



General Assembly

Substitute Bill No. 5600

January Session, 2009

* _____HB05600HS_____031709_____*

**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2 repealed and the following is substituted in lieu thereof (*Effective July*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 staff to patient ratio for all units on all shifts, and of
17 related charges including any charges for services not covered under
18 Titles XVIII or XIX of the Social Security Act, or not covered by the
19 basic per diem rate; (3) is entitled to choose the patient's own physician

20 and is fully informed, by a physician, of the patient's medical condition
21 unless medically contraindicated, as documented by the physician in
22 the patient's medical record, and is afforded the opportunity to
23 participate in the planning of the patient's medical treatment and to
24 refuse to participate in experimental research; (4) in a residential care
25 home or a chronic disease hospital is transferred from one room to
26 another within the facility only for medical reasons, or for the patient's
27 welfare or that of other patients, as documented in the patient's
28 medical record and such record shall include documentation of action
29 taken to minimize any disruptive effects of such transfer, except a
30 patient who is a Medicaid recipient may be transferred from a private
31 room to a nonprivate room, provided no patient may be involuntarily
32 transferred from one room to another within the facility if (A) it is
33 medically established that the move will subject the patient to a
34 reasonable likelihood of serious physical injury or harm, or (B) the
35 patient has a prior established medical history of psychiatric problems
36 and there is psychiatric testimony that as a consequence of the
37 proposed move there will be exacerbation of the psychiatric problem
38 which would last over a significant period of time and require
39 psychiatric intervention; and in the case of an involuntary transfer
40 from one room to another within the facility, the patient and, if known,
41 the patient's legally liable relative, guardian or conservator or a person
42 designated by the patient in accordance with section 1-56r, is given at
43 least thirty days' and no more than sixty days' written notice to ensure
44 orderly transfer from one room to another within the facility, except
45 where the health, safety or welfare of other patients is endangered or
46 where immediate transfer from one room to another within the facility
47 is necessitated by urgent medical need of the patient or where a patient
48 has resided in the facility for less than thirty days, in which case notice
49 shall be given as many days before the transfer as practicable; (5) is
50 encouraged and assisted, throughout the patient's period of stay, to
51 exercise the patient's rights as a patient and as a citizen, and to this
52 end, has the right to be fully informed about patients' rights by state or
53 federally funded patient advocacy programs, and may voice
54 grievances and recommend changes in policies and services to facility

55 staff or to outside representatives of the patient's choice, free from
56 restraint, interference, coercion, discrimination or reprisal; (6) shall
57 have prompt efforts made by the facility to resolve grievances the
58 patient may have, including those with respect to the behavior of other
59 patients; (7) may manage the patient's personal financial affairs, and is
60 given a quarterly accounting of financial transactions made on the
61 patient's behalf; (8) is free from mental and physical abuse, corporal
62 punishment, involuntary seclusion and any physical or chemical
63 restraints imposed for purposes of discipline or convenience and not
64 required to treat the patient's medical symptoms. Physical or chemical
65 restraints may be imposed only to ensure the physical safety of the
66 patient or other patients and only upon the written order of a
67 physician that specifies the type of restraint and the duration and
68 circumstances under which the restraints are to be used, except in
69 emergencies until a specific order can be obtained; (9) is assured
70 confidential treatment of the patient's personal and medical records,
71 and may approve or refuse their release to any individual outside the
72 facility, except in case of the patient's transfer to another health care
73 institution or as required by law or third-party payment contract; (10)
74 receives quality care and services with reasonable accommodation of
75 individual needs and preferences, except where the health or safety of
76 the individual would be endangered, [and] is treated with
77 consideration, respect, and full recognition of the patient's dignity and
78 individuality, including privacy in treatment and in care for the
79 patient's personal needs, and is provided with a written statement,
80 prior to or at the time of admission and during the patient's stay, that
81 the facility utilizes the most appropriate and best care practices; (11) is
82 not required to perform services for the facility that are not included
83 for therapeutic purposes in the patient's plan of care; (12) may
84 associate and communicate privately with persons of the patient's
85 choice, including other patients, send and receive the patient's
86 personal mail unopened and make and receive telephone calls
87 privately, unless medically contraindicated, as documented by the
88 patient's physician in the patient's medical record, and receives
89 adequate notice before the patient's room or roommate in the facility is

90 changed; (13) is entitled to organize and participate in patient groups
91 in the facility and to participate in social, religious and community
92 activities that do not interfere with the rights of other patients, unless
93 medically contraindicated, as documented by the patient's physician in
94 the patient's medical records; (14) may retain and use the patient's
95 personal clothing and possessions unless to do so would infringe upon
96 rights of other patients or unless medically contraindicated, as
97 documented by the patient's physician in the patient's medical record;
98 (15) is assured privacy for visits by the patient's spouse or a person
99 designated by the patient in accordance with section 1-56r and, if the
100 patient is married and both the patient and the patient's spouse are
101 inpatients in the facility, they are permitted to share a room, unless
102 medically contraindicated, as documented by the attending physician
103 in the medical record; (16) is fully informed of the availability of and
104 may examine all current state, local and federal inspection reports and
105 plans of correction, and is provided with a written statement, prior to
106 or at the time of admission and during the patient's stay, reporting the
107 facility's quality rating, as determined by the federal Centers for
108 Medicare and Medicaid Services, and the facility's current state license
109 status; (17) may organize, maintain and participate in a patient-run
110 resident council, as a means of fostering communication among
111 residents and between residents and staff, encouraging resident
112 independence and addressing the basic rights of nursing home and
113 chronic disease hospital patients and residents, free from
114 administrative interference or reprisal; (18) is entitled to the opinion of
115 two physicians concerning the need for surgery, except in an
116 emergency situation, prior to such surgery being performed; (19) is
117 entitled to have the patient's family or a person designated by the
118 patient in accordance with section 1-56r meet in the facility with the
119 families of other patients in the facility to the extent the facility has
120 existing meeting space available which meets applicable building and
121 fire codes; (20) is entitled to file a complaint with the Department of
122 Social Services and the Department of Public Health regarding patient
123 abuse, neglect or misappropriation of patient property; (21) is entitled
124 to have psychopharmacologic drugs administered only on orders of a

