

SENATE No. 2774

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

SENATE, June 22, 2020.

The committee on Elder Affairs, to whom was referred the petitions (accompanied by bill, Senate, No. 365) of Patricia D. Jehlen, Steven Ultrino, Brian M. Ashe, Denise Provost and other members of the General Court for legislation to authorize the option of providing basic common sense health services for residents of assisted living residences; and (accompanied by bill, House, No. 625) of Smitty Pignatelli, Paul McMurtry and Danielle W. Gregoire for legislation to authorize the option of providing basic common sense health services for residents of assisted living residences, report the accompanying bill (Senate, No. 2774).

For the committee,
Patricia D. Jehlen

SENATE No. 2774

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act authorizing the option of providing basic common sense health services for residents of assisted living residences.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of chapter 19D of the general laws, as appearing in the 2016
2 Official Edition, is hereby amended, by inserting after the definition for “elderly housing,” the
3 following new definition:-

4 “Basic Health Services”, injections; application or replacement of simple non-sterile
5 dressings; management of oxygen on a regular and continuing basis when the resident's medical
6 condition warrants; or application of ointments or drops.

7 SECTION 2. Section 10 of chapter 19D, is hereby amended by striking subsection
8 (5),and inserting in place thereof, the following subsection:-

9 (5) For all residents whose service plans so specify, either or both self-administered
10 medication management or basic health services by personnel meeting standards for professional
11 qualifications and training set forth in the regulations.

12 SECTION 3. Section 10 of chapter 19D, is hereby further amended in subsection (c) by
13 inserting after the words, “for the provisions of,” the following: - “basic health services, or.”

14 SECTION 4. Section 10 of chapter 19D, is hereby further amended by inserting after
15 subsection (d), the following new subsections:-

16 (e) The sponsor may advertise, market, and otherwise promote or provide or arrange for
17 the provision of basic health services for assisted living residents and shall administer such care
18 and services in accordance with the requirements set forth herein. A sponsor may not provide
19 basic health services without submitting an operating plan to the Executive Office of Elder
20 Affairs for its approval that explains how the residence’s basic health services will meet the
21 needs of its resident population or individual residents therein, and the staff qualifications and
22 training for providing such services. Said operating plan shall specify whether all, or certain, of
23 the enumerated basic health services will be offered, steps taken to provide adequate support and
24 training to Licensed Practical Nurses and Registered Nurses who will provide such care, and the
25 oversight and evaluation of basic health services, provided that no such plan shall restrict
26 resident choice in the delivery of said services by outside health professionals.

27 (f) The sponsor shall disclose to each resident the fees associated with provision of basic
28 health services within the assisted living residence’s residency agreement, and shall review such
29 fees with the resident upon implementation and any revision to a service plan which includes
30 provision of basic health services. Residents who receive basic health services must receive an
31 additional service plan review on a quarterly basis. Residents shall have the opportunity to
32 discontinue receiving basic health services from the sponsor upon written request to the sponsor

33 and shall not be charged a cancellation fee or a fee for services not provided due to
34 discontinuation of said services.

35 (g) The Executive Office of Elder Affairs, in consultation with the Department of Public
36 Health shall promulgate regulations governing the application, criteria for approval or
37 disapproval, and ongoing oversight of basic health services authorized in this section. The
38 Executive Office may impose an annual fee on participating assisted living residences to pay for
39 oversight of basic health services.

40 (h) To ensure patient safety and clinical competence in the application of subsections (e)-
41 (g), the Executive Office of Elder Affairs and the Department of Public Health shall establish
42 and implement a plan to facilitate communication between the department and the executive
43 office and create a list of required components necessary for operating plans, including a
44 requirement that when a residence is offering basic health services to one or more residents, staff
45 shall have access to a Licensed Practical Nurse or Registered Nurse for consultation at all times,
46 and said nurse is not required to be on the premises. The Executive Office of Elder Affairs shall
47 make available electronic copies of the required components of operating plans on its website.
48 The Executive Office of Elder Affairs may conduct annual compliance reviews on the
49 documentation created and maintained by assisted living residences for any assisted living
50 resident who received basic health services within the previous twelve month period.

51 (i) The Joint Committee on Elder Affairs shall conduct a review of this law's
52 implementation and the use of basic health services in assisted living, five years after the law
53 goes into effect.

54 SECTION 5. Section 11 of said chapter 19D, is hereby further amended by inserting after
55 the first sentence the following:-

56 “Except as permitted for residences which opt to provide basic health services,”