



House of Representatives

File No. 619

General Assembly

February Session, 2002

(Reprint of File Nos. 337 and 565)

Substitute House Bill No. 5685
As Amended by House Amendment
Schedules "A" and "B"

Approved by the Legislative Commissioner
May 4, 2002

AN ACT REQUIRING THE REPORTING OF PATIENTS IN RESTRAINT OR SECLUSION.

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

1 Section 1. (NEW) (*Effective October 1, 2002*) (a) Psychiatric hospitals
2 and psychiatric units of general hospitals licensed by the Department
3 of Public Health shall report the following, in writing, and within
4 twenty-four hours of occurrence, to said department:

5 (1) Any patient in restraint or seclusion continuously for eight hours
6 or more; and

7 (2) Any patient restrained or in seclusion for more than fifteen hours
8 over three consecutive days.

9 (b) Said department may adopt regulations, in accordance with the
10 provisions of chapter 54 of the general statutes, to implement the
11 provisions of subsection (a) of this section.

This act shall take effect as follows:

Section 1	<i>October 1, 2002</i>
-----------	------------------------

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Fund-Type	Agency Affected	FY 03 \$	FY 04 \$
General Fund - Cost	Department of Public Health	Minimal	Minimal
General Fund - Cost	University of Connecticut Health Center	30,000-37,500	40,000-50,000

Municipal Impact: None

Explanation

The bill requires reports to be made to the Department of Public Health (DPH) by psychiatric hospitals or psychiatric units of general hospitals when a patient has been in restraint or seclusion: (a) Continuously for eight hours or more; and (b) for more than fifteen hours over three consecutive days. The agency will incur minimal costs, which can be accommodated within its normally budgeted resources, should it choose to adopt regulations.

While the University of Connecticut Health Center (UCHC) does not consistently monitor restraints/seclusions due to medical reasons, all such activity due to behavioral health reasons is well-documented. However, requiring a written report within twenty-four hours raises other concerns such as (1) what is the expectation of details included in these reports and (2) whether the agency will be able to complete its own investigation into such incidents in order to provide an accurate report.

In order to guarantee Dempsey Hospital's compliance with the provisions of the bill, it is anticipated that additional resources (\$40,000 - \$50,000 on an annualized basis) would be necessary for a staff

position that would be responsible for the investigation and completion of required written reports. It should be noted that the UCHC provides all inmate medical services for the State Department of Correction.

House "A" eliminated a mandate upon facilities licensed by the Departments of Mental Health and Addiction Services (DMHAS) and Mental Retardation (DMR) to report biannually on the number of times physical restraints were used and the reason for each such use. This averted a minimal cost to these agencies which would have occurred if they had chosen to adopt regulations.

It also removed a requirement that nursing homes and general hospitals similarly report all restraints to DPH. This significantly reduced the number of reports to the agency, and eliminated the cost associated with adding a staff person.

Finally, House "A" changed the frequency of reporting from biannually to within twenty-four hours of occurrence. This led to the cost to the University of Connecticut Health Center as discussed above.

House "B" makes a technical change which has no associated fiscal impact.

OLR Amended Bill Analysis

sHB 5685 (as amended by House "A" and "B")*

AN ACT REQUIRING THE REPORTING OF PATIENTS IN PHYSICAL RESTRAINT IN SECLUSION**SUMMARY:**

This bill requires psychiatric hospitals and psychiatric units of general hospitals to report to the Department of Public Health (DPH) whenever any patient is (1) placed in restraint or seclusion for eight or more continuous hours or (2) is restrained or secluded for more than 15 hours over three consecutive days. It permits DPH to adopt regulations governing these reports. The bill defines "physical restraint" as a physical or mechanical restriction that immobilizes a person's arms, legs, or head or reduces his ability to move. (But the bill does not specifically refer to physical restraint, so this definition may have no effect.)

*House Amendment "A" substitutes the report by psychiatric hospitals and general hospital psychiatric units for the original bill's requirement all licensed health facilities report biannually on the number of times they used physical restraints and why.

*House Amendment "B" adds the definition of physical restraint.

EFFECTIVE DATE: October 1, 2002

BACKGROUND***Legislative History***

The House referred this bill (File 337) to the Appropriations Committee on April 10. That committee reported a substitute, which (1) eliminated a requirement that DPH and the departments of Mental Retardation and Mental Health and Addiction Services report all incidents reported to them to the Connecticut Legal Rights Project and (2) permitted the agencies to adopt regulations.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 24 Nay 0

Appropriations Committee

Joint Favorable Substitute
Yea 51 Nay 0