



**Substitute House Bill No. 6634**

**Public Act No. 21-71**

**AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE FACILITIES.**

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

Section 1. (NEW) (*Effective from passage*) (a) As used in this section, section 2 of this act and subsection (b) of section 17a-408 of the general statutes, as amended by this act, (1) "primary essential support person" means a person designated by a long-term care facility resident, or a resident representative, who may visit with the resident in accordance with rules set by the Commissioner of Public Health to provide essential support as reflected in the resident's person-centered plan of care; (2) "essential support" means support that includes, but is not limited to, (A) assistance with activities of daily living, and (B) physical, emotional, psychological and socialization support for the resident; (3) "secondary essential support person" means a person designated by the resident, or resident representative, to serve as a backup to a primary essential support person; (4) "person-centered plan of care" means a care plan for a resident developed by a resident or resident representative in consultation with health professionals that focuses on the resident's physical, emotional, psychological and socialization needs and includes a primary essential support person or secondary essential support person designated by a resident; and (5) "long-term care facility" means

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a nursing home facility, as defined in section 19a-490 of the general statutes, or a managed residential community, as defined in section 19a-693 of the general statutes that provides services offered by an assisted living services agency, as defined in section 19a-490 of the general statutes.

(b) A long-term care facility resident, or a resident representative, may designate a primary essential support person and a secondary essential support person who may visit the resident despite general visitation restrictions imposed on other visitors, provided the primary essential support person or secondary essential support person complies with any rules promulgated by the Commissioner of Public Health pursuant to section 2 of this act to protect the health, safety and well-being of long-term care facility residents.

Sec. 2. (NEW) (*Effective from passage*) (a) The Commissioner of Public Health shall establish a state-wide policy for visitation with a long-term care facility resident. The policy shall be applicable to all long-term care facilities and shall incorporate a long-term care facility resident's need for health, safety and well-being, including, but not limited to, the essential support provided by a primary or secondary essential support person.

(b) In the event of a public health emergency declared by the Governor in accordance with section 19a-131a of the general statutes, the Commissioner of Public Health shall, in accordance with applicable federal requirements and guidance, set forth requirements for visitation with a long-term care facility resident, provided such requirements incorporate a resident's need for essential support provided by a primary or secondary essential support person and other visitors. Such requirements shall include, but need not be limited to, the circumstances, if any, under which a long-term care facility may restrict visitors, including, but not limited to, primary essential support persons and secondary essential support persons designated by a long-term care

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facility resident. The requirements shall address, at a minimum:

(1) Arrangements for visitation with a long-term care facility resident through various means, including, but not limited to, (A) outdoor visitation, (B) the use of technologies to facilitate virtual visitation, and (C) indoor visitation that is allowed whether or not the resident is nearing the end of his or her life, as determined by the resident's attending health care professionals;

(2) The needs of a long-term care facility resident for physical, emotional, psychological and socialization support based on the resident's person-centered plan of care;

(3) Safety protocols for all visitors to a long-term care facility, including, but not limited to, primary or secondary essential support persons, in the event of a communicable disease outbreak or public health emergency declared by the Governor in accordance with section 19a-131a of the general statutes;

(4) Permission for visitation with a long-term care facility resident by a primary essential support person or secondary essential support person despite general visitation restrictions, provided the primary essential support person or secondary essential support person complies with safety protocols established by the commissioner and the commissioner determines that such visitation will benefit the health, safety and well-being of the resident; and

(5) In the event a long-term care facility resident has not designated a primary essential support person, a requirement that staff of a long-term care facility work with the resident or a resident representative, a family member of the resident or the State Ombudsman appointed pursuant to section 17a-405 of the general statutes to identify a primary essential support person and provide access by such person to the resident.

Sec. 3. Subsection (b) of section 17a-408 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The State Ombudsman shall serve on a full-time basis, and shall personally or through representatives of the office:

(1) Identify, investigate and resolve complaints that:

(A) Are made by, or on behalf of, residents or, as to complaints involving the application for admission to a long-term care facility, by or on behalf of applicants; and

(B) Relate to action, inaction or decisions that may adversely affect the health, safety, welfare or rights of the residents, including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees, of (i) providers or representatives of providers of long-term care services, (ii) public agencies, or (iii) health and social service agencies;

(2) Provide services to protect the health, safety, welfare and rights of the residents, including, but not limited to, services designed to address the impact of socialization, visitation and the role of primary or secondary essential support persons on the health, safety and well-being of residents;

(3) Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (B) of subdivision (1) of this subsection or services described in subdivision (2) of this subsection;

(4) Ensure that the residents and, as to issues involving applications for admission to long-term care facilities, applicants have regular and timely access to the services provided through the office and that the residents and complainants receive timely responses from representatives of the office to complaints;

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(5) Represent the interests of the residents, and of applicants in relation to issues concerning applications to long-term care facilities, before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare and rights of the residents;

(6) Provide administrative and technical assistance to representatives of the office and training in areas including, but not limited to, Alzheimer's disease and dementia symptoms and care;

(7) (A) Analyze, comment on and monitor the development and implementation of federal, state and local laws, regulations, and other governmental policies and actions that pertain to the health, safety, welfare and rights of the residents with respect to the adequacy of long-term care facilities and services in this state and to the rights of applicants in relation to applications to long-term care facilities;

(B) Recommend any changes in such laws, regulations, policies and actions as the office determines to be appropriate; and

(C) Facilitate public comment on such laws, regulations, policies and actions;

(8) Advocate for:

(A) Any changes in federal, state and local laws, regulations and other governmental policies and actions that pertain to the health, safety, welfare and rights of residents with respect to the adequacy of long-term care facilities and services in this state and to the health, safety, welfare and rights of applicants which the State Ombudsman determines to be appropriate;

(B) Appropriate action by groups or agencies with jurisdictional authority to deal with problems affecting individual residents and the general resident population and applicants in relation to issues concerning applications to long-term care facilities; and

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(C) The enactment of legislative recommendations by the General Assembly and of regulatory recommendations by commissioners of Connecticut state agencies;

(9) (A) Provide for training representatives of the office;

(B) Promote the development of citizen organizations to participate in the program; and

(C) Provide technical support for the development of resident and family councils to protect the well-being and rights of residents;

(10) Coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under (A) Part A of the Development Disabilities Assistance and Bill of Rights Act (42 USC 6001, et seq.), and (B) The Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 USC 10801 et seq.);

(11) Coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under Section 306(a)(2)(C) of the federal Older Americans Act of 1965, (42 USC 3026(a)(2)(C)) as amended from time to time, through the adoption of memoranda of understanding and other means;

(12) Create, and periodically update as needed, a training manual for nursing home facilities identified in section 19a-522c that provides guidance on structuring and implementing the training required by said section;

(13) Develop policies and procedures regarding the communication and documentation of informed consent in the case of resident complaints, including, but not limited to, the use of auxiliary aids and services or the use of a resident representative; and

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(14) Carry out such other activities and duties as may be required under federal law.

Approved June 24, 2021