

HOUSE BILL NO. 2590 REVIEW
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Background: This bill relates to the state long-term care ombudsman. The ombudsman is an advocate for persons in facilities (adult care homes) throughout the state. The bill provides for clarification and additions relating to the powers and duties of the ombudsman, additional conditions on the appointments to the office, some definition clarification in the act and enhanced records and document access for a volunteer ombudsman.

Section 1. Under this section the secretary for aging and disability services and the ombudsman enter into agreements for the provision of financial assistance to the office . Amendatory language in this section provides that the secretary is to monitor the state long-term care ombudsman program and its activities as set forth in the agreement. The monitoring is to include an assessment of whether the ombudsman program is carrying out its functions and responsibilities under state and federal laws.

Section 2. This section is the definition section of the current law. The bill would add to the definition of "conflict of interest" receipt of gifts, gratuities, money or compensation from a long-term care facility, its management, a resident or the resident's representative, in which the ombudsman provides services. In addition "residential representative" is defined as the term relates to individuals acting on behalf of a resident.

Section 3. Provides that in addition to other factors for eligibility for appointment as the state long-term care ombudsman, a person must demonstrate expertise in long-term care services and supports or other direct services for older persons or individuals with disabilities and demonstrate expertise in leadership and program management skills.

Section 4. This section in current law directs the long-term care ombudsman to be an advocate of residents in facilities throughout the state. The ombudsman is to investigate and resolve complaints made on behalf of residents, and the new language adds: (1) relating to action, inaction or decisions of providers (rather than facilities), representatives of providers, public agencies or health and social services; and (2) actions regarding the welfare and rights of residents with respect to the appointment or activities of resident representatives. The changes in this section also relate to the ombudsmen providing information to the public, private agencies and the media and provides that the ombudsman may (instead of shall) provide such information to any directly affected public and private agency or legislator or their representatives before providing the information to the press.

Section 5. The new language in this section would authorize voluntary ombudsmen access to resident privileged medical records (currently they have access to other records or documents kept for or concerning the resident).

Section 6. The ombudsman is directed to furnish to the secretary for aging and disability services a quarterly summary report of the health and safety of residents and complaints reported. A summary report may be posted quarterly on a website, exclusive of identifying material.

House Health and Human Services
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