
OLR Bill Analysis

sSB 1030 (File 457, as amended by Senate "A")*

AN ACT CONCERNING LONG-TERM CARE FACILITIES.

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BACKGROUND

SUMMARY

This bill makes various unrelated changes concerning nursing homes and dementia special care units and the delivery of long-term care (LTC) services. Under the bill, a “dementia special care unit” is a unit in an assisted living facility that locks, secures, segregates, or provides special programs or units for residents diagnosed with probable Alzheimer’s disease, dementia, or another similar disorder. The unit or program must be one that prevents or limits access by a resident outside the designated or separated area or advertises or markets itself as providing specialized care or services for those with Alzheimer’s disease or dementia.

*Senate Amendment “A” applies the bill’s provisions to nursing homes, and in some cases, dementia special care units, instead of all LTC facilities. It also removes the provisions in the underlying bill on the (1) CDC’s Nursing Home Infection Preventionist Training Course, (2) essential caregiver program, (3) LTC facility resident communication devices, and (4) resident electronic monitoring devices in nursing homes. Lastly, it adds the definition of “dementia special care unit,” and modifies several provisions in the underlying bill.

EFFECTIVE DATE: October 1, 2021, except the provisions requiring (1) the Public Health Preparedness Advisory Committee to amend its public health emergency response plan and (2) DPH to seek available state and federal funding for nursing home infrastructure

improvements take effect upon passage.

§ 1 — INFECTION PREVENTIONISTS

Requires nursing homes and dementia special care units to employ a full-time infection and prevention control specialist; requires this specialist to work a rotating schedule that covers each eight-hour shift at least once monthly

The bill requires each nursing home and dementia special care unit (hereafter “facility”) to employ a full-time infection and prevention control specialist responsible for:

1. ongoing administrator and employee training on infection prevention and control using multiple training methods, including in-person training and providing written materials in English and Spanish;
2. (a) including information on infection prevention and control in the documentation the facility provides to residents regarding their rights while in the facility and (b) posting the information in areas visible to residents;
3. participating as a member of the facility’s infection prevention and control committee and reporting to the committee at its regular meetings on the administrator and employee training he or she provided as described above;
4. providing training on infection prevention and control methods to the facility’s supplemental or replacement staff in the event of an infectious disease outbreak or other situation reducing the facility’s staffing levels; and
5. any other duties or responsibilities the facility deems appropriate.

Under the bill, each nursing home and dementia special care unit must require its infection and prevention control specialist to work on a rotating schedule that ensures he or she covers each eight-hour shift at least once monthly to ensure compliance with relevant infection control standards.

§ 2 — LOCAL EMERGENCY OPERATIONS PLAN

Requires a nursing home's and dementia special care unit's administrative head to provide its emergency operations plan to the municipality where it is located to assist the municipality in developing the local emergency operations plan required under the Interstate Mutual Aid Compact

The bill requires the administrative head of each nursing home and dementia special care unit to provide its emergency operations plan to the municipality in which the facility is located. The facility must do this by January 1, 2022, to assist the municipality in developing its emergency operations plan required under the Interstate Mutual Aid Compact. This compact, by law, provides a legal framework for municipalities to request and provide mutual aid when any member municipality declares a local civil preparedness emergency.

§ 3 — PERSONAL PROTECTIVE EQUIPMENT

Requires nursing homes to maintain at least a two-month supply of personal protective equipment for their staff

The bill requires each nursing home's administrative head to ensure that the (1) home maintains at least a two-month supply of personal protective equipment (PPE) for its staff and (2) PPE is of various sizes based on staff's needs.

Under the bill, PPE cannot be shared among facility staff and may only be used in accordance with the federal Centers for Disease Control and Prevention's (CDC) strategies to optimize PPE supplies in health care settings.

The bill also requires administrative heads to hold staff fittings for N95 masks or higher rated masks certified by the National Institute for Occupational Safety and Health, at a frequency the Department of Public Health (DPH) determines.

The bill requires the Department of Emergency Management and Homeland Security, by January 1, 2022, to consult with DPH and establish a process to evaluate, provide feedback on, approve, and distribute PPE for use by nursing homes in a public health emergency.

§ 4 — INTRAVENOUS LINES

Requires a nursing home's administrative head to ensure there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an intravenous line

The bill requires each nursing home's administrative head to ensure that there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an intravenous line.

§ 5 — NURSING HOME INFECTION PREVENTION AND CONTROL COMMITTEES

Generally, requires a nursing home's infection prevention and control committee to meet at least monthly, and, during an infectious disease outbreak, daily

The bill requires a nursing home's infection prevention and control committee to meet at least monthly and, during an infectious disease outbreak, daily. But if daily meetings disrupt the home's operations, the committee must instead meet at least weekly.

Under the bill, the committee is responsible for establishing infection prevention and control protocols for the nursing home and monitoring the home's infection prevention and control specialist. It must also evaluate (1) the implementation and outcome of these protocols and (2) whether the specialist is satisfactorily performing his or her responsibilities. The committee must conduct this evaluation at least annually and after every infectious disease outbreak at the home.

§ 6 — INFECTIOUS DISEASE TESTING IN NURSING HOMES

Requires nursing homes to test staff and residents for an infectious disease during an outbreak at an appropriate frequency determined by DPH

The bill requires nursing homes to test staff and residents for an infectious disease during an outbreak. They must do so at an appropriate frequency determined by DPH based on the circumstances surrounding the outbreak and the impact of testing on controlling it.

§ 7 — FAMILY COUNCILS

Requires each nursing home's and dementia special care unit's administrative head, by January 1, 2022, to encourage and assist in the establishment of a family council to encourage and support open communication between the facility and residents' families and friends

The bill requires each nursing home's and dementia special care

unit's administrative head, by January 1, 2022, to encourage and assist in the establishment of a family council to support open communication between the facility and each resident's family members and friends. Under the bill, a "family council" is an independent, self-determining group of residents' family members and friends that is geared to meeting the needs and interests of residents and their families and friends.

§ 8 — RESIDENT VISITATION AT NURSING HOMES

Requires nursing homes, by January 1, 2022, to take certain actions to ensure residents have regular opportunities for in-person and virtual visitation with family members and friends and that their social and emotional needs are met

The bill requires each nursing home's administrative head, by January 1, 2022, to ensure that each resident's care plan includes the following:

1. measures to address the resident's social, emotional, and mental health needs, including opportunities for social connection and strategies to minimize social isolation;
2. visitation protocols and any other information relevant to visitation written in plain language and in a form and manner that may be reasonably understood by the resident and his or her family and friends; and
3. information on the role of the Office of the State Long-Term Care Ombudsman, including the office's contact information.

The bill also requires each administrative head, by this date, to ensure that the home's staff is educated on best practices for addressing residents' social, emotional, and mental health needs and all components of person-centered care.

§ 9 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

Requires the Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include responses related to nursing homes and dementia special care units and providers of community-based services to their residents

The bill requires the state's Public Health Preparedness Advisory

Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include a plan for emergency responses related to nursing homes and dementia special care units and providers of community-based services to their residents.

By law, the committee advises DPH on responses to public health emergencies. It consists of the DPH and emergency services and public protection commissioners; six top legislative leaders; the chairs and ranking members of the Public Health, Public Safety, and Judiciary committees; representatives of municipal and district health directors appointed by the DPH commissioner; and any other organizations or individuals the DPH commissioner deems relevant to the effort.

§ 10 — NURSING HOME MINIMUM STAFFING LEVELS

Requires DPH, by January 1, 2022, to modify minimum nursing home daily staffing levels to require at least three hours of direct care per resident

The bill requires DPH, by January 1, 2022, to modify minimum staffing levels in nursing homes as follows:

1. establish at least three hours of direct care per resident per day;
2. modify staffing level requirements for social workers and recreational staff to require (a) one full-time social worker per 60 residents and (b) recreational staffing levels lower than current requirements, as the DPH commissioner deems appropriate; and
3. adopt regulations to implement the above requirements.

Current law requires nursing homes to maintain aggregate licensed nurse and nurse's aide staffing levels of at least 1.9 hours of direct care per resident per day (see BACKGROUND).

§ 11 — FUNDING FOR NURSING HOME INFRASTRUCTURE IMPROVEMENTS

Requires DPH to seek available federal or state funds for nursing home infrastructure improvements and report to the Public Health Committee by January 1, 2022

The bill requires DPH to seek available federal or state funds for

infrastructure improvements to the state's nursing homes. It requires the commissioner, by January 1, 2022, to report to the Public Health Committee on her success in accessing such funding.

BACKGROUND

Current Minimum Nurse Staffing Standards for Nursing Homes

DPH licenses nursing homes at two levels of care: (1) chronic and convalescent nursing homes (CCNHs), which provide skilled nursing care, and (2) rest homes with nursing supervision (RHNS), which provide intermediate care. (Nursing homes generally have been phasing out RHNS beds or converting them to CCNH beds.)

Minimum staffing requirements for CCNHs and RHNSs are set by regulation and depend on the time of day, as shown in the table below (Conn. Agencies Reg. § 19-13-D8t(m)).

Table 1: Minimum Nurse Staffing Requirements for Nursing Homes

<i>Direct Care Personnel</i>	<i>CCNH</i>		<i>RHNS</i>	
	7 a.m. to 9 p.m.	9 p.m. to 7 a.m.	7 a.m. to 9 p.m.	9 p.m. to 7 a.m.
Licensed Nursing Personnel	0.47 hours per patient (hpp) (28 min.)	0.17 hpp (10 min.)	0.23 hpp (14 min.)	0.08 hpp (5 min.)
Total Nurses and Nurse Aide Personnel	1.40 hpp (1 hr. 24 min.)	0.50 hpp (30 min.)	0.70 hpp (42 min.)	0.17 hpp (10 min.)

Related Bills

SB 973, favorably reported by the Aging Committee, requires the long-term care ombudsman and executive director of the Commission on Women, Children, Seniors, Equity and Opportunity to seek testimony from family councils on statewide policies, legislative proposals, or regulations on LTC facility conditions.

SB 1057, favorably reported by the Human Services Committee, requires DPH to establish nursing home minimum staffing levels of 4.1

hours of direct care, including 0.75 hours by a registered nurse, 0.54 hours by a licensed practical nurse, and 2.81 hours by a certified nurse's assistant.

sHB 6595 and sSB 1002, both reported favorably by the Labor and Public Employees Committee, contain provisions that generally require (1) the DPH commissioner to amass stockpiles of PPE (§ 8 in both bills) and (2) LTC providers to maintain an unexpired inventory of new PPE sufficient for 90 days of surge consumption during a state of emergency (§ 10 in both bills).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 1 (03/29/2021)