



General Assembly

January Session, 2011

Raised Bill No. 6617

LCO No. 4702

04702_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING CONTINUITY OF CARE IN NURSING HOMES.

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2 repealed and the following is substituted in lieu thereof (*Effective*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, 2011*):

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,] Receive oral and
12 written notification of the rights set forth in this section and of all rules
13 and regulations governing patient conduct and responsibilities. Such
14 notification shall be provided (A) prior to or at the time of the patient's
15 admission to the nursing home facility or chronic disease hospital,
16 whenever there is a strike, work stoppage or lockout involving

17 employees of such facility or hospital and anytime upon the request of
18 the patient during his or her stay at such facility or hospital, and (B) in
19 a language that is readily understood by the patient, a spouse or family
20 member of the patient or a person designated by the patient in
21 accordance with section 1-56r. The patient, a spouse or family member
22 of the patient or a person designated by the patient in accordance with
23 section 1-56r shall provide the nursing home facility or chronic disease
24 hospital with a written acknowledgment of receipt of the rights set
25 forth in this section whenever notification of such rights are provided
26 to the patient; (2) is fully informed, prior to or at the time of admission
27 and during the patient's stay, of services available in the facility, and of
28 related charges including any charges for services not covered under
29 Titles XVIII or XIX of the Social Security Act, or not covered by basic
30 per diem rate; (3) is entitled to choose the patient's own physician and
31 is fully informed, by a physician, of the patient's medical condition
32 unless medically contraindicated, as documented by the physician in
33 the patient's medical record, and is afforded the opportunity to
34 participate in the planning of the patient's medical treatment and to
35 refuse to participate in experimental research; (4) in a residential care
36 home or a chronic disease hospital is transferred from one room to
37 another within the facility only for medical reasons, or for the patient's
38 welfare or that of other patients, as documented in the patient's
39 medical record and such record shall include documentation of action
40 taken to minimize any disruptive effects of such transfer, except a
41 patient who is a Medicaid recipient may be transferred from a private
42 room to a nonprivate room, provided no patient may be involuntarily
43 transferred from one room to another within the facility if (A) it is
44 medically established that the move will subject the patient to a
45 reasonable likelihood of serious physical injury or harm, or (B) the
46 patient has a prior established medical history of psychiatric problems
47 and there is psychiatric testimony that as a consequence of the
48 proposed move there will be exacerbation of the psychiatric problem
49 which would last over a significant period of time and require
50 psychiatric intervention; and in the case of an involuntary transfer

51 from one room to another within the facility, the patient and, if known,
52 the patient's legally liable relative, guardian or conservator or a person
53 designated by the patient in accordance with section 1-56r, is given at
54 least thirty days' and no more than sixty days' written notice to ensure
55 orderly transfer from one room to another within the facility, except
56 where the health, safety or welfare of other patients is endangered or
57 where immediate transfer from one room to another within the facility
58 is necessitated by urgent medical need of the patient or where a patient
59 has resided in the facility for less than thirty days, in which case notice
60 shall be given as many days before the transfer as practicable; (5) is
61 encouraged and assisted, throughout the patient's period of stay, to
62 exercise the patient's rights as a patient and as a citizen, and to this
63 end, has the right to be fully informed about patients' rights by state or
64 federally funded patient advocacy programs, and may voice
65 grievances and recommend changes in policies and services to facility
66 staff or to outside representatives of the patient's choice, free from
67 restraint, interference, coercion, discrimination or reprisal; (6) shall
68 have prompt efforts made by the facility to resolve grievances the
69 patient may have, including those with respect to the behavior of other
70 patients; (7) may manage the patient's personal financial affairs, and is
71 given a quarterly accounting of financial transactions made on the
72 patient's behalf; (8) is free from mental and physical abuse, corporal
73 punishment, involuntary seclusion and any physical or chemical
74 restraints imposed for purposes of discipline or convenience and not
75 required to treat the patient's medical symptoms. Physical or chemical
76 restraints may be imposed only to ensure the physical safety of the
77 patient or other patients and only upon the written order of a
78 physician that specifies the type of restraint and the duration and
79 circumstances under which the restraints are to be used, except in
80 emergencies until a specific order can be obtained; (9) is assured
81 confidential treatment of the patient's personal and medical records,
82 and may approve or refuse their release to any individual outside the
83 facility, except in case of the patient's transfer to another health care
84 institution or as required by law or third-party payment contract; (10)

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

119 or reprisal; (18) is entitled to the opinion of two physicians concerning
120 the need for surgery, except in an emergency situation, prior to such
121 surgery being performed; (19) is entitled to have the patient's family or
122 a person designated by the patient in accordance with section 1-56r
123 meet in the facility with the families of other patients in the facility to
124 the extent the facility has existing meeting space available which meets
125 applicable building and fire codes; (20) is entitled to file a complaint
126 with the Department of Social Services and the Department of Public
127 Health regarding patient abuse, neglect or misappropriation of patient
128 property; (21) is entitled to have psychopharmacologic drugs
129 administered only on orders of a physician and only as part of a
130 written plan of care developed in accordance with Section 1919(b)(2) of
131 the Social Security Act and designed to eliminate or modify the
132 symptoms for which the drugs are prescribed and only if, at least
133 annually, an independent external consultant reviews the
134 appropriateness of the drug plan; (22) is entitled to be transferred or
135 discharged from the facility only pursuant to section 19a-535 or section
136 19a-535b, as applicable; (23) is entitled to be treated equally with other
137 patients with regard to transfer, discharge and the provision of all
138 services regardless of the source of payment; (24) shall not be required
139 to waive any rights to benefits under Medicare or Medicaid or to give
140 oral or written assurance that the patient is not eligible for, or will not
141 apply for benefits under Medicare or Medicaid; (25) is entitled to be
142 provided information by the facility as to how to apply for Medicare or
143 Medicaid benefits and how to receive refunds for previous payments
144 covered by such benefits; (26) on or after October 1, 1990, shall not be
145 required to give a third-party guarantee of payment to the facility as a
146 condition of admission to, or continued stay in, the facility; (27) is
147 entitled to have the facility not charge, solicit, accept or receive any
148 gift, money, donation, third-party guarantee or other consideration as
149 a precondition of admission or expediting the admission of the
150 individual to the facility or as a requirement for the individual's
151 continued stay in the facility; and (28) shall not be required to deposit
152 the patient's personal funds in the facility.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2011	19a-550(b)

Statement of Purpose:

To ensure that patients in nursing home facilities and chronic disease hospitals are provided the patients' bill of rights in a language that is understood by the patient and that such rights are made available to patients in the event of a labor dispute that potentially could impact continuity of patient care at such facilities and hospitals.

[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.]