky Association of Health Care Facilities;
  - (b) The Kentucky Association of Not-for-Profit Homes and Services for the Aging;
  - (c) The Kentucky Nursing Home Association;
  - (d) The Kentucky Hospital Association;
  - (e) The Kentucky Medical Association;
  - (f) The Kentucky Nurses Association;
  - (g) The Kentucky Home Health Association;
  - (h) The Kentucky Hospice Association
  - (i) The American Association of Retired Persons;
  - (j) The Kentucky Association of Gerontology;
  - (k) The Kentucky Assisted Living Facilities Association;
  - (l) The Kentucky Adult Day Association;
  - (m) A district long-term care ombudsman;
  - (n) Two citizen members of a board of directors of a district long-term care ombudsman program; and
  - (o) An area development district.

Section 3. Except as provided in KRS 18A.200, members of the task force shall receive actual travel expenses while attending meetings.

Section 4. The task force may employ consultants if approved by the Legislative Research Commission, request and hear testimony, or take any necessary steps to ensure a fair, thorough, and reasonable study of the issue. The task force shall be staffed by the Legislative Research Commission, and include at least one Legislative Research Commission staff economist.

Section 5. Provisions of this resolution to the contrary notwithstanding, the Legislative Research Commission shall have the authority to alternatively assign the issues identified herein to an interim joint committee or subcommittee thereof, and to designate a study completion date.

**Approved April 21, 2000**