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## **OLR Bill Analysis**

### **HB 5200 (as amended by House "A")\***

#### ***AN ACT CONCERNING HEALTH CARE ACCESSIBILITY FOR PERSONS WITH A DISABILITY.***

#### **SUMMARY**

This bill requires group practices of at least nine physicians, advanced practice registered nurses (APRNs), or a combination of them (hereafter “practice locations”) to consider certain federal technical accessibility standards when purchasing medical diagnostic equipment. Specifically, these practice locations must consider the technical standards developed by the federal Architectural and Transportation Barriers Compliance Board in accordance with the federal Patient Protection and Affordable Care Act (hereafter “standards for accessibility”). Existing law already requires health care facilities (i.e., hospitals, outpatient clinics, and long-term care and hospice facilities) to do this.

The bill also requires the public health commissioner to annually notify these practice locations, as she must currently do for health care facilities, about information on providing health care to people with accessibility needs, including the standards for accessibility. It eliminates current law’s requirement that she also notify licensed physicians, physician assistants (PAs), and APRNs individually.

Additionally, starting January 1, 2025, the bill requires these facilities and practice locations to take certain related administrative actions, such as (1) training direct care staff on policies and procedures for patients with accessibility needs, (2) taking an inventory of all medical diagnostic equipment, and (3) creating a plan to address inventory gaps and identify steps needed to ensure compliance with the standards for accessibility.

Starting January 1, 2026, the bill also requires, with certain

exemptions, health care facilities and practice locations with three or more examination rooms to have certain accessible medical diagnostic equipment (e.g., at least one weight scale and one examination table or chair in at least one examination room that accommodates patients using assistive devices). These requirements are effective until federal regulations are mandated on accessibility of medical diagnostic equipment.

Lastly, the bill specifies which health care facility construction guidelines the Department of Public Health (DPH) must use when reviewing a health care facility's plan for a construction or renovation project that is necessary to comply with state law's requirements for accessibility of medical diagnostic equipment.

The bill also makes technical changes.

\*House Amendment "A" replaces the original bill (File 402) and (1) limits the bill's applicability to practice locations with nine or more physicians or APRNs instead of all physicians', PAs', and APRNs' offices; (2) eliminates the requirement that the DPH commissioner notify physicians, APRNs, and PAs individually about certain patient accessibility information; and (3) adds provisions on administrative and equipment requirements for practice locations and health care facilities and DPH's review of certain health care facility construction projects.

EFFECTIVE DATE: July 1, 2024

## **DEFINITIONS**

The bill expands the types of "long-term care facilities" subject to its requirements for health care facilities to include (1) home health care and home health aide agencies and (2) intermediate care facilities for individuals with developmental disabilities that are not operated by the Department of Developmental Services. Current law already includes nursing homes, assisted living facilities, and residential care homes.

Under existing law, unchanged by the bill, "medical diagnostic equipment" includes an examination table or chair; weight scale; mammography equipment; and x-ray, imaging, and other radiological

diagnostic equipment.

### **ADMINISTRATIVE REQUIREMENTS**

The bill requires health care facilities and practice locations, starting January 1, 2025, to do the following:

1. train all staff with direct patient care responsibilities on their policies and procedures for addressing patients' access to care;
2. designate a contact phone number and provide steps patients may take to contact them for help with patient access needs and post the information on their website or make it readily available to the public in another way; and
3. take and document an inventory of all medical diagnostic equipment that does and does not meet the standards for accessibility and include (a) an action plan to address any inventory gaps and (b) the steps needed to comply with the standards, and give the documentation to DPH upon request.

### **MEDICAL DIAGNOSTIC EQUIPMENT REQUIREMENTS**

Starting January 1, 2026, the bill requires health care facilities and practice locations with three or more examination rooms to do the following:

1. when purchasing, leasing, replacing, or otherwise obtaining medical diagnostic equipment, independently verify or obtain assurances from the equipment's seller or source that it complies with the standards for accessibility and document them;
2. have an examination table or chair that meets the standards for accessibility in at least one examination room that allows a patient using an assistive device (e.g., wheelchair) to easily enter, exit, and maneuver in the room; and
3. have at least one weight scale that meets the standards for accessibility if the facility or practice location uses a weight scale.

Under the bill, these requirements are effective until federal

regulations are mandated on accessibility of medical diagnostic equipment (the federal Department of Justice recently issued proposed rules and is in the process of adopting them into regulation).

### ***Exemptions***

The bill exempts from the requirements facilities and practice locations that:

1. are unable to comply because they are unable to obtain medical diagnostic equipment that is commercially available at a commercially reasonable price (i.e., a price that does not exceed fair market value);
2. are unable to comply because they are in the process of getting necessary approval from a municipal or state agency (e.g., related to the building code, a building inspection, site plan review, or certificate of need) and the approval process is delaying their compliance; or
3. meet the criteria for an exemption or exclusion from requirements under federal law for people with disabilities (e.g., the Americans with Disabilities Act or section 504 of the Rehabilitation Act of 1973) that is the same or substantially similar to the bill's requirements.

### **DPH REVIEW OF HEALTH CARE FACILITY CONSTRUCTION PLANS**

The bill requires DPH, when reviewing a health care facility's plan for a construction or renovation project that is necessary to comply with state law's requirements for accessibility of medical diagnostic equipment, to accept compliance with the commissioner's approved nationally established health care facility construction guidelines that are either (1) in place at the time the facility gives the plan to DPH or (2) the most recent prior version of the guidelines. DPH must (1) accept compliance with these guidelines to the extent federal law allows, regardless of state law on these project plans, and (2) adopt regulations to implement this requirement.

**BACKGROUND**

***Architectural and Transportation Barriers Compliance Board***

The board is an independent federal agency that provides information, technical assistance, and training on accessibility design for people with disabilities. Among other things, it also develops and maintains design criteria for transit vehicles, telecommunications equipment, and electronic and information technology.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 35 Nay 1 (03/22/2024)

Appropriations Committee

Joint Favorable

Yea 37 Nay 15 (04/25/2024)