

Aging Committee JOINT FAVORABLE REPORT

Bill No.: HB-7103

Title: AN ACT CONCERNING NURSING HOME FALLS.

Vote Date: 2/26/2019

Vote Action: Joint Favorable

PH Date: 2/19/2019

File No.:

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SPONSORS OF BILL:

Aging Committee

REASONS FOR BILL:

The bill expands language in the Patients' Bill of Rights to inform patients of the facility's responsibility under federal law to mitigate patient fall risks, providing sufficient staff supervision of a patient at risk for falls and assistance devices to prevent falls. It also includes language that establishes liability for injuries sustained from falls due to a nursing home facility's failure to mitigate fall risks.

RESPONSE FROM ADMINISTRATION/AGENCY:

Ms. Mairead Painter, Long Term Care Ombudsman, Dept. of Rehabilitation Services:

While they are also concerned about falls and they think that the bill is well intentioned they would like to explain why this could be a concern. Assistive devices such as bed and chair alarms were popular in the 90's. Bed and chair alarms were used to alert staff when a resident shifted their weight which may have meant that they were trying to stand and they needed assistance. Alarms can startle residents or instill a false sense of security in staff who might only listen for the alarm to sound which means the staff checking the resident less often. The Ombudsman is in favor of sufficient staff to meet individual needs and reduce the risk of falls. They would endorse individualized person-centered care plans and that this kind of planning and sufficient staffing to meet individualized needs is the most effective way to reduce the risk of falls.

NATURE AND SOURCES OF SUPPORT:

No testimony submitted

NATURE AND SOURCES OF OPPOSITION:

Ms. Mag Morelli, President, LeadingAge Connecticut: She testified in opposition to this legislation because it would add a new right to the resident's bill of rights requiring that the facility inform residents that they have a responsibility under federal law to mitigate patient fall risks. This is unnecessary as the resident's bill of rights already has a broad provision that the resident has a right to receive quality care and services.

Nursing homes are required to report falls directly to the Dept. of Public Health and they investigate these reports, as well as related complaints. Adding this aspect of a facility's care obligations to the resident's bill of rights does not make sense since other aspects of patient care are not addressed in the bill of rights and it is not its purpose. The proposal also requires a nursing home to offer the use of "assistive devices" to prevent falls. She says that many fall prevention devices used in the past, like bed alarms, physical restraints and chemical restraints is either discouraged or prohibited by federal regulation.

Mr. Matthew Barrett, President and CEO, Connecticut Association of Health Care Facilities: They offered testimony in opposition to this bill saying that it confuses, and potentially weakens, a comprehensive body of well-established public health law and regulations that hold nursing homes accountable when they fail to implement measures to mitigate the risk of resident falls. Theirs's is a highly regulated environment. The Dept. of Public Health licenses nursing homes every two years and the agent for the Centers for Medicare and Medicaid Services conducts certification surveys annually. During those activities compliance with state and federal laws and regulations are reviewed. These activities include, in part, review of medical records, observations of care and interviews with facility staff, nursing home patients and family members.

This bill ignores a comprehensive state and federal regulatory system and confusingly places duplicated liability for nursing home resident falls wrongly in the Nursing Home Resident Bill of Rights found in Connecticut General Statutes.

The proposal also undermines a firmly and long established principle found in federal and state rules governing oversight of nursing homes recognizing, while nursing homes must be held accountable for falls mitigation measures, that they cannot be unreasonably held accountable for falls that cannot be prevented in all situations.

**Reported by: Gaia McDermott, Clerk
Richard Ferrari, Assistant Clerk**

3/6/19