

General Assembly

Raised Bill No. 975

January Session, 2021

LCO No. 4282



Referred to Committee on AGING

Introduced by: (AGE)

AN ACT STRENGTHENING THE BILL OF RIGHTS FOR LONG-TERM CARE FACILITY RESIDENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Subsection (b) of section 19a-550 of the general statutes is
- 2 repealed and the following is substituted in lieu thereof (Effective July 1,
- 3 2021):
- 4 (b) There is established a patients' bill of rights for any person
- 5 admitted as a patient to any nursing home facility, residential care home
- 6 or chronic disease hospital. The patients' bill of rights shall be
- 7 implemented in accordance with the provisions of Sections 1919(b),
- 8 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
- 9 Act. The patients' bill of rights shall provide that each such patient: (1)
- 10 Is entitled to treat his or her living quarters as his or her home and has
- 11 no fewer rights than any other resident of the state, including, but not
- 12 <u>limited to (A) associating and communicating privately with persons of</u>
- 13 the patient's choice, and (B) purchasing and using technology of the
- 14 patient's choice, including, but not limited to, technology that may
- 15 <u>facilitate virtual visitation with family and other persons, provided</u>

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operation and use of such technology shall not violate any individual's right to privacy under state or federal law; (2) is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during the patient's stay, of the rights set forth in this section and of all rules and regulations governing patient conduct and responsibilities; [(2)] (3) is fully informed, prior to or at the time of admission and during the patient's stay, of services available in such facility or chronic disease hospital, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act, or not covered by basic per diem rate; [(3)] (4) in such facility or hospital is entitled to choose the patient's own physician or advanced practice registered nurse and is fully informed, by a physician or an advanced practice registered nurse, of the patient's medical condition unless medically contraindicated, as documented by the physician or advanced practice registered nurse in the patient's medical record, and is afforded the opportunity to participate in the planning of the patient's medical treatment and to refuse to participate in experimental research; [(4)] (5) in a residential care home or a chronic disease hospital is transferred from one room to another within such home or chronic disease hospital only for medical reasons, or for the patient's welfare or that of other patients, as documented in the patient's medical record and such record shall include documentation of action taken to minimize any disruptive effects of such transfer, except a patient who is a Medicaid recipient may be transferred from a private room to a nonprivate room, provided no patient may be involuntarily transferred from one room to another within such home or chronic disease hospital if (A) it is medically established that the move will subject the patient to a reasonable likelihood of serious physical injury or harm, or (B) the patient has a prior established medical history of psychiatric problems and there is psychiatric testimony that as a consequence of the proposed move there will be exacerbation of the psychiatric problem that would last over a significant period of time and require psychiatric intervention; and in the case of an involuntary transfer from one room to another within such home or chronic disease hospital, the patient and, if known, the patient's legally liable relative,

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guardian or conservator or a person designated by the patient in accordance with section 1-56r, is given not less than thirty days' and not more than sixty days' written notice to ensure orderly transfer from one room to another within such home or chronic disease hospital, except where the health, safety or welfare of other patients is endangered or where immediate transfer from one room to another within such home or chronic disease hospital is necessitated by urgent medical need of the patient or where a patient has resided in such home or chronic disease hospital for less than thirty days, in which case notice shall be given as many days before the transfer as practicable; [(5)] (6) is encouraged and assisted, throughout the patient's period of stay, to exercise the patient's rights as a patient and as a citizen, and to this end, has the right to (A) be fully informed about patients' rights by state or federally funded patient advocacy programs, [and may voice grievances and recommend changes in policies and services to nursing home facility, residential care home or chronic disease hospital staff or to outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal] (B) present grievances and recommend changes in policies, procedures and services to the manager or staff of the nursing home facility, residential care home or chronic disease hospital, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the nursing home facility, residential care home or chronic disease hospital, and (C) access to representatives of the Department of Public Health, the Department of Social Services or the Office of the Long-Term Care Ombudsman; [(6)] (7) shall have prompt efforts made by such nursing home facility, residential care home or chronic disease hospital to resolve grievances the patient may have, including those with respect to the behavior of other patients; [(7)] (8) may manage the patient's personal financial affairs, and is given a quarterly accounting of financial transactions made on the patient's behalf; [(8)] (9) is free from mental and physical abuse, corporal punishment, involuntary seclusion and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the patient's medical symptoms. Physical or chemical restraints may be imposed only to ensure the physical safety

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of the patient or other patients and only upon the written order of a

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by the patient in accordance with section 1-56r and, if the patient is married and both the patient and the patient's spouse are inpatients in the facility, they are permitted to share a room, unless medically contraindicated, as documented by the attending physician or advanced practice registered nurse in the medical record; [(16)] (17) is fully informed of the availability of and may examine all current state, local and federal inspection reports and plans of correction; [(17)] (18) may organize, maintain and participate in a patient-run resident council, as a means of fostering communication among residents and between residents and staff, encouraging resident independence and addressing the basic rights of nursing home facility, residential care home and chronic disease hospital patients and residents, free from administrative interference or reprisal; [(18)] (19) is entitled to the opinion of two physicians concerning the need for surgery, except in an emergency situation, prior to such surgery being performed; [(19)] (20) is entitled to have the patient's family or a person designated by the patient in accordance with section 1-56r meet in such facility, residential care home or chronic disease hospital with the families of other patients in the facility to the extent such facility, residential care home or chronic disease hospital has existing meeting space available that meets applicable building and fire codes; [(20)] (21) is entitled to file a complaint with the Department of Social Services and the Department of Public Health regarding patient abuse, neglect or misappropriation of patient property; [(21)] (22) is entitled to have psychopharmacologic drugs administered only on orders of a physician or an advanced practice registered nurse and only as part of a written plan of care developed in accordance with Section 1919(b)(2) of the Social Security Act and designed to eliminate or modify the symptoms for which the drugs are prescribed and only if, at least annually, an independent external consultant reviews the appropriateness of the drug plan; [(22)] (23) is entitled to be transferred or discharged from the facility only pursuant to section 19a-535, 19a-535a or 19a-535b, as applicable; [(23)] (24) is entitled to be treated equally with other patients with regard to transfer, discharge and the provision of all services regardless of the source of payment; [(24)] (25) shall not be required to waive any rights

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to benefits under Medicare or Medicaid or to give oral or written assurance that the patient is not eligible for, or will not apply for benefits under Medicare or Medicaid; [(25)] (26) is entitled to be provided information by the nursing home facility or chronic disease hospital as to how to apply for Medicare or Medicaid benefits and how to receive refunds for previous payments covered by such benefits; [(26)] (27) is entitled to receive a copy of any Medicare or Medicaid application completed by a nursing home facility, residential care home or chronic disease hospital on behalf of the patient or to designate that a family member, or other representative of the patient, receive a copy of any such application; [(27)] (28) on or after October 1, 1990, shall not be required to give a third-party guarantee of payment to the facility as a condition of admission to, or continued stay in, such facility; [(28)] (29) is entitled to have such facility not charge, solicit, accept or receive any gift, money, donation, third-party guarantee or other consideration as a precondition of admission or expediting the admission of the individual to such facility or as a requirement for the individual's continued stay in such facility; and [(29)] (30) shall not be required to deposit the patient's personal funds in such facility, home or chronic disease hospital.

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- Sec. 2. Subsection (a) of section 19a-697 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1*, 2021):
 - (a) A managed residential community shall have a written bill of rights that prescribes the rights afforded to each resident. A designated staff person from the managed residential community shall provide and explain the bill of rights to the resident at the time that such resident enters into a residency agreement at the managed residential community. The bill of rights shall include, but not be limited to, that each resident has the right to:
 - (1) Live in a clean, safe and habitable private residential unit;
 - (2) Be treated with consideration, respect and due recognition of personal dignity, individuality and the need for privacy;

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188 (3) Privacy within a private residential unit, subject to rules of the 189 managed residential community reasonably designed to promote the 190 health, safety and welfare of the resident;

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- (4) Retain and use one's own personal property within a private residential unit so as to maintain individuality and personal dignity provided the use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;
- (5) [Private] Treat his or her residential unit as his or her home and has no fewer rights than any other resident of the state, including, but not limited to (A) associating and communicating privately with persons of the resident's choice, (B) purchasing and using technology of the resident's choice, including, but not limited to, technology that may facilitate virtual visitation with family and other persons, provided operation and use of such technology shall not violate any individual's right to privacy under state or federal law, and (C) other private communications, including receiving and sending unopened correspondence [,] and telephone access; [and visiting with persons of one's choice;]
- (6) Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the community;
- 27) Directly engage or contract with licensed health care professionals 27) and providers of one's choice to obtain necessary health care services in 27) one's private residential unit, or such other space in the managed 27) residential community as may be made available to residents for such 27) purposes;
- 215 (8) Manage one's own financial affairs;
- 216 (9) Exercise civil and religious liberties;
- 217 (10) Present grievances and recommend changes in policies,

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218 procedures and services to the manager or staff of the managed 219 residential community, government officials or any other person 220 without restraint, interference, coercion, discrimination or reprisal from 221 the managed residential community, including access to representatives 222

of the department or the Office of the Long-Term Care Ombudsman;

- 223 (11) Upon request, obtain from the managed residential community 224 the name of the service coordinator or any other persons responsible for 225 resident care or the coordination of resident care;
- 226 (12) Confidential treatment of all records and communications to the 227 extent required by state and federal law;

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- (13) Have all reasonable requests responded to promptly and adequately within the capacity of the managed residential community and with due consideration given to the rights of other residents;
- (14) Be fully advised of the relationship that the managed residential community has with any assisted living services agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;
- 236 (15) Receive a copy of any rules or regulations of the managed 237 residential community;
- 238 (16) Privacy when receiving medical treatment or other services 239 within the capacity of the managed residential community;
- 240 (17) Refuse care and treatment and participate in the planning for the 241 care and services the resident needs or receives, provided the refusal of 242 care and treatment may preclude the resident from being able to 243 continue to reside in the managed residential community; and
- 244 (18) All rights and privileges afforded to tenants under title 47a.

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This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2021	19a-550(b)
Sec. 2	July 1, 2021	19a-697(a)

Statement of Purpose:

To affirm that residents of long-term care facilities have the right to treat their living quarters as their homes and have the same rights as all other state residents, including the right to use technology of their choice for purposes, including, but not limited to, virtual visitation and file grievances for violations of their rights.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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