



General Assembly

January Session, 2009

Committee Bill No. 5600

LCO No. 3342

03342HB05600AGE

Referred to Committee on Select Committee on Aging

Introduced by:
(AGE)

**AN ACT CONCERNING ACCESS TO COMPREHENSIVE FACTUAL
INFORMATION REGARDING LONG-TERM CARE FACILITIES.**

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2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2009*):

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] that the patient
12 has received a written statement enumerating the rights set forth in
13 this section and of all rules and regulations governing patient conduct
14 and responsibilities; (2) is fully informed, prior to or at the time of
15 admission and during the patient's stay, of services available in the
16 facility, of the names and credentials of all staff rendering direct care to

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

51 encouraged and assisted, throughout the patient's period of stay, to
52 exercise the patient's rights as a patient and as a citizen, and to this
53 end, has the right to be fully informed about patients' rights by state or
54 federally funded patient advocacy programs, and may voice
55 grievances and recommend changes in policies and services to facility
56 staff or to outside representatives of the patient's choice, free from
57 restraint, interference, coercion, discrimination or reprisal; (6) shall
58 have prompt efforts made by the facility to resolve grievances the
59 patient may have, including those with respect to the behavior of other
60 patients; (7) may manage the patient's personal financial affairs, and is
61 given a quarterly accounting of financial transactions made on the
62 patient's behalf; (8) is free from mental and physical abuse, corporal
63 punishment, involuntary seclusion and any physical or chemical
64 restraints imposed for purposes of discipline or convenience and not
65 required to treat the patient's medical symptoms. Physical or chemical
66 restraints may be imposed only to ensure the physical safety of the
67 patient or other patients and only upon the written order of a
68 physician that specifies the type of restraint and the duration and
69 circumstances under which the restraints are to be used, except in
70 emergencies until a specific order can be obtained; (9) is assured
71 confidential treatment of the patient's personal and medical records,
72 and may approve or refuse their release to any individual outside the
73 facility, except in case of the patient's transfer to another health care
74 institution or as required by law or third-party payment contract; (10)
75 receives quality care and services with reasonable accommodation of
76 individual needs and preferences, except where the health or safety of
77 the individual would be endangered, [and] is treated with
78 consideration, respect, and full recognition of the patient's dignity and
79 individuality, including privacy in treatment and in care for the
80 patient's personal needs, and is provided with a written statement,
81 prior to or at the time of admission and during the patient's stay, that
82 the facility utilizes the most appropriate and best care practices; (11) is
83 not required to perform services for the facility that are not included
84 for therapeutic purposes in the patient's plan of care; (12) may

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

119 patient in accordance with section 1-56r meet in the facility with the
120 families of other patients in the facility to the extent the facility has
121 existing meeting space available which meets applicable building and
122 fire codes; (20) is entitled to file a complaint with the Department of
123 Social Services and the Department of Public Health regarding patient
124 abuse, neglect or misappropriation of patient property; (21) is entitled
125 to have psychopharmacologic drugs administered only on orders of a
126 physician and only as part of a written plan of care developed in
127 accordance with Section 1919(b)(2) of the Social Security Act and
128 designed to eliminate or modify the symptoms for which the drugs are
129 prescribed and only if, at least annually, an independent external
130 consultant reviews the appropriateness of the drug plan; (22) is
131 entitled to be transferred or discharged from the facility only pursuant
132 to section 19a-535 or section 19a-535b, as applicable; (23) is entitled to
133 be treated equally with other patients with regard to transfer,
134 discharge and the provision of all services regardless of the source of
135 payment; (24) shall not be required to waive any rights to benefits
136 under Medicare or Medicaid or to give oral or written assurance that
137 the patient is not eligible for, or will not apply for benefits under
138 Medicare or Medicaid; (25) is entitled to be provided information by
139 the facility as to how to apply for Medicare or Medicaid benefits and
140 how to receive refunds for previous payments covered by such
141 benefits; (26) on or after October 1, 1990, shall not be required to give a
142 third party guarantee of payment to the facility as a condition of
143 admission to, or continued stay in, the facility; (27) in the case of an
144 individual who is entitled to medical assistance, is entitled to have the
145 facility not charge, solicit, accept or receive, in addition to any amount
146 otherwise required to be paid under Medicaid, any gift, money,
147 donation or other consideration as a precondition of admission or
148 expediting the admission of the individual to the facility or as a
149 requirement for the individual's continued stay in the facility; and (28)
150 shall not be required to deposit the patient's personal funds in the
151 facility.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2009	19a-550(b)

Statement of Purpose:

To ensure that patients of nursing home facilities receive comprehensive factual information concerning the care administered by the facility.

[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.]

Co-Sponsors: REP. RYAN, 139th Dist.; SEN. PRAGUE, 19th Dist.
SEN. MAYNARD, 18th Dist.; SEN. STILLMAN, 20th Dist.

H.B. 5600