

118TH CONGRESS
2D SESSION

S. _____

To require the Secretary of Health and Human Services to establish an advisory council to develop recommendations for best practices for the operation of assisted living communities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. KELLY introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To require the Secretary of Health and Human Services to establish an advisory council to develop recommendations for best practices for the operation of assisted living communities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Advancing Supportive
5 Services, Information Sharing, and Transparency for Evi-
6 dence-informed Decisions in Assisted Living Act” or the
7 “ASSISTED in Assisted Living Act”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **ADVISORY COUNCIL.**—The term “Advisory
4 Council” means the Assisted Living Advisory Coun-
5 cil established under section 3(a)(1).

6 (2) **ASSISTED LIVING COMMUNITY.**—The term
7 “assisted living community” means a public commu-
8 nity, proprietary community, or community of a pri-
9 vate nonprofit corporation that—

10 (A) is licensed and regulated—

11 (i) by the State in which the commu-
12 nity is located; or

13 (ii) if there is no State law providing
14 for such licensing and regulation by the
15 State in which the community is located,
16 by the municipality or other political sub-
17 division in which the community is located;

18 (B) provides housing, meals, and makes
19 available to residents supportive personal care,
20 wellness, social, recreational, and health-related
21 services to assist in carrying out basic activities
22 of daily living such as bathing, dressing, eating,
23 getting in and out of bed or chairs, walking,
24 using the toilet, and medication management;

25 (C) may—

1 (i) provide assistance with laundry,
2 home management, shopping for personal
3 items, using the telephone, or other activi-
4 ties;

5 (ii) make available home health care
6 services, such as nursing and therapy;

7 (iii) make available dementia care
8 services for residents living with dementia;
9 and

10 (iv) make available private rooms and
11 bathrooms;

12 (D) includes common rooms and other
13 amenities appropriate for the provision of sup-
14 portive services to the residents of the commu-
15 nity; and

16 (E) provides 24-hour access to an adequate
17 number of trained and supported staff.

18 (3) **MEDICAL OVERSIGHT.**—The term “medical
19 oversight” means the involvement of a licensed phy-
20 sician or health care provider in the care provided
21 within the assisted living community.

22 (4) **NON-PHARMACOLOGICAL APPROACH.**—The
23 term “non-pharmacological approach” means a be-
24 havioral intervention that does not involve the use of
25 drugs or devices (as such terms are defined in sec-

1 tion 201 of the Federal Food, Drug, and Cosmetic
2 Act (21 U.S.C. 321)).

3 (5) PERSON-CENTERED CARE.—The term “per-
4 son-centered care” means the holistic provision of
5 care promoting quality of life, privacy, choice, dig-
6 nity, inclusion, and independence, as determined by
7 each individual receiving the care and other individ-
8 uals who know them best.

9 (6) QUALITY OF CARE MEASURES.—The term
10 “quality of care measures” means measures of resi-
11 dent care and quality of life that can be used to as-
12 sess and improve the performance of an assisted liv-
13 ing community in delivering assisted living services.

14 (7) SECRETARY.—The term “Secretary” means
15 the Secretary of Health and Human Services.

16 **SEC. 3. ASSISTED LIVING ADVISORY COUNCIL.**

17 (a) ESTABLISHMENT.—

18 (1) IN GENERAL.—Not later than 1 year after
19 the date of enactment of this Act, the Secretary
20 shall establish an advisory council to develop rec-
21 ommendations for best practices for the operation of
22 assisted living communities, to be known as the “As-
23 sisted Living Advisory Council”.

24 (2) RESPONSIBILITIES.—The best practices rec-
25 ommended under paragraph (1) shall—

1 (A) be based on evidence-based or evi-
2 dence-informed practices; and

3 (B) relate to—

4 (i) person-centered care;

5 (ii) Alzheimer’s and dementia care, in-
6 cluding non-pharmacological approaches to
7 meeting the needs of individuals with de-
8 mentia;

9 (iii) validated quality of care measures
10 that are commonly in use or that are en-
11 dorsed by a consensus-based entity, as
12 available;

13 (iv) organizational accreditation and
14 certification;

15 (v) direct and indirect medical and
16 mental health care, oversight, and care co-
17 ordination, including nursing and related
18 services and resident assessment and care
19 planning;

20 (vi) emergency preparedness, includ-
21 ing for infectious disease outbreaks and
22 other conditions identified by the Assistant
23 Secretary for Strategic Preparedness and
24 Response;

- 1 (vii) ensuring adequate numbers of
2 well-trained and supported staff;
3 (viii) admission and discharge criteria;
4 (ix) clear communication of pricing
5 and services, policies, and practices; and
6 (x) any other areas the Advisory
7 Council determines appropriate.

8 (3) MEASURING SUCCESS.—The Advisory Coun-
9 cil shall identify measures to evaluate the operation
10 of an assisted living community based on the best
11 practices recommended under paragraph (1).

12 (b) MEMBERSHIP.—

13 (1) IN GENERAL.—The Advisory Council shall
14 be composed of members appointed by the Secretary,
15 including 1 or more—

16 (A) representatives from assisted living-fo-
17 cused research organizations;

18 (B) representatives of assisted living pro-
19 viders, including associations of assisted living
20 providers, in both the for-profit and non-profit
21 sector;

22 (C) representatives from consumer protec-
23 tion organizations;

24 (D) representatives from organizations fo-
25 cused on aging and long-term care;

1 (E) representatives from Alzheimer’s dis-
2 ease and dementia-focused organizations;

3 (F) representatives from health care orga-
4 nizations, including associations of health care
5 providers;

6 (G) representatives from assisted living ac-
7 creditation organizations;

8 (H) representatives with expertise in labor
9 and workforce development;

10 (I) representatives from organizations fo-
11 cused on individuals with intellectual and devel-
12 opmental disabilities;

13 (J) individuals who reside or have resided
14 in assisted living communities;

15 (K) family members of individuals who re-
16 side in assisted living communities;

17 (L) representatives of the Administration
18 on Community Living;

19 (M) representatives of the Centers for
20 Medicare & Medicaid Services; and

21 (N) representatives of the Centers for Dis-
22 ease Control and Prevention.

23 (2) CHAIR.—The Secretary shall appoint a
24 chairperson of the Advisory Committee from among
25 the members appointed under paragraph (1).

1 (c) REPORT.—Not later than 1 year after the date
2 of the first meeting of the Advisory Council, the Advisory
3 Council shall submit to the Secretary and the Committee
4 on Health, Education, Labor, and Pensions, the Com-
5 mittee on Finance, and the Select Committee on Aging
6 of the Senate and the Committee on Energy and Com-
7 merce and the Committee on Ways and Means of the
8 House of Representatives a report that describes the best
9 practices recommended under paragraph (1) of subsection
10 (a) and the measures identified under paragraph (3) of
11 such subsection.

12 **SEC. 4. REPORTING MECHANISM; PUBLIC-FACING DASH-**
13 **BOARD.**

14 (a) REPORTING MECHANISM.—

15 (1) IN GENERAL.—Not later than 1 year after
16 the date on which the Advisory Council submits the
17 report under section 3(c), the Secretary shall develop
18 a reporting mechanism to collect information from
19 assisted living communities, on a voluntary basis, re-
20 lating to how such communities perform using the
21 measures described in section 3(a)(3) in the cat-
22 egories described in clauses (i) through (x) of section
23 3(a)(2)(B).

24 (2) PREVIOUS MECHANISMS.—The Secretary
25 may base the reporting mechanism under paragraph

1 (1) on a previously developed mechanism, such as
2 the mechanism of the Assisted Living Disclosure
3 Collaborative.

4 (b) DISSEMINATION.—Annually, the Secretary shall
5 disseminate to the States and other appropriate Federal
6 agencies the information collected under subsection (a) for
7 broad use by consumers, assisted living communities, reg-
8 ulators, policymakers, researchers, and others in under-
9 standing and improving performance based on the meas-
10 ures described in section 3(a)(3) in the categories de-
11 scribed in clauses (i) through (x) of section 3(a)(2)(B).

12 (c) DASHBOARD.—

13 (1) IN GENERAL.—The Secretary, directly or
14 through a contract awarded to an institution of
15 higher education (as defined in section 101 of the
16 Higher Education Act of 1965 (20 U.S.C. 1001)) or
17 other nonprofit entity, shall make the information
18 disseminated under subsection (b) publicly available
19 through a user-friendly consumer online information
20 dashboard.

21 (2) REQUIREMENTS.—The dashboard under
22 paragraph (1) shall provide—

23 (A) appropriate mechanisms for users to
24 customize and filter information by geographic
25 location and quality indicators;

1 (B) users with up to 5 years of historical
2 information, as available; and

3 (C) users with appropriate contextual fac-
4 tors to make comparisons, including links to the
5 1 or more administrative subdivisions with over-
6 sight of assisted living communities in each
7 State.

8 (3) UPDATES.—The Secretary, or entity receiv-
9 ing a contract under paragraph (1), shall update the
10 information included on the dashboard under para-
11 graph (1) annually with a clear indication of the
12 date of the most recent update.

13 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

14 There are authorized to be appropriated to carry out
15 this Act such sums as are necessary.