



Senate

General Assembly

File No. 213

January Session, 2015

Senate Bill No. 1022

Senate, March 25, 2015

The Committee on Human Services reported through SEN. MOORE, M. of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING REQUIREMENTS FOR FACILITIES THAT COMPLETE MEDICARE OR MEDICAID APPLICATIONS FOR PATIENTS.

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2 repealed and the following is substituted in lieu thereof (*Effective July*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, 2015*):

4 (b) There is established a patients' bill of rights for any person
5 admitted as a patient to any nursing home facility, residential care
6 home or chronic disease hospital. The patients' bill of rights shall be
7 implemented in accordance with the provisions of Sections 1919(b),
8 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
9 Act. The patients' bill of rights shall provide that each such patient: (1)
10 Is fully informed, as evidenced by the patient's written
11 acknowledgment, prior to or at the time of admission and during the
12 patient's stay, of the rights set forth in this section and of all rules and
13 regulations governing patient conduct and responsibilities; (2) is fully

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

49 medical need of the patient or where a patient has resided in such
50 home or chronic disease hospital for less than thirty days, in which
51 case notice shall be given as many days before the transfer as
52 practicable; (5) is encouraged and assisted, throughout the patient's
53 period of stay, to exercise the patient's rights as a patient and as a
54 citizen, and to this end, has the right to be fully informed about
55 patients' rights by state or federally funded patient advocacy
56 programs, and may voice grievances and recommend changes in
57 policies and services to nursing home facility, residential care home or
58 chronic disease hospital staff or to outside representatives of the
59 patient's choice, free from restraint, interference, coercion,
60 discrimination or reprisal; (6) shall have prompt efforts made by such
61 nursing home facility, residential care home or chronic disease hospital
62 to resolve grievances the patient may have, including those with
63 respect to the behavior of other patients; (7) may manage the patient's
64 personal financial affairs, and is given a quarterly accounting of
65 financial transactions made on the patient's behalf; (8) is free from
66 mental and physical abuse, corporal punishment, involuntary
67 seclusion and any physical or chemical restraints imposed for
68 purposes of discipline or convenience and not required to treat the
69 patient's medical symptoms. Physical or chemical restraints may be
70 imposed only to ensure the physical safety of the patient or other
71 patients and only upon the written order of a physician that specifies
72 the type of restraint and the duration and circumstances under which
73 the restraints are to be used, except in emergencies until a specific
74 order can be obtained; (9) is assured confidential treatment of the
75 patient's personal and medical records, and may approve or refuse
76 their release to any individual outside the facility, except in case of the
77 patient's transfer to another health care institution or as required by
78 law or third-party payment contract; (10) receives quality care and
79 services with reasonable accommodation of individual needs and
80 preferences, except where the health or safety of the individual would
81 be endangered, and is treated with consideration, respect, and full
82 recognition of the patient's dignity and individuality, including
83 privacy in treatment and in care for the patient's personal needs; (11) is

84 not required to perform services for the nursing home facility,
85 residential care home or chronic disease hospital that are not included
86 for therapeutic purposes in the patient's plan of care; (12) may
87 associate and communicate privately with persons of the patient's
88 choice, including other patients, send and receive the patient's
89 personal mail unopened and make and receive telephone calls
90 privately, unless medically contraindicated, as documented by the
91 patient's physician in the patient's medical record, and receives
92 adequate notice before the patient's room or roommate in such facility,
93 home or chronic disease hospital is changed; (13) is entitled to organize
94 and participate in patient groups in such facility, home or chronic
95 disease hospital and to participate in social, religious and community
96 activities that do not interfere with the rights of other patients, unless
97 medically contraindicated, as documented by the patient's physician in
98 the patient's medical records; (14) may retain and use the patient's
99 personal clothing and possessions unless to do so would infringe upon
100 rights of other patients or unless medically contraindicated, as
101 documented by the patient's physician in the patient's medical record;
102 (15) is assured privacy for visits by the patient's spouse or a person
103 designated by the patient in accordance with section 1-56r and, if the
104 patient is married and both the patient and the patient's spouse are
105 inpatients in the facility, they are permitted to share a room, unless
106 medically contraindicated, as documented by the attending physician
107 in the medical record; (16) is fully informed of the availability of and
108 may examine all current state, local and federal inspection reports and
109 plans of correction; (17) may organize, maintain and participate in a
110 patient-run resident council, as a means of fostering communication
111 among residents and between residents and staff, encouraging resident
112 independence and addressing the basic rights of nursing home facility,
113 residential care home and chronic disease hospital patients and
114 residents, free from administrative interference or reprisal; (18) is
115 entitled to the opinion of two physicians concerning the need for
116 surgery, except in an emergency situation, prior to such surgery being
117 performed; (19) is entitled to have the patient's family or a person
118 designated by the patient in accordance with section 1-56r meet in such

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

154 continued stay in such facility; and [(28)] (29) shall not be required to
155 deposit the patient's personal funds in such facility, home or chronic
156 disease hospital.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | July 1, 2015 | 19a-550(b) |

HS *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill does not result in a fiscal impact to the state or municipalities. The bill requires nursing homes, residential care homes, and chronic disease hospitals to provide a copy of any completed Medicare or Medicaid application to the patient or the patient's designee.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**SB 1022*****AN ACT CONCERNING REQUIREMENTS FOR FACILITIES THAT COMPLETE MEDICARE OR MEDICAID APPLICATIONS FOR PATIENTS.*****SUMMARY:**

This bill entitles patients of nursing homes, residential care homes, and chronic disease hospitals, or their designated representatives, to receive a copy of any Medicare or Medicaid application completed by such a facility on the patient's behalf. The bill adds this requirement to the nursing home patients' bill of rights.

EFFECTIVE DATE: July 1, 2015

BACKGROUND***Nursing Home Patients' Bill of Rights***

Under state and federal law, nursing homes and other facilities must fully inform patients about their rights and provide each patient with a copy of a document that lists these numerous rights (called the "patients' bill of rights").

By law, nursing homes, residential care homes, or chronic disease hospitals that negligently deprive a patient of any right included in the patients' bill of rights are liable to the patient for any resulting injuries. Facilities that deprive patients of any included rights willfully or with reckless disregard may also be assessed for punitive damages.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/12/2015)