



General Assembly

Substitute Bill No. 103

February Session, 2010

* _____SB00103AGEPH_031110_____*

AN ACT REQUIRING LONG-TERM CARE FACILITIES TO PROVIDE PATIENTS WITH A COPY OF THE PATIENT'S BILL OF RIGHTS, POST STAFFING RATIOS AND INSTITUTE CONSULTATIVE PROCESSES FOR CERTAIN PATIENT ROOM TRANSFERS.

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 2010 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective July 1, 2010*):

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 prior to or at the time of admission and during the patient's stay, of the
11 rights set forth in this section and of all rules and regulations
12 governing patient conduct and responsibilities, as evidenced by the
13 patient's written acknowledgment [, prior to or at the time of
14 admission and during the patient's stay, of the rights set forth in this
15 section and of all rules and regulations governing patient conduct and
16 responsibilities] that the patient has received a written statement
17 enumerating such rights; (2) is fully informed, prior to or at the time of
18 admission and during the patient's stay, of services available in the

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

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

89 and receives adequate notice before the patient's room or roommate in
90 the facility is changed; (13) is entitled to organize and participate in
91 patient groups in the facility and to participate in social, religious and
92 community activities that do not interfere with the rights of other
93 patients, unless medically contraindicated, as documented by the
94 patient's physician in the patient's medical records; (14) may retain and
95 use the patient's personal clothing and possessions unless to do so
96 would infringe upon rights of other patients or unless medically
97 contraindicated, as documented by the patient's physician in the
98 patient's medical record; (15) is assured privacy for visits by the
99 patient's spouse or a person designated by the patient in accordance
100 with section 1-56r and, if the patient is married and both the patient
101 and the patient's spouse are inpatients in the facility, they are
102 permitted to share a room, unless medically contraindicated, as
103 documented by the attending physician in the medical record; (16) is
104 fully informed of the availability of and may examine all current state,
105 local and federal inspection reports and plans of correction; (17) may
106 organize, maintain and participate in a patient-run resident council, as
107 a means of fostering communication among residents and between
108 residents and staff, encouraging resident independence and
109 addressing the basic rights of nursing home and chronic disease
110 hospital patients and residents, free from administrative interference
111 or reprisal; (18) is entitled to the opinion of two physicians concerning
112 the need for surgery, except in an emergency situation, prior to such
113 surgery being performed; (19) is entitled to have the patient's family or
114 a person designated by the patient in accordance with section 1-56r
115 meet in the facility with the families of other patients in the facility to
116 the extent the facility has existing meeting space available which meets
117 applicable building and fire codes; (20) is entitled to file a complaint
118 with the Department of Social Services and the Department of Public
119 Health regarding patient abuse, neglect or misappropriation of patient
120 property; (21) is entitled to have psychopharmacologic drugs
121 administered only on orders of a physician and only as part of a
122 written plan of care developed in accordance with Section 1919(b)(2) of
123 the Social Security Act and designed to eliminate or modify the

124 symptoms for which the drugs are prescribed and only if, at least
125 annually, an independent external consultant reviews the
126 appropriateness of the drug plan; (22) is entitled to be transferred or
127 discharged from the facility only pursuant to section 19a-535 or section
128 19a-535b, as applicable; (23) is entitled to be treated equally with other
129 patients with regard to transfer, discharge and the provision of all
130 services regardless of the source of payment; (24) shall not be required
131 to waive any rights to benefits under Medicare or Medicaid or to give
132 oral or written assurance that the patient is not eligible for, or will not
133 apply for benefits under Medicare or Medicaid; (25) is entitled to be
134 provided information by the facility as to how to apply for Medicare or
135 Medicaid benefits and how to receive refunds for previous payments
136 covered by such benefits; (26) on or after October 1, 1990, shall not be
137 required to give a third-party guarantee of payment to the facility as a
138 condition of admission to, or continued stay in, the facility; (27) is
139 entitled to have the facility not charge, solicit, accept or receive any
140 gift, money, donation, third-party guarantee or other consideration as
141 a precondition of admission or expediting the admission of the
142 individual to the facility or as a requirement for the individual's
143 continued stay in the facility; and (28) shall not be required to deposit
144 the patient's personal funds in the facility.

145 Sec. 2. Subsection (c) of section 19a-550 of the 2010 supplement to
146 the general statutes is repealed and the following is substituted in lieu
147 thereof (*Effective July 1, 2010*):

148 (c) The patients' bill of rights shall provide that a patient in a rest
149 home with nursing supervision or a chronic and convalescent nursing
150 home may be transferred from one room to another within a facility
151 only for the purpose of promoting the patient's well-being, except as
152 provided pursuant to subparagraph (C) or (D) of this subsection or
153 subsection (d) of this section. Whenever a patient is to be transferred,
154 the facility shall effect the transfer with the least disruption to the
155 patient and shall assess, monitor and adjust care as needed subsequent
156 to the transfer in accordance with subdivision (10) of subsection (b) of
157 this section. When a transfer is initiated by the facility and the patient

158 does not consent to the transfer or when a transfer is initiated by the
159 facility because of a change in the patient's medical condition, the
160 facility shall establish a consultative process that includes the
161 participation of the attending physician, a registered nurse with
162 responsibility for the patient and other appropriate staff in disciplines
163 as determined by the patient's needs, and the participation of the
164 patient, the patient's family, a person designated by the patient in
165 accordance with section 1-56r or other representative. The consultative
166 process shall determine: (1) What caused consideration of the transfer;
167 (2) whether the cause can be removed; and (3) if not, whether the
168 facility has attempted alternatives to transfer. The patient shall be
169 informed of the risks and benefits of the transfer and of any
170 alternatives. If subsequent to the completion of the consultative
171 process a patient still does not wish to be transferred, the patient may
172 be transferred without the patient's consent, unless medically
173 contraindicated, only (A) if necessary to accomplish physical plant
174 repairs or renovations that otherwise could not be accomplished;
175 provided, if practicable, the patient, if the patient wishes, shall be
176 returned to the patient's room when the repairs or renovations are
177 completed; (B) due to irreconcilable incompatibility between or among
178 roommates, which is actually or potentially harmful to the well-being
179 of a patient; (C) if the facility has two vacancies available for patients of
180 the same sex in different rooms, there is no applicant of that sex
181 pending admission in accordance with the requirements of section 19a-
182 533 and grouping of patients by the same sex in the same room would
183 allow admission of patients of the opposite sex, which otherwise
184 would not be possible; (D) if necessary to allow access to specialized
185 medical equipment no longer needed by the patient and needed by
186 another patient; or (E) if the patient no longer needs the specialized
187 services or programming that is the focus of the area of the facility in
188 which the patient is located. In the case of an involuntary transfer, the
189 facility shall, subsequent to completion of the consultative process,
190 provide the patient and the patient's legally liable relative, guardian or
191 conservator if any or other responsible party if known, with at least
192 fifteen days' written notice of the transfer, which shall include the

193 reason for the transfer, the location to which the patient is being
 194 transferred, and the name, address and telephone number of the
 195 regional long-term care ombudsman, except that in the case of a
 196 transfer pursuant to subparagraph (A) of this subsection at least thirty
 197 days' notice shall be provided. Notwithstanding the provisions of this
 198 subsection, a patient may be involuntarily transferred immediately
 199 from one room to another within a facility to protect the patient or
 200 others from physical harm, to control the spread of an infectious
 201 disease, to respond to a physical plant or environmental emergency
 202 that threatens the patient's health or safety or to respond to a situation
 203 that presents a patient with an immediate danger of death or serious
 204 physical harm. In such a case, disruption of patients shall be
 205 minimized; the required notice shall be provided within twenty-four
 206 hours after the transfer; if practicable, the patient, if the patient wishes,
 207 shall be returned to the patient's room when the threat to health or
 208 safety which prompted the transfer has been eliminated; and, in the
 209 case of a transfer effected to protect a patient or others from physical
 210 harm, the consultative process shall be established on the next business
 211 day.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	19a-550(b)
Sec. 2	<i>July 1, 2010</i>	19a-550(c)

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Joint Favorable Subst. C/R

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