
OLR Bill Analysis

sSB 1030

AN ACT CONCERNING LONG-TERM CARE FACILITIES.

TABLE OF CONTENTS:

SUMMARY

§1 — INFECTION PREVENTIONISTS

Requires LTC facilities to employ a full-time infection and prevention control specialist

§2 — LOCAL EMERGENCY OPERATIONS PLAN

Requires a LTC facility's administrative head to participate in developing the local emergency operations plan required under the Intrastate Mutual Aid Compact

§3 — PERSONAL PROTECTIVE EQUIPMENT

Requires, within six months after the governor terminates a declared public health emergency, (1) DPH to maintain at least a three-month supply of personal protective equipment for LTC facilities and (2) facilities' administrative heads to ensure they acquire the supply from DPH and maintain it for their staff

§4 — INTRAVENOUS LINES

Requires a LTC facility's administrative head to ensure there is at least one staff member during each shift who is licensed or certified to start an intravenous line

§5 — INFECTION PREVENTION AND CONTROL COMMITTEES

Generally, requires a LTC facility's infection prevention and control committee to meet at least monthly, and, during an infectious disease outbreak, daily

§6 — NURSING HOME INFECTION PREVENTIONIST TRAINING

Requires every LTC facility's administrator and supervisor, by January 1, 2022, to complete the Nursing Home Infection Preventionist Training Course produced by the CDC in collaboration with the Centers for Medicare and Medicaid Services

§7 — INFECTIOUS DISEASE TESTING IN LTC FACILITIES

Requires LTC facilities to test staff and residents for an infectious disease during an outbreak at an appropriate frequency determined by DPH

§8 — FAMILY COUNCILS

Requires a LTC facility's administrative head, by January 1, 2022, to facilitate the establishment of a family council to encourage and support open communication between the facility and residents' families and friends

§9 — RESIDENT VISITATION AT LTC FACILITIES

Requires LTC facilities, by January 1, 2022, to take certain actions to ensure residents have regular opportunities for in-person and virtual visitation with family members and friends and that their social and emotional needs are met

§10 — ESSENTIAL CAREGIVER PROGRAM

Requires DPH, by January 1, 2022, to establish an essential caregiver program for LTC facilities to implement

§11 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

Requires the Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include responses related to LTC facilities and providers of community-based services to facility residents

§12 — RESIDENT COMMUNICATION DEVICES

Starting July 1, 2021, requires LTC facilities to allow residents to use communication devices (e.g., phones and tablets) in their rooms to remain connected with family and friends and facilitate the participation of family caregivers in their care team

§13 — NURSING HOME MINIMUM STAFFING LEVELS

Requires DPH, by January 1, 2022, to modify minimum nursing home daily staffing levels to require at least 4.10 hours of direct care per resident; requires nursing homes to offer staff the option to work 12-hour shifts

§14 — ELECTRONIC MONITORING DEVICES IN NURSING HOMES

Allows a non-verbal nursing home resident, or his or her resident representative, to install an electronic monitoring device in the resident's room or private living unit under certain conditions

BACKGROUND

SUMMARY

This bill makes various unrelated changes concerning long-term care (LTC) facilities and the delivery of long-term care services. Under the bill, a “long-term care facility” includes a nursing home, residential care home, assisted living facility, home health agency, chronic disease hospital, hospice agency, and intermediate care facility for individuals with intellectual disability, except those operated by a Department of Developmental Services program subject to comprehensive background checks under existing law.

EFFECTIVE DATE: October 1, 2021, except the provisions (1) allowing facility residents to use communication devices in their rooms and (2) requiring the Public Health Preparedness Advisory Committee to amend its public health emergency response plan, take effect upon passage.

§1 — INFECTION PREVENTIONISTS

Requires LTC facilities to employ a full-time infection and prevention control specialist

The bill requires each LTC facility to employ a full-time infection and prevention control specialist responsible for:

1. ongoing employee training on infection prevention and control using multiple training methods, including in-person training and providing written materials in English and Spanish;
2. including information on infection prevention and control in the documentation the facility provides to residents regarding their rights while in the facility;
3. participating as a member of the facility's infection prevention and control committee; and
4. providing training on infection prevention and control methods to the facility's supplemental or replacement staff in the event of an infectious disease outbreak or other situation reducing the facility's staffing levels.

§2 — LOCAL EMERGENCY OPERATIONS PLAN

Requires a LTC facility's administrative head to participate in developing the local emergency operations plan required under the Intrastate Mutual Aid Compact

The bill requires each LTC facility's administrative head to participate in developing the local emergency operations plan for the municipality in which the facility is located. The plan is required under the Intrastate Mutual Aid Compact, which by law, provides a legal framework for municipalities to request and provide mutual aid when any member municipality declares a local civil preparedness emergency.

§3 — PERSONAL PROTECTIVE EQUIPMENT

Requires, within six months after the governor terminates a declared public health emergency, (1) DPH to maintain at least a three-month supply of personal protective equipment for LTC facilities and (2) facilities' administrative heads to ensure they acquire the supply from DPH and maintain it for their staff

The bill requires, within six months after the governor terminates a declared public health emergency:

1. the Department of Public Health (DPH) to have and maintain at

least a three-month stockpile of personal protective equipment (PPE) for LTC facility use, including gowns, masks, full-face shields, goggles, and disposable gloves as a barrier against infectious materials, and

2. each LTC facility's administrative head to ensure that the facility acquires from DPH and maintains at least a three-month supply of PPE for its staff.

For the latter, the bill requires administrative heads to ensure that the PPE is of various sizes based on the facility staff's needs. PPE cannot be shared amongst facility staff and may only be used in accordance with the federal Centers for Disease Control and Prevention's (CDC) strategies to optimize PPE supplies in health care settings.

The bill also requires administrative heads to hold quarterly staff fittings for N95 masks or higher rated masks certified by the National Institute for Occupational Safety and Health.

The bill requires the Department of Emergency Management and Homeland Security, by January 1, 2022, to consult with DPH and establish a process to evaluate, provide feedback on, approve, and distribute PPE for use by LTC facilities in a public health emergency.

§4 — INTRAVENOUS LINES

Requires a LTC facility's administrative head to ensure there is at least one staff member during each shift who is licensed or certified to start an intravenous line

The bill requires the administrative head of each LTC facility to ensure that there is at least one staff member during each shift who is licensed or certified to start an intravenous line.

§5 — INFECTION PREVENTION AND CONTROL COMMITTEES

Generally, requires a LTC facility's infection prevention and control committee to meet at least monthly, and, during an infectious disease outbreak, daily

The bill requires a LTC facility's infection prevention and control committee to meet at least monthly and, during an infectious disease outbreak, daily. But if daily meetings disrupt the facility's operations,

the committee must instead meet at least weekly.

Under the bill, the committee is responsible for establishing infection prevention and control protocols for the LTC facility. It must also evaluate the implementation and outcome of these protocols at least biannually and after every infectious disease outbreak at the facility.

§6 — NURSING HOME INFECTION PREVENTIONIST TRAINING

Requires every LTC facility's administrator and supervisor, by January 1, 2022, to complete the Nursing Home Infection Preventionist Training Course produced by the CDC in collaboration with the Centers for Medicare and Medicaid Services

The bill requires every LTC facility administrator and supervisor, by January 1, 2022, to complete the Nursing Home Infection Preventionist Training Course produced by the CDC in collaboration with the Centers for Medicare and Medicaid Services.

§7 — INFECTIOUS DISEASE TESTING IN LTC FACILITIES

Requires LTC facilities to test staff and residents for an infectious disease during an outbreak at an appropriate frequency determined by DPH

The bill requires LTC facilities to test staff and residents for an infectious disease during an outbreak. They must do so at an appropriate frequency determined by DPH based on the circumstances surrounding the outbreak and the impact of testing on controlling it.

§8 — FAMILY COUNCILS

Requires a LTC facility's administrative head, by January 1, 2022, to facilitate the establishment of a family council to encourage and support open communication between the facility and residents' families and friends

The bill requires a LTC facility's administrative head, by January 1, 2022, to facilitate the establishment of a family council to encourage and support open communication between the facility and each resident's family members and friends. Under the bill, a "family council" is an independent, self-determining group of residents' family members and friends that is geared to meeting the needs and interests of residents and their families and friends

§9 — RESIDENT VISITATION AT LTC FACILITIES

Requires LTC facilities, by January 1, 2022, to take certain actions to ensure residents have regular opportunities for in-person and virtual visitation with family members and friends and that their social and emotional needs are met

The bill requires each LTC facility's administrative head, by January 1, 2022, to do the following:

1. ensure that each resident's care plan addresses (a) the resident's potential for isolation, ability to interact with family and friends, and risk for depression; (b) how the resident's social and emotional needs will be met; and (c) measures to ensure that the resident has regular opportunities for in-person and virtual visitation;
2. disclose the facility's visitation protocols, and changes to them, and any other information relevant to visitation in a form and manner that is easily accessible to residents and their family and friends;
3. advise residents and their family and friends on their right to seek redress with the Office of the State Long-Term Care Ombudsman when any of these individuals believe the facility has not complied with its visitation protocols;
4. establish a (a) timeline by which the facility will ensure the safe and prompt reinstatement of visitation after the governor terminates the declared public health emergency in response to the COVID-19 pandemic and (b) program to monitor compliance with the timeline; and
5. ensure that facility staff is educated on best practices for addressing residents' social, emotional, and mental health needs and all components of person-centered care.

§10 — ESSENTIAL CAREGIVER PROGRAM

Requires DPH, by January 1, 2022, to establish an essential caregiver program for LTC facilities to implement

The bill requires DPH, by January 1, 2022, to establish an essential care program for LTC facilities to implement. The program must (1) set visitation requirements for essential caregivers of LTC facility residents

and (2) require the same infection prevention and control training and testing standards for essential caregivers that are required for facility staff.

Under the bill, an “essential caregiver” is a person the LTC facility deems critical to a resident’s daily care and emotional well-being.

§11 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

Requires the Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include responses related to LTC facilities and providers of community-based services to facility residents

The bill requires the state’s Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include a plan for emergency responses related to LTC facilities and providers of community-based services to facility residents.

By law, the advisory committee advises DPH on responses to public health emergencies. It consists of the DPH and emergency services and public protection commissioners; six top legislative leaders; the chairs and ranking members of the Public Health, Public Safety, and Judiciary Committees; representatives of municipal and district health directors appointed by the DPH commissioner; and any other organizations or individuals the DPH commissioner deems relevant to the effort.

§12 — RESIDENT COMMUNICATION DEVICES

Starting July 1, 2021, requires LTC facilities to allow residents to use communication devices (e.g., phones and tablets) in their rooms to remain connected with family and friends and facilitate the participation of family caregivers in their care team

Starting July 1, 2021, the bill requires LTC facilities to allow a resident to use communication devices (e.g., cell phone, tablet, or computer) in his or her room to (1) remain connected with family members and friends and (2) facilitate the participation of a family caregiver as a member of the resident’s care team.

Residents must use the communication devices in accordance with DPH requirements, which the bill requires the commissioner to

establish by June 30, 2021. She must communicate the requirements to LTC facilities and ensure that the requirements safeguard the privacy of other LTC facility residents.

§13 — NURSING HOME MINIMUM STAFFING LEVELS

Requires DPH, by January 1, 2022, to modify minimum nursing home daily staffing levels to require at least 4.10 hours of direct care per resident; requires nursing homes to offer staff the option to work 12-hour shifts

The bill requires DPH, by January 1, 2022, to modify minimum staffing levels in nursing homes as follows:

1. establish at least 4.10 hours of direct care per resident per day, including 3.75 hours of care by a registered nurse, 0.54 hours of care by a licensed practical nurse, and 2.81 hours of care by a certified nurse's assistant;
2. modify staffing level requirements for social worker and recreational staff so that they are lower than current requirements, as deemed appropriate by the DPH commissioner;
3. eliminate the nursing supervision-related distinction between a chronic and convalescent nursing home and a rest home with nursing supervision in order to establish a single, minimum direct staffing level requirement for all nursing homes; and
4. adopt regulations to implement the above requirements.

The bill also requires nursing homes to offer staff the option to work 12-hour shifts starting January 1, 2022.

Current law requires nursing homes to maintain aggregate licensed nurse and nurse's aide staffing levels of at least 1.9 hours of direct care per resident per day (see BACKGROUND).

§14 — ELECTRONIC MONITORING DEVICES IN NURSING HOMES

Allows a non-verbal nursing home resident, or his or her resident representative, to install an electronic monitoring device in the resident's room or private living unit under certain conditions

The bill allows a non-verbal nursing home resident, or his or her

resident representative, to install an electronic monitoring device in the resident's room or private living unit, provided:

1. the resident pays for the device and its installation, maintenance, operation, and removal;
2. the resident and any roommate, or their resident representatives, sign a written consent form, which must be filed with the nursing home within seven days before installing the device; and
3. the resident, or his or her resident representative, places a clear and conspicuous note on the door of the room or private living unit stating that it is subject to electronic monitoring.

Under the bill, any video or audio recording from the electronic monitoring device may be admitted into evidence in a civil, criminal, or administrative proceeding.

Consent Form Content

Under the bill, the resident consent form must include:

1. the signed consent of the nonverbal resident and any roommate or, if either individual is physically or mentally incapable of signing the form, the signature of their resident representative;
2. a waiver of liability for the nursing home for any breach of privacy involving the nonverbal resident's use of an electronic monitoring device, unless the breach occurred because of the unauthorized use of the device or a recording it made by facility staff;
3. the type of electronic monitoring device to be used;
4. a list of conditions or restrictions that the nonverbal resident or roommate may place on the device's use, including (a) prohibiting audio or video recording or broadcasting or (b) turning off or blocking the device's visual recording when the resident or roommate is undergoing a health care exam or

procedure, dressing or bathing, or visiting with a guest (e.g., attorney, partner, ombudsman, or spiritual advisor);

5. an acknowledgement that the nonverbal resident, roommate, or their resident representatives, are responsible for operating the device in accordance with these conditions unless they have a signed written agreement with the nursing home for the facility staff to operate the device, which may include a liability waiver for the facility related to the operation;
6. a statement of the circumstances under which a recording from the device may be disseminated; and
7. a signature box for documenting that the nonverbal resident or roommate, or their representatives, have consented to the electronic monitoring or withdrawn consent.

If a resident representative signs the consent form, the bill requires the consent form to also document:

1. the date the nonverbal resident or roommate was asked if the resident or roommate wants electronic monitoring to be conducted, and who was present when asked;
2. an acknowledgement that the nonverbal resident or roommate did not affirmatively object to electronic monitoring; and
3. the source of the authority allowing the resident representative to sign the consent form on behalf of the nonverbal resident or roommate.

Consent Form Availability

The bill requires the state's long-term care ombudsman, within available appropriations, to make available on the office's website, a downloadable copy of a standard consent form containing all provisions required under the bill.

It requires nursing homes to:

1. make the consent form available to nonverbal residents and inform them and their resident representatives of their option to conduct electronic monitoring of their rooms or private living units,
2. maintain a copy of the consent form in the nonverbal resident's records, and
3. place a notice in a conspicuous place near the facility's entrance stating that some rooms and living areas may be subject to electronic monitoring.

Consent Exceptions

The bill allows a nonverbal resident, or his or her resident representative, to install an electronic monitoring device without submitting a written consent form to the nursing home if:

1. the nonverbal resident or resident representative (1) reasonably fears the nursing home will retaliate against the resident for recording or reporting alleged abuse or neglect by nursing home staff, (b) submits a completed consent form to the long-term care ombudsman, and (c) submits a report to the ombudsman, social services or public health commissioners, or police with evidence from an electronic monitoring device that suspected abuse or neglect of the resident has occurred;
2. the (a) nursing home failed to respond for more than two business days to a written communication from the nonverbal resident or his or her resident representative about a concern that prompted the resident's desire to install an electronic monitoring device and (b) resident or resident representative submitted a consent form to the ombudsman; or
3. the nonverbal resident or his or her resident representative already submitted a report to the ombudsman, social services or public health commissioners, or police regarding concerns about the resident's safety or wellbeing that prompted the resident's desire for electronic monitoring and the resident or

resident's representative has submitted a consent form to the ombudsman.

New Roommate Consent

Under the bill, if a nonverbal resident is using electronic monitoring and a new roommate moves in, the resident must stop using the device unless and until the new roommate signs the consent form, and the resident or his or her resident representative files the consent form with the nursing home.

If a roommate refuses to consent, the bill requires the nursing home to reasonably accommodate the resident's request to move into a private room or another room with a roommate who has agreed to consent to the monitoring. The nursing home must do this within 30 days after the resident's request and only if a room is available and the resident is able to pay any price difference.

BACKGROUND

Current Minimum Nurse Staffing Standards for Nursing Homes

DPH licenses nursing homes at two levels of care: (1) chronic and convalescent nursing homes (CCNHs), which provide skilled nursing care, and (2) rest homes with nursing supervision (RHNS), which provide intermediate care. (Nursing homes generally have been phasing out RHNS beds or converting them to CCNH beds.)

Minimum staffing requirements for CCNHs and RHNS are set by regulation and depend on the time of day, as shown in the table below (Conn. Agencies Reg. § 19-13-D8t(m)).

Table 1: Minimum Nurse Staffing Requirements for Nursing Homes

<i>Direct Care Personnel</i>	<i>CCNH</i>		<i>RHNS</i>	
	7 a.m. to 9 p.m.	9 p.m. to 7 a.m.	7 a.m. to 9 p.m.	9 p.m. to 7 a.m.

Licensed Nursing Personnel	0.47 hours per patient (hpp)* (28 min.)	0.17 hpp (10 min.)	0.23 hpp (14 min.)	0.08 hpp (5 min.)
Total Nurses and Nurse Aide Personnel	1.40 hpp (1 hr. 24 min.)	0.50 hpp (30 min.)	0.70 hpp (42 min.)	0.17 hpp (10 min.)

Related Bills

SB 973, favorably reported by the Aging Committee, requires the long-term care ombudsman and executive director of the Commission on Women, Children, Seniors, Equity, and Opportunity to seek testimony from family councils on statewide policies, legislative proposals, or regulations on long-term care facility conditions.

sSB 975, favorably reported by the Aging Committee, adds to the nursing home patients' bill of rights, the right to treat their living quarters as their own home, including purchasing and using technology they choose that facilitates virtual visitation with family and others

SB 1057, favorably reported by the Human Services Committee, requires DPH to establish nursing home minimum staffing levels of 4.1 hours of direct care, including 0.75 hours by a registered nurse, 0.54 hours by a LPN, and 2.81 hours from a CNA

sHB 6552, favorably reported by the Aging Committee, allows nursing home residents to use the technology of their choosing that facilitates virtual monitoring or virtual visitation, under certain conditions.

sHB 6595 and sSB 1002, both reported favorably by the Labor and Public Employees Committee, contain provisions that generally require (1) the DPH commissioner to amass stockpiles of PPE (§ 8 in both bills) and (2) LTC providers to maintain an unexpired inventory of new PPE sufficient for 90 days of surge consumption during a state of emergency (§ 10 in both bills).

HB 6634, favorably reported by the Human Services Committee, allows long-term care facility residents to designate an essential support person who may visit the resident despite general visitation restrictions imposed on other visitors and requires DPH to establish a state-wide visitation policy

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 1 (03/29/2021)