

# Aging Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5046

**Title:** AN ACT PROMOTING NURSING HOME RESIDENT QUALITY OF LIFE.

**Vote Date:** 3/12/2024

**Vote Action:** Joint Favorable

**PH Date:** 2/29/2024

**File No.:**

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## **SPONSORS OF BILL:**

Governor's Bill

## **REASONS FOR BILL:**

This bill was created to better the management and oversight of long-term care facilities.

This legislation makes various changes to the state's existing laws on the management and oversight of long-term care and similar licensed facilities.

1. Prohibits licensed chronic and convalescent nursing home and rest home with nursing supervision from placing residents in a room containing more than two beds no later than July 1, 2026.
2. Requires the design of a Center of Excellence Program for licensed nursing home.
3. Requires the establishment of an online nursing home consumer report card.
4. Amends the requirements for licensed nursing homes to qualify for a waiver to temporarily halt the admission of an indigent applicant into the facility.
5. Terminates the license category of chronic and convalescent or rest homes with nursing supervision not later than one year from passage.
6. Requires licensed chronic and convalescent or rest home with nursing supervision participating in the Medicaid program to comply with state law or regulations.
7. Subjects certain licensed healthcare institutions to potential discipline if they fail to comply with an accepted plan of corrected action.
8. Requires residency agreements for managed residency communities to include additional disclosures concerning certain changes and fees.
9. Requires managed residency communities to provide 90 days' notice of increases to certain fees.
10. Requires assisted living agencies to disclose fee increases and related information to residents.

11. Authorizes the Dept. of Social Services to conduct forensic audits and provides a mechanism for DSS to recoup the cost of forensic audits from applicable facilities.

12. Amends the conditions in which a receiver application for a nursing home facility or residential care home may be granted.

13. Amends the qualification requirements for a person who may be appointed as a receiver of a nursing home facility or residential care home; and

14. Modifies the type of information nursing home facility management services certificate applicants must submit to gain approval.

#### **RESPONSE FROM ADMINISTRATION/AGENCY:**

**Governor Lamont:** This legislation will provide a multi-pronged approach to help protect the dignity, safety and security of nursing home residents and give family caregivers peace of mind that their loved ones are receiving care across the long-term care continuum.

**Dept. of Social Services, Ms. Andrea Barton-Reeves, Commissioner:** The Dept. urges passage of this bill. They indicate their strong **support** for Section 11, 12 and 13. They will prevent or identify serious financial mismanagement at facilities, promote patient health and safety by allowing for the appointment of a receiver before losses jeopardize residents, and will ensure timely oversight by identifying potential receivers from a larger pool of qualified people.

**Dept. of Public Health, Ms. Manisha Juthani MD, Commissioner:** They are in **support** of this bill. They support the development of a center of excellence program as well as a publicly facing nursing home consumer dashboard.

**Commission on Women, Children, Seniors, Equity & Opportunity, Mr. Michael Werner, Lead Aging Policy Analyst:** They are in **support** of this proposal. They think it will be a step towards promoting better infection control and respect the dignity of residents as well as being a strong approach to incentivizing quality in nursing home regulations. It will significantly increase transparency and empower consumers by providing them with critical information to make informed decisions about nursing home care.

**Connecticut Aging and Disability Services, Ms. Amy Porter, Commissioner:** They **support** this bill. Its passage will improve the opportunity for people living in long term care settings to receive the consistent, high-quality, care that they deserve and will strengthen the over-all long-term care system in our state.

**Connecticut Aging and Disability Services, Ms. Mairead Painter, State Long-Term Care Ombudsman:** They are in strong **support** of this legislation. These are important reforms. The limit on resident room occupancy, centers of excellence programs, the nursing home report card, the enhanced admission and care standards, the enhanced accountability and compliance and delivery of high-quality health care services are all positive and important features of this bill.

#### **NATURE AND SOURCES OF SUPPORT:**

**AARP Connecticut, Ms. Anna Doroghazi, Associate State Director, Advocacy and Outreach:** Their testimony indicated **support** for Sections 1, 2, 3 and 11 in the proposed bill.

They believe that eliminating the 3 and 4 bedrooms in nursing homes would help control the spread of infection and reduce mortality. They also feel that creating a Centers of Excellence Program would provide an incentive for adoption of best practices and create discussion between parties who are interested in quality care. Creating a "consumer report card" would help residents and family members when they are trying to select a facility and they think that giving the DSS the ability to order a forensic audit of nursing home financials in certain circumstances would begin to improve the quality of nursing homes in our state.

**LeadingAge Connecticut, Ms. Mag Morelli, President:** They **support** sections 1 and 2 of the bill. They support section 3 but suggest that it be called a "dashboard" rather than a "report card". They expressed concerns about section 4 and offer a proposed amendment concerning it. They are concerned that the bill's requirement is so broad that it would mandate that a nursing home admit a transferring resident with no payor source. Section 5 is concerning the administrative burden of the licensure conversion and they ask that DSS and DPH be empowered to develop an expedited process to convert RHNS licensed beds to the CCNH licensure category. In sections 6 and 7 they always thought that the DPH had this authority, so they do not object to these provisions. Sections 8, 9 and 10 reflect an agreement reached by a collaborative working group mandated by PA 22-57 by the Long-Term Care Ombudsman. They participated in that working group and support the proposals contained in this section. They do request that the state designate affordable housing sites and the HUD Assisted Living Conversion Program housing providers be exempt from the new proposed requirement. Finally, they are in **opposition** to section 11. The empowering language in the bill is too vague, allowing DSS to initiate such an audit of financial record to look for "information or evidence" that "may be used" in a legal proceeding. It also says the party that is subject to the audit must pay the full cost which may include expert reports or subsequent testimony.

**Statewide Coalition of Presidents of Resident Councils, Ms. Jeanette Sullivan-Martinez, President:** They **support** this legislation. This bill is about changing lives for the better. It will improve the quality of life for thousands of our state's nursing home residents.

**District 1199, New England, Ms. Suzanne Clark, Secretary-Treasurer:** They **support** this proposal. We also support the Centers for Excellence Program but would like to see the addition of "labor unions that represent workers in nursing homes," to the list of stakeholders. They are supportive but they continue to encourage the state to take a more aggressive approach to the problem and properly invest the funding needed to bring real change into the long-term care industry.

**Mr. Jack Stanton, Student, Ledyard High School:** He is in **support** of this bill but suggests that language concerning euthanasia be added to the proposal.

**Connecticut Statewide Family Council, Ms. Robin Delieto, Past Recording Secretary:** They are in **support** of this bill.

**Connecticut Statewide Family Council, Mr. Frederic Kaeser, Vice Chairperson:** They offered testimony in **support** of this legislation.

**Ms. Cheryl Long:** Her testimony was in **support** of the proposal, and she offered comments about her interactions with the nursing home and how it affected her mother.

**Mrs. Carol Lindstrum:** She supports the bill.

**Ms. Jessica Hill:** She **supports** the bill and her testimony included comments about her mothers' experiences in a nursing home.

**Ms. Amy Badini:** She is in **support** of this bill.

**Family Council Member, Ms. Tricia Mulvey:** She **supports** the bill.

**Ms. Teresa Norris, RN:** She **supports** the proposal. Her experience is that the medical model of a skilled nursing environment does not fully address the psychosocial needs effectively.

**Ms. Mary Alice Schulte, RN:** She **supports** the bill.

**Ms. Elizabeth Stern, Stonington:** She **supports** this legislation.

**Ms. Irma Rappaport:** She **supports** this proposal.

#### **NATURE AND SOURCES OF OPPOSITION:**

**Jerome Home Senior Living, Ms. Tina Richardson, Licensed Nursing Home Administrator and Executive Director:** She **opposes** the bill, specifically section 13 which changes the requirement for a receiver in a nursing home from a licensed nursing home facility administrator and replacing it with a person with substantial experience in the delivery of quality health care services and successful management or operation of long-term care facilities. The licensed nursing home administrator is the only one who has the substantial experience needed. An individual who has general experience in health care services, management, or operation of a long-term care facility does not have the job knowledge or level of expertise to guide a nursing home through the turbulent waters of receivership.

**Connecticut Association of Health Care Facilities/Connecticut Center for Assisted Living, Mr. Matt Barnett, President and CEO:** While there was support to some of the sections (2,3,5,8 and 10) they asked for changes in others (1 and 4) a rewrite in section 6 to include references to statutes and regulations that will be linked to this section. In section 7 they understand better what additional authority is proposed before they can take a final position on this section. Finally, they indicated their **opposition** to Sections 11,12 and 13 and offered substitute language that would address the lack of qualified people who could be appointed as receivers.

**American College of Health Care Administrators, Ms. Jessica DeRing, Director of Operations of MissionCare Health for ICare Health Network, Connecticut:** They offered testimony in **opposition** to this bill, specifically section 13, concerning receiver requirements. They state that only a licensed nursing home administrators that are trained and have the experience of being a LNHA are the persons who are qualified to become the courts conduit for the receivership role. She details the amount of training that goes into their discipline and indicates what the "other disciplines," lack.

**Complete Care at Glendale, Naugatuck, Ms. Marian Gaudio, Administrator:** She offered her testimony in **opposition** to this bill, specifically section 13, that would change the requirement of a Receiver.

**Complete Care at Harrington Court, Colchester, Ms. Angela Perry, PhD, LNHA, FACHCA, Administrator:** She wrote to express her **opposition** to section of this proposal.

**Mr. Richard Brown, Nursing Home Administrator:** He submitted testimony in **opposition** to this bill, specifically section 13. His comments indicated that lessening the requirement for a Receiver in a nursing home from an administrator licensed in the state to a person with "substantial experience" does not promote nursing home resident quality, it actually jeopardizes it.

**Reported by:**  
**Toni Lombardi, Clerk**  
**Richard Ferrari, Assistant Clerk**

**Date: 3/19/24**