AN ACT STRENGTHENING THE BILL OF RIGHTS FOR LONG-TERM CARE FACILITY RESIDENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (b) of section 19a-550 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2021):

(b) There is established a patients' bill of rights for any person admitted as a patient to any nursing home facility, residential care home or chronic disease hospital. The patients' bill of rights shall be implemented in accordance with the provisions of Sections 1919(b), 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients' bill of rights shall provide that each such patient: (1) is entitled to treat his or her living quarters as his or her home and has no fewer rights than any other resident of the state, including, but not limited to (A) associating and communicating privately with persons of the patient's choice, and (B) purchasing and using technology of the patient's choice, including, but not limited to, technology that may facilitate virtual visitation with family and other persons, provided...
operation and use of such technology shall not violate any individual's right to privacy under state or federal law; (2) is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during the patient's stay, of the rights set forth in this section and of all rules and regulations governing patient conduct and responsibilities; [(2)] (3) is fully informed, prior to or at the time of admission and during the patient's stay, of services available in such facility or chronic disease hospital, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act, or not covered by basic per diem rate; [(3)] (4) in such facility or hospital is entitled to choose the patient's own physician or an advanced practice registered nurse and is fully informed, by a physician or an advanced practice registered nurse, of the patient's medical condition unless medically contraindicated, as documented by the physician or advanced practice registered nurse in the patient's medical record, and is afforded the opportunity to participate in the planning of the patient's medical treatment and to refuse to participate in experimental research; [(4)] (5) in a residential care home or a chronic disease hospital is transferred from one room to another within such home or chronic disease hospital only for medical reasons, or for the patient's welfare or that of other patients, as documented in the patient's medical record and such record shall include documentation of action taken to minimize any disruptive effects of such transfer, except a patient who is a Medicaid recipient may be transferred from a private room to a nonprivate room, provided no patient may be involuntarily transferred from one room to another within such home or chronic disease hospital if (A) it is medically established that the move will subject the patient to a reasonable likelihood of serious physical injury or harm, or (B) the patient has a prior established medical history of psychiatric problems and there is psychiatric testimony that as a consequence of the proposed move there will be exacerbation of the psychiatric problem that would last over a significant period of time and require psychiatric intervention; and in the case of an involuntary transfer from one room to another within such home or chronic disease hospital, the patient and, if known, the patient's legally liable relative,
guardian or conservator or a person designated by the patient in accordance with section 1-56r, is given not less than thirty days' and not more than sixty days' written notice to ensure orderly transfer from one room to another within such home or chronic disease hospital, except where the health, safety or welfare of other patients is endangered or where immediate transfer from one room to another within such home or chronic disease hospital is necessitated by urgent medical need of the patient or where a patient has resided in such home or chronic disease hospital for less than thirty days, in which case notice shall be given as many days before the transfer as practicable; [(5)] (6) is encouraged and assisted, throughout the patient's period of stay, to exercise the patient's rights as a patient and as a citizen, and to this end, has the right to (A) be fully informed about patients' rights by state or federally funded patient advocacy programs, [and may voice grievances and recommend changes in policies and services to nursing home facility, residential care home or chronic disease hospital staff or to outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal] (B) present grievances and recommend changes in policies, procedures and services to the manager or staff of the nursing home facility, residential care home or chronic disease hospital, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the nursing home facility, residential care home or chronic disease hospital, and (C) access to representatives of the Department of Public Health, the Department of Social Services or the Office of the Long-Term Care Ombudsman; [(6)] (7) shall have prompt efforts made by such nursing home facility, residential care home or chronic disease hospital to resolve grievances the patient may have, including those with respect to the behavior of other patients; [(7)] (8) may manage the patient's personal financial affairs, and is given a quarterly accounting of financial transactions made on the patient's behalf; [(8)] (9) is free from mental and physical abuse, corporal punishment, involuntary seclusion and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the patient's medical symptoms. Physical or chemical restraints may be imposed only to ensure the physical safety
of the patient or other patients and only upon the written order of a
physician or an advanced practice registered nurse that specifies the
type of restraint and the duration and circumstances under which the
restraints are to be used, except in emergencies until a specific order can
be obtained; [(9)] (10) is assured confidential treatment of the patient's
personal and medical records, and may approve or refuse their release
to any individual outside the facility, except in case of the patient's
transfer to another health care institution or as required by law or third-
party payment contract; [(10)] (11) receives quality care and services
with reasonable accommodation of individual needs and preferences,
except where the health or safety of the individual would be
endangered, and is treated with consideration, respect, and full
recognition of the patient's dignity and individuality, including privacy
in treatment and in care for the patient's personal needs; [(11)] (12) is not
required to perform services for the nursing home facility, residential
care home or chronic disease hospital that are not included for
therapeutic purposes in the patient's plan of care; [(12) may associate
and communicate privately with persons of the patient's choice,
including other patients,] (13) (A) may send and receive the patient's
personal mail unopened and make and receive telephone calls privately,
unless medically contraindicated, as documented by the patient's
physician or advanced practice registered nurse in the patient's medical
record, and (B) receives adequate notice before the patient's room or
roommate in such facility, home or chronic disease hospital is changed;
[(13)] (14) is entitled to organize and participate in patient groups in
such facility, home or chronic disease hospital and to participate in
social, religious and community activities that do not interfere with the
rights of other patients, unless medically contraindicated, as
documented by the patient's physician or advanced practice registered
nurse in the patient's medical records; [(14)] (15) may retain and use the
patient's personal clothing and possessions unless to do so would
infringe upon rights of other patients or unless medically
contraindicated, as documented by the patient's physician or advanced
practice registered nurse in the patient's medical record; [(15)] (16) is
assured privacy for visits by the patient's spouse or a person designated
by the patient in accordance with section 1-56r and, if the patient is
married and both the patient and the patient's spouse are inpatients in
the facility, they are permitted to share a room, unless medically
contraindicated, as documented by the attending physician or advanced
practice registered nurse in the medical record; [(16)] (17) is fully
informed of the availability of and may examine all current state, local
and federal inspection reports and plans of correction; [(17)] (18) may
organize, maintain and participate in a patient-run resident council, as
a means of fostering communication among residents and between
residents and staff, encouraging resident independence and addressing
the basic rights of nursing home facility, residential care home and
chronic disease hospital patients and residents, free from administrative
interference or reprisal; [(18)] (19) is entitled to the opinion of two
physicians concerning the need for surgery, except in an emergency
situation, prior to such surgery being performed; [(19)] (20) is entitled to
have the patient's family or a person designated by the patient in
accordance with section 1-56r meet in such facility, residential care
home or chronic disease hospital with the families of other patients in
the facility to the extent such facility, residential care home or chronic
disease hospital has existing meeting space available that meets
applicable building and fire codes; [(20)] (21) is entitled to file a
complaint with the Department of Social Services and the Department
of Public Health regarding patient abuse, neglect or misappropriation
of patient property; [(21)] (22) is entitled to have psychopharmacologic
drugs administered only on orders of a physician or an advanced
practice registered nurse and only as part of a written plan of care
developed in accordance with Section 1919(b)(2) of the Social Security
Act and designed to eliminate or modify the symptoms for which the
drugs are prescribed and only if, at least annually, an independent
external consultant reviews the appropriateness of the drug plan; [(22)]
(23) is entitled to be transferred or discharged from the facility only
pursuant to section 19a-535, 19a-535a or 19a-535b, as applicable; [(23)]
(24) is entitled to be treated equally with other patients with regard to
transfer, discharge and the provision of all services regardless of the
source of payment; [(24)] (25) shall not be required to waive any rights
to benefits under Medicare or Medicaid or to give oral or written
assurance that the patient is not eligible for, or will not apply for benefits
under Medicare or Medicaid; [(25)] (26) is entitled to be provided
information by the nursing home facility or chronic disease hospital as
to how to apply for Medicare or Medicaid benefits and how to receive
refunds for previous payments covered by such benefits; [(26)] (27) is
entitled to receive a copy of any Medicare or Medicaid application
completed by a nursing home facility, residential care home or chronic
disease hospital on behalf of the patient or to designate that a family
member, or other representative of the patient, receive a copy of any
such application; [(27)] (28) on or after October 1, 1990, shall not be
required to give a third-party guarantee of payment to the facility as a
condition of admission to, or continued stay in, such facility; [(28)] (29)
is entitled to have such facility not charge, solicit, accept or receive any
gift, money, donation, third-party guarantee or other consideration as a
precondition of admission or expediting the admission of the individual
to such facility or as a requirement for the individual's continued stay in
such facility; and [(29)] (30) shall not be required to deposit the patient's
personal funds in such facility, home or chronic disease hospital.

Sec. 2. Subsection (a) of section 19a-697 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective July 1,
2021):

(a) A managed residential community shall have a written bill of
rights that prescribes the rights afforded to each resident. A designated
staff person from the managed residential community shall provide and
explain the bill of rights to the resident at the time that such resident
enters into a residency agreement at the managed residential
community. The bill of rights shall include, but not be limited to, that
each resident has the right to:

(1) Live in a clean, safe and habitable private residential unit;

(2) Be treated with consideration, respect and due recognition of
personal dignity, individuality and the need for privacy;
(3) Privacy within a private residential unit, subject to rules of the managed residential community reasonably designed to promote the health, safety and welfare of the resident;

(4) Retain and use one's own personal property within a private residential unit so as to maintain individuality and personal dignity provided the use of personal property does not infringe on the rights of other residents or threaten the health, safety and welfare of other residents;

(5) [Private] Treat his or her residential unit as his or her home and has no fewer rights than any other resident of the state, including, but not limited to (A) associating and communicating privately with persons of the resident's choice, (B) purchasing and using technology of the resident's choice, including, but not limited to, technology that may facilitate virtual visitation with family and other persons, provided operation and use of such technology shall not violate any individual's right to privacy under state or federal law, and (C) other private communications, including receiving and sending unopened correspondence [ ] and telephone access; [and visiting with persons of one's choice;]

(6) Freedom to participate in and benefit from community services and activities so as to achieve the highest possible level of independence, autonomy and interaction within the community;

(7) Directly engage or contract with licensed health care professionals and providers of one's choice to obtain necessary health care services in one's private residential unit, or such other space in the managed residential community as may be made available to residents for such purposes;

(8) Manage one's own financial affairs;

(9) Exercise civil and religious liberties;

(10) Present grievances and recommend changes in policies,
procedures and services to the manager or staff of the managed residential community, government officials or any other person without restraint, interference, coercion, discrimination or reprisal from the managed residential community, including access to representatives of the department or the Office of the Long-Term Care Ombudsman;

(11) Upon request, obtain from the managed residential community the name of the service coordinator or any other persons responsible for resident care or the coordination of resident care;

(12) Confidential treatment of all records and communications to the extent required by state and federal law;

(13) Have all reasonable requests responded to promptly and adequately within the capacity of the managed residential community and with due consideration given to the rights of other residents;

(14) Be fully advised of the relationship that the managed residential community has with any assisted living services agency, health care facility or educational institution to the extent that such relationship relates to resident medical care or treatment and to receive an explanation about the relationship;

(15) Receive a copy of any rules or regulations of the managed residential community;

(16) Privacy when receiving medical treatment or other services within the capacity of the managed residential community;

(17) Refuse care and treatment and participate in the planning for the care and services the resident needs or receives, provided the refusal of care and treatment may preclude the resident from being able to continue to reside in the managed residential community; and

(18) All rights and privileges afforded to tenants under title 47a.
This act shall take effect as follows and shall amend the following sections:

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<td>2</td>
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**Statement of Purpose:**
To affirm that residents of long-term care facilities have the right to treat their living quarters as their homes and have the same rights as all other state residents, including the right to use technology of their choice for purposes, including, but not limited to, virtual visitation and file grievances for violations of their rights.

[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.]