

Testimony in support of:

H.B. No. 6552 (RAISED) AN ACT CONCERNING THE TRANSFER AND DISCHARGE OF NURSING FACILITY RESIDENTS.

Good afternoon, Senator Musto, Representative Tercyak and to the members of the Human Services committee. My name is Matthew V. Barrett. I am the Executive Vice President of the Connecticut Association of Health Care Facilities, Inc. (CAHCF). I am pleased to testify on behalf of our association of 115 nursing homes in support of this important legislation.

H.B. No. 6552 is legislation introduced at the request of the Commissioner of Social Services (DSS) and is the result of nearly a year of collaborative meetings of a work group convened by the agency. The work group included representatives of the Department of Public Health (DPH), CAHCF, the Connecticut Association of Not-for-profit Providers For the Aging (CANPFA), the State Long-term Care Ombudsman (personally), and Legal Services for the Elderly. At the outset, we appreciate that the agency included stakeholder input in this process. As a result, we believe the legislation has achieved the consensus of all interested parties, though there may be some additional drafting issues to resolve.

The goals of the work group were to: (1) update the outdated involuntary discharge statutes, (2) update the bed reservation statutes, (3) provide a meaningful remedy to residents when a nursing home improperly refuses to readmit a resident after hospitalization, and (4) look for ways to resolve disputes between hospitals and nursing homes about whether a resident is ready for discharge from the hospital and appropriate for readmission to the nursing home.

H.B. No. 6552 also makes clear that an improper refusal to readmit is an involuntary discharge and the resident has all the rights of any resident regarding an involuntary discharge, even if the resident has been transferred to another nursing home in the meantime. The existing fines and penalties for failure to readmit are also retained.

Most importantly, the proposed legislation provides for a consultative process that will allow a chance for the hospital and the nursing home to agree on an appropriate readmission process when there is disagreement between the hospital and the nursing home about whether a resident is ready for discharge. An example would be an assaultive resident whom the hospital wants to discharge back to the nursing home even though there is little or no evidence that the resident's assaultive behavior has been successfully addressed. This type of situation occurs with some frequency. It is also hoped that this consultative process will reduce the need for re-hospitalization in these instances.

In addition, the legislation addresses involuntary discharges that are expected to occur with increasing frequency, when a resident no longer meets Medicaid nursing home level of care requirements, i.e., is deemed to be no longer appropriate for nursing home care, but the resident refuses to leave the nursing home.

The updates to outdated provisions in the legislation are primarily to make state law conform both with present practice and with federal law. For example, the current law addresses Medicare distinct parts but Connecticut no longer allows Medicare distinct parts. For readmissions, federal law requires readmission after any bed hold has expired, to the first available semi-private room. However, current state law requires readmission to the first available room, including a private room.

We urge the committee to adopt H.B. No. 6552 for these reasons.

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