



# Senate

General Assembly

**File No. 261**

February Session, 2024

Substitute Senate Bill No. 365

*Senate, April 4, 2024*

The Committee on Human Services reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## ***AN ACT CONCERNING SAFETY IN THE HEALTH CARE WORKFORCE.***

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

1 Section 1. (NEW) (*Effective October 1, 2024*) (a) Any hospital, chronic  
2 disease hospital, nursing home, behavioral health facility, multicare  
3 institution or psychiatric residential treatment facility, as those terms are  
4 defined in section 19a-490 of the general statutes, which receives  
5 reimbursement for services rendered under the medical assistance  
6 program, shall adopt and implement the workplace violence prevention  
7 standards that apply to all Joint Commission-accredited hospitals and  
8 critical access hospitals.

9 (b) The Commissioner of Social Services shall require any institution  
10 listed in subsection (a) of this section to provide evidence of adoption  
11 and implementation of the workplace violence prevention standards  
12 that apply to all Joint Commission-accredited hospitals and critical  
13 access hospitals in order to obtain reimbursement for services provided  
14 under the medical assistance program.

15 (c) The commissioner may provide a rate enhancement under the  
16 medical assistance program for institutions listed in subsection (a) of  
17 this section for timely reporting of any workplace violence incident. For  
18 purposes of this section, "timely reporting" means reporting such  
19 incident not later than seven calendar days after its occurrence to the  
20 Department of Social Services and the Department of Public Health.

21 Sec. 2. (NEW) (*Effective October 1, 2024*) (a) Any home health care  
22 agency, home health aide agency, assisted living services agency,  
23 hospice agency, residential care home or residential facility for a person  
24 with intellectual disability, as those terms are defined in section 19a-490  
25 of the general statutes, which receives reimbursement for services  
26 rendered under the medical assistance program, shall adopt and  
27 implement the health and safety training curriculum for home care  
28 workers endorsed by the Centers for Disease Control and Prevention's  
29 National Institute for Occupational Safety and Health and the federal  
30 Occupational Safety and Health Administration, including, but not  
31 limited to, training to recognize hazards commonly encountered in  
32 home care workplaces and applying practical solutions to manage risks  
33 and improve safety.

34 (b) The Commissioner of Social Services shall require any agency,  
35 home or facility listed in subsection (a) of this section to provide  
36 evidence of adoption and implementation of such health and safety  
37 training curriculum, or, at the commissioner's discretion, an alternative  
38 workplace safety training program applicable to such agency, home or  
39 facility, in order to obtain reimbursement for services provided under  
40 the medical assistance program.

41 (c) The commissioner may provide a rate enhancement under the  
42 medical assistance program for any agency, home or facility listed in  
43 subsection (a) of this section for timely reporting of any workplace  
44 violence incident. For purposes of this section, "timely reporting" means  
45 reporting such incident not later than seven calendar days after its  
46 occurrence to the Department of Social Services and the Department of  
47 Public Health.

48 Sec. 3. Subsection (a) of section 17b-242 of the 2024 supplement to the  
49 general statutes is repealed and the following is substituted in lieu  
50 thereof (*Effective from passage*):

51 (a) The Department of Social Services shall determine the rates to be  
52 paid to home health care agencies and home health aide agencies by the  
53 state or any town in the state for persons aided or cared for by the state  
54 or any such town. The Commissioner of Social Services shall establish a  
55 fee schedule for home health services to be effective on and after July 1,  
56 1994. The commissioner may annually modify such fee schedule if such  
57 modification is needed to ensure that the conversion to an  
58 administrative services organization is cost neutral to home health care  
59 agencies and home health aide agencies in the aggregate and ensures  
60 patient access. Utilization may be a factor in determining cost neutrality.  
61 The commissioner shall increase the fee schedule for home health  
62 services provided under the Connecticut home-care program for the  
63 elderly established under section 17b-342, effective July 1, 2000, by two  
64 per cent over the fee schedule for home health services for the previous  
65 year. On and after January 1, 2024, the commissioner shall increase the  
66 fee schedule for complex care nursing services provided to individuals  
67 over the age of eighteen such that the rate of reimbursement is equal to  
68 the rate for such services provided to individuals age eighteen and  
69 under. There shall be no differential in fees paid for such services based  
70 on the age of the patient. The commissioner may increase any fee  
71 payable to a home health care agency or home health aide agency upon  
72 the application of such an agency evidencing extraordinary costs related  
73 to (1) serving persons with AIDS; (2) high-risk maternal and child health  
74 care; or (3) [escort services; or (4)] extended hour services. On and after  
75 July 1, 2024, the commissioner shall increase the fee payable to a home  
76 health care agency or home health aide agency that provides escorts for  
77 safety purposes to staff conducting a home visit. In no case shall any rate  
78 or fee exceed the charge to the general public for similar services. A  
79 home health care agency or home health aide agency which, due to any  
80 material change in circumstances, is aggrieved by a rate determined  
81 pursuant to this subsection may, within ten days of receipt of written  
82 notice of such rate from the Commissioner of Social Services, request in

83 writing a hearing on all items of aggrievement. The commissioner shall,  
 84 upon the receipt of all documentation necessary to evaluate the request,  
 85 determine whether there has been such a change in circumstances and  
 86 shall conduct a hearing if appropriate. The Commissioner of Social  
 87 Services shall adopt regulations, in accordance with chapter 54, to  
 88 implement the provisions of this subsection. The commissioner may  
 89 implement policies and procedures to carry out the provisions of this  
 90 subsection while in the process of adopting regulations, provided notice  
 91 of intent to adopt the regulations is posted on the eRegulations System  
 92 not later than twenty days after the date of implementing the policies  
 93 and procedures. Such policies and procedures shall be valid for not  
 94 longer than nine months. For purposes of this subsection, "complex care  
 95 nursing services" means intensive, specialized nursing services  
 96 provided to a patient with complex care needs who requires skilled  
 97 nursing care at home.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2024</i>	New section
Sec. 2	<i>October 1, 2024</i>	New section
Sec. 3	<i>from passage</i>	17b-242(a)

**Statement of Legislative Commissioners:**

In Section 2(a), "Occupational Safety and Health Administration" was changed to "federal Occupational Safety and Health Administration" for consistency with standard drafting conventions.

**HS**            *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
Social Services, Dept.	GF - Potential Savings	See Below	See Below
Social Services, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill may result in savings to the Department of Social Services (DSS) to the extent that certain health care providers do not meet workplace health and safety standards specified by the bill. Providers must submit evidence of adoption and implementation of such standards as a condition of receiving payment for services provided under Medicaid and HUSKY B.

The bill may also result in increased costs to DSS associated with (1) enhanced rates to entities for timely reporting of any workplace violence incidents, and (2) increased fees to home health care agencies that provide escorts for safety purposes to staff conducting home visits. Current law allows, but does not require, DSS to provide increased fees to agencies that show extraordinary costs related to escorts. The extent of the costs are dependent on the enhanced rates and fees to be determined by DSS.

***The Out Years***

The ongoing fiscal impact identified above is subject to the number of entities that (1) do not meet the specified standards, (2) make timely reports, and (3) provide safety escorts .

**OLR Bill Analysis****SB 365*****AN ACT CONCERNING SAFETY IN THE HEALTH CARE WORKFORCE.*****SUMMARY**

This bill requires certain health care facilities and home care entities that participate in Medicaid to adopt and implement the following workplace violence prevention standards:

1. for health care facilities, workplace violence prevention standards that apply to hospitals accredited by the Joint Commission (an independent, nonprofit organization that accredits and certifies hospitals and other health care organizations) and critical access hospitals; and
2. for home care entities, the home care worker health and safety training curriculum endorsed by the federal (a) Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health and (b) Occupational Safety and Health Administration, including training to recognize and manage common home care workplace hazards and improve safety.

Under the bill, the Department of Social Services (DSS) commissioner must require these facilities and entities to provide evidence that they adopted and implemented the above standards to continue receiving Medicaid reimbursements. (For home care entities, the commissioner may, at her discretion, approve alternative applicable workplace training programs.)

The bill also authorizes the commissioner to increase Medicaid rates

for facilities and entities that report workplace violence incidents to DSS and the Department of Public Health in a timely way (i.e., within seven days after they happen).

The bill’s requirements apply to the following: (1) for health care facilities, hospitals, chronic disease hospitals, nursing homes, behavioral health facilities, multicare institutions, and psychiatric residential treatment facilities and (2) for home care entities, home health care, home health aide, assisted living services, and hospice agencies; residential care homes; and residential facilities for people with intellectual disabilities.

Lastly, the bill requires the DSS commissioner, starting July 1, 2024, to increase state reimbursement rates for home health care and home health aide agencies that provide safety escorts for staff doing home visits. Current law permits, but does not require, her to do this for agencies that incur extraordinary costs for escort services.

EFFECTIVE DATE: October 1, 2024, except the provision on state reimbursements for home care safety escorts is effective upon passage.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 22 Nay 0 (03/19/2024)