



General Assembly

February Session, 2004

Raised Bill No. 4

LCO No. 506

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Referred to Committee on Select Committee on Aging

Introduced by:
(AGE)

**AN ACT CONCERNING THE PATIENTS' BILL OF RIGHTS FOR
RESIDENTS OF NURSING HOMES AND CHRONIC DISEASE
HOSPITALS.**

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2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2004*):

4 (b) There is established a patients' bill of rights for any person
5 admitted as a patient to any nursing home facility or chronic disease
6 hospital. The patients' bill of rights shall be implemented in accordance
7 with the provisions of Sections 1919(b), 1919(c), 1919(c)(2),
8 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients'
9 bill of rights shall provide that each such patient: (1) Is fully informed,
10 as evidenced by the patient's written acknowledgment, prior to or at
11 the time of admission and during the patient's stay, of the rights set
12 forth in this section and of all rules and regulations governing patient
13 conduct and responsibilities; (2) is fully informed, prior to or at the
14 time of admission and during the patient's stay, of services available in
15 the facility, and of related charges including any charges for services

16 not covered under Titles XVIII or XIX of the Social Security Act, or not
17 covered by basic per diem rate; (3) is entitled to choose the patient's
18 own physician and is fully informed, by a physician, of the patient's
19 medical condition unless medically contraindicated, as documented by
20 the physician in the patient's medical record, and is afforded the
21 opportunity to participate in the planning of the patient's medical
22 treatment and to refuse to participate in experimental research; (4) in a
23 residential care home or a chronic disease hospital is transferred from
24 one room to another within the facility only for medical reasons, or for
25 the patient's welfare or that of other patients, as documented in the
26 patient's medical record and such record shall include documentation
27 of action taken to minimize any disruptive effects of such transfer,
28 except a patient who is a Medicaid recipient may be transferred from a
29 private room to a nonprivate room, provided no patient may be
30 involuntarily transferred from one room to another within the facility
31 if (A) it is medically established that the move will subject the patient
32 to a reasonable likelihood of serious physical injury or harm, or (B) the
33 patient has a prior established medical history of psychiatric problems
34 and there is psychiatric testimony that as a consequence of the
35 proposed move there will be exacerbation of the psychiatric problem
36 which would last over a significant period of time and require
37 psychiatric intervention; and in the case of an involuntary transfer
38 from one room to another within the facility, the patient and, if known,
39 the patient's legally liable relative, guardian or conservator or a person
40 designated by the patient in accordance with section 1-56r, as
41 amended, is given at least thirty days' and no more than sixty days'
42 written notice to ensure orderly transfer from one room to another
43 within the facility, except where the health, safety or welfare of other
44 patients is endangered or where immediate transfer from one room to
45 another within the facility is necessitated by urgent medical need of
46 the patient or where a patient has resided in the facility for less than
47 thirty days, in which case notice shall be given as many days before the
48 transfer as practicable; (5) is encouraged and assisted, throughout the
49 patient's period of stay, to exercise the patient's rights as a patient and

50 as a citizen, and to this end, has the right to be fully informed about
51 patients' rights by state or federally funded patient advocacy
52 programs, and may voice grievances and recommend changes in
53 policies and services to facility staff or to outside representatives of the
54 patient's choice, free from restraint, interference, coercion,
55 discrimination or reprisal; (6) shall have prompt efforts made by the
56 facility to resolve grievances the patient may have, including those
57 with respect to the behavior of other patients; (7) may manage the
58 patient's personal financial affairs, and is given a quarterly accounting
59 of financial transactions made on the patient's behalf; (8) is free from
60 mental and physical abuse, corporal punishment, involuntary
61 seclusion and any physical or chemical restraints imposed for
62 purposes of discipline or convenience and not required to treat the
63 patient's medical symptoms, [. Physical] except that physical or
64 chemical restraints may be imposed only to ensure the physical safety
65 of the patient or other patients and only upon the written order of a
66 physician that specifies the type of restraint and the duration and
67 circumstances under which the restraints are to be used, except in
68 emergencies until a specific order can be obtained, provided a patient
69 or the patient's legally liable representative who agrees to the use of a
70 restraint shall be provided with written patient information at the time
71 the restraint is imposed that indicates, in plain language, the possible
72 contraindications and risks pertaining to the specific restraint
73 consistent with the provisions of 42 CFR 483.10(a)(3) and 42 CFR
74 483.10(a)(4), as from time to time amended; (9) is assured confidential
75 treatment of the patient's personal and medical records, and may
76 approve or refuse their release to any individual outside the facility,
77 except in case of the patient's transfer to another health care institution
78 or as required by law or third-party payment contract; (10) receives
79 quality care and services with reasonable accommodation of
80 individual needs and preferences, except where the health or safety of
81 the individual would be endangered, and is treated with
82 consideration, respect, and full recognition of the patient's dignity and
83 individuality, including privacy in treatment and in care for the

84 patient's personal needs; (11) is not required to perform services for the
85 facility that are not included for therapeutic purposes in the patient's
86 plan of care; (12) may associate and communicate privately with
87 persons of the patient's choice, including other patients, send and
88 receive the patient's personal mail unopened and make and receive
89 telephone calls privately, unless medically contraindicated, as
90 documented by the patient's physician in the patient's medical record,
91 and receives adequate notice before the patient's room or roommate in
92 the facility is changed; (13) is entitled to organize and participate in
93 patient groups in the facility and to participate in social, religious and
94 community activities that do not interfere with the rights of other
95 patients, unless medically contraindicated, as documented by the
96 patient's physician in the patient's medical records; (14) may retain and
97 use the patient's personal clothing and possessions unless to do so
98 would infringe upon rights of other patients or unless medically
99 contraindicated, as documented by the patient's physician in the
100 patient's medical record; (15) is assured privacy for visits by the
101 patient's spouse or a person designated by the patient in accordance
102 with section 1-56r, as amended, and, if the patient is married and both
103 the patient and the patient's spouse are inpatients in the facility, they
104 are permitted to share a room, unless medically contraindicated, as
105 documented by the attending physician in the medical record; (16) is
106 fully informed of the availability of and may examine all current state,
107 local and federal inspection reports and plans of correction; (17) may
108 organize, maintain and participate in a patient-run resident council, as
109 a means of fostering communication among residents and between
110 residents and staff, encouraging resident independence and
111 addressing the basic rights of nursing home and chronic disease
112 hospital patients and residents, free from administrative interference
113 or reprisal; (18) is entitled to the opinion of two physicians concerning
114 the need for surgery, except in an emergency situation, prior to such
115 surgery being performed; (19) is entitled to have the patient's family or
116 a person designated by the patient in accordance with section 1-56r, as
117 amended, meet in the facility with the families of other patients in the

118 facility to the extent the facility has existing meeting space available
119 which meets applicable building and fire codes; (20) is entitled to file a
120 complaint with the Department of Social Services and the Department
121 of Public Health regarding patient abuse, neglect or misappropriation
122 of patient property; (21) is entitled to have psychopharmacologic drugs
123 administered only on orders of a physician and only as part of a
124 written plan of care developed in accordance with Section 1919(b)(2) of
125 the Social Security Act and designed to eliminate or modify the
126 symptoms for which the drugs are prescribed and only if, at least
127 annually, an independent external consultant reviews the
128 appropriateness of the drug plan; (22) is entitled to be transferred or
129 discharged from the facility only pursuant to section 19a-535, as
130 amended, or section 19a-535b, as applicable; (23) is entitled to be
131 treated equally with other patients with regard to transfer, discharge
132 and the provision of all services regardless of the source of payment;
133 (24) shall not be required to waive any rights to benefits under
134 Medicare or Medicaid or to give oral or written assurance that the
135 patient is not eligible for, or will not apply for benefits under Medicare
136 or Medicaid; (25) is entitled to be provided information by the facility
137 as to how to apply for Medicare or Medicaid benefits and how to
138 receive refunds for previous payments covered by such benefits; (26)
139 on or after October 1, 1990, shall not be required to give a third party
140 guarantee of payment to the facility as a condition of admission to, or
141 continued stay in, the facility; (27) in the case of an individual who is
142 entitled to medical assistance, is entitled to have the facility not charge,
143 solicit, accept or receive, in addition to any amount otherwise required
144 to be paid under Medicaid, any gift, money, donation or other
145 consideration as a precondition of admission or expediting the
146 admission of the individual to the facility or as a requirement for the
147 individual's continued stay in the facility; and (28) shall not be
148 required to deposit the patient's personal funds in the facility.

This act shall take effect as follows:	
Section 1	October 1, 2004

Statement of Purpose:

To amend the patient's bill of rights for nursing home and chronic disease hospital residents.

[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.]