Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING THE PUBLIC HEALTH OF RESIDENTS OF THE STATE.

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

Section 1. Section 19a-562 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) As used in this section and section 19a-562a, "dementia special care unit or program" means any nursing facility, residential care home, assisted living facility, adult congregate living facility, adult day care center, hospice or adult foster home that locks, secures, segregates or provides a special program or unit for residents with a diagnosis of probable Alzheimer's disease, dementia or other similar disorder, in order to prevent or limit access by a resident outside the designated or separated area, or that advertises or markets the facility as providing specialized care or services for persons suffering from Alzheimer's disease or dementia.

(b) [On and after January 1, 2007, each] Each dementia special care unit or program shall provide written disclosure to any person who will
be placed in such a unit or program or to that person's legal representative or other responsible party. Such disclosure shall be signed by the patient or responsible party and shall explain what additional care and treatment or specialized program will be provided in the dementia special care unit or program that is distinct from the care and treatment required by applicable licensing rules and regulations, including, but not limited to:

(1) Philosophy. A written statement of the overall philosophy and mission of the dementia special care unit or program that reflects the needs of residents with Alzheimer's disease, dementia or other similar disorders.

(2) Preadmission, admission and discharge. The process and criteria for placement within or transfer or discharge from the dementia special care unit or program.

(3) Assessment, care planning and implementation. The process used for assessing and establishing and implementing the plan of care, including the method by which the plan of care is modified in response to changes in condition.

(4) Staffing patterns and training ratios. The nature and extent of staff coverage, including staff to patient ratios and staff training and continuing education.

(5) Physical environment. The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents.

(6) Residents' activities. The frequency and types of resident activities and the ratio of residents to recreation staff.

(7) Family role in care. The involvement of families and family support programs.

(8) Program costs. The cost of care and any additional fees.
(c) Each dementia special care unit or program shall develop a standard disclosure form for compliance with subsection (b) of this section and shall annually review and verify the accuracy of the information provided by dementia special care units or programs. Each dementia special care unit or program shall provide a written update to the patient, legal representative or responsible party of any significant change to the information reported pursuant to subsection (b) of this section not later than thirty days after such change. Each dementia special care unit or program shall make the standard disclosure form available to the Department of Public Health for inspection upon request.

Sec. 2. Section 19a-564 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2022):

(a) The Commissioner of Public Health shall license assisted living services agencies, as defined in section 19a-490. A managed residential community wishing to provide assisted living services shall become licensed as an assisted living services agency or shall arrange for assisted living services to be provided by another entity that is licensed as an assisted living services agency.

(b) A managed residential care community that intends to arrange for assisted living services shall only do so with a currently licensed assisted living services agency. Such managed residential community shall submit an application to arrange for the assisted living services to the Department of Public Health in a form and manner prescribed by the commissioner.

(c) An assisted living services agency providing services as a dementia special care unit or program, as defined in section 19a-562, as amended by this act, shall obtain approval for such unit or program from the Department of Public Health. Such assisted living services agencies shall ensure that they have adequate staff to meet the needs of the residents. The Department of Public Health shall require each
assisted living facility that provides services as a dementia special care unit or program to employ a minimum number of staff per shift that provide direct patient care to residents of or participants in the dementia special care unit or program, including, but not limited to, advanced practice registered nurses, registered nurses, licensed practical nurses and nurse's aides. Such minimum staffing requirements shall be prescribed by the department in regulations adopted pursuant to this section, and take effect upon adoption of such regulations. Each assisted living services agency that provides services as a dementia special care unit or program, as defined in section 19a-562, as amended by this act, shall submit to the Department of Public Health a list of dementia special care units or locations and their staffing plans for any such units and locations when completing an initial or a renewal licensure application, or upon request from the department. Such staffing plans shall comply with the minimum staffing requirements in regulations prescribed by the department pursuant to this section.

(d) Each assisted living services agency that provides services as a dementia special care unit or program shall post the following information on a daily basis at the beginning of each shift, in a legible format and in a conspicuous place readily accessible to and clearly visible to residents, employees and visitors of the dementia special care unit or location of the dementia special care program, including, but not limited to, persons in a wheelchair:

(1) Name of the assisted living services agency and location of the dementia special care unit or program;

(2) Date;

(3) Total number of (A) advanced practice registered nurses, (B) registered nurses, (C) licensed practical nurses, and (D) nurse's aides who will be responsible for direct patient care during the shift;

(4) Total number of hours such (A) advanced practice registered nurses, (B) registered nurses, (C) licensed practical nurses, and (D) nurse's aides are scheduled to work during the shift;
(5) Total number of dementia special care unit residents or dementia special care program participants;

(6) The minimum number of nursing home facility staff per shift that is required by the regulations of Connecticut state agencies to be responsible for providing direct patient care to residents of the dementia special care unit or participants in the dementia special care program; and

(7) The telephone number or Internet web site that a resident, employee or visitor of the dementia special care unit or location of the dementia special care program may use to report a suspected violation by the assisted living services agency of a regulatory requirement concerning staffing levels and direct patient or program participant care.

(e) Each assisted living services agency providing services as a dementia special care unit or program shall, upon oral or written request, make the daily information posted pursuant to subsection (d) of this section available to the public for review. The assisted living services agency shall retain such information for not less than eighteen months from the date such information was posted.

[(d)] (f) An assisted living services agency shall ensure that (1) all services being provided on an individual basis to [clients] residents are fully understood and agreed upon between either the [client] resident or the [client's] resident's legal representative or responsible party, and (2) the [client or the client's] resident or the resident's legal representative or responsible party are made aware of the cost of any such services.

(g) Each assisted living services agency providing services as a dementia special care unit or program shall maintain a daily record of the following regarding each resident of the unit or participant in the program and make such record available to the Department of Public Health upon request:
(1) Type and number of meals served and the times each meal was offered to the resident. The assisted living services agency shall ensure that the maximum time span between a resident's or participant's evening meal and breakfast does not exceed sixteen hours unless a substantial bedtime nourishment is verbally offered by the assisted living services agency, provided the assisted living services agency shall not be required to serve such nourishment to patients or participants who decline such nourishment;

(2) The time a resident or participant bathed or was offered a bath or was bathed by a staff member of the assisted living services agency;

(3) The medications taken by the patient or participant and times such medications were taken; and

(4) A description of the overall health of the patient or participant.

[(e)] (h) The Department of Public Health [may] shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of this section.

Sec. 3. Section 19a-563f of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022):

On or before January 1, 2022, the administrative head of each nursing home and dementia special care unit and, on or before January 1, 2023, the administrative head of each assisted living facility shall encourage the establishment of a family council and assist in any such establishment. The family council shall facilitate and support open communication between the nursing home, [or] dementia special care unit or assisted living facility and each resident's family members and friends. As used in this section, "family council" means an independent, self-determining group of the family members and friends of the residents of a nursing home, [or] dementia special care unit or assisted living facility that is geared to meeting the needs and interests of the residents and their family members and friends.
Sec. 4. Section 19a-59i of the 2022 supplement to the general statutes is amended by adding subsection (g) as follows (Effective from passage):

(NEW) (g) Not later than January 1, 2023, the maternal mortality review committee shall develop educational materials regarding:

(1) The health and safety of pregnant and postpartum persons with mental health disorders, including, but not limited to, perinatal mood and anxiety disorders, for distribution by the Department of Public Health to each birthing hospital in the state. As used in this subsection, "birthing hospital" means a health care facility, as defined in section 19a-630, operated and maintained in whole or in part for the purpose of caring for patients during delivery of a child and for a postpartum person and such person's newborn following birth;

(2) Evidence-based screening tools for screening patients for intimate partner violence, peripartum mood disorders and substance use disorder for distribution by the Department of Public Health to obstetricians and other health care providers who practice obstetrics; and

(3) Indicators of intimate partner violence for distribution by the Department of Public Health to (A) hospitals for use by health care providers in the emergency department and hospital social workers, and (B) obstetricians and other health care providers who practice obstetrics.

Sec. 5. (NEW) (Effective July 1, 2022) (a) As used in this section, "birthing hospital" means a health care facility, as defined in section 19a-630, operated and maintained in whole or in part for the purpose of caring for a person during delivery of a child and for a postpartum person and such person's newborn following birth.

(b) On and after October 1, 2022, each birthing hospital shall provide to each patient who has undergone a caesarean section written information regarding the importance of mobility following a caesarean section and the risks associated with immobility following a caesarean
section.

(c) Not later than January 1, 2023, each birthing hospital shall establish a patient portal through which a postpartum patient can virtually access, through an Internet web site or application, any educational materials and other information that the birthing hospital provided to the patient during the patient's stay at the birthing hospital and at the time of the patient's discharge from the birthing hospital.

(d) On and after January 1, 2023, each birthing hospital shall provide to each postpartum patient the educational materials regarding the health and safety of pregnant and postpartum persons with mental health disorders, including, but not limited to, perinatal mood and anxiety disorders, developed by the maternal mortality review committee pursuant to subsection (g) of section 19a-51i, as amended by this act.

Sec. 6. Subsection (a) of section 10-29a of the 2022 supplement to the general statutes is amended by adding subdivisions (104) and (105) as follows (Effective from passage):

(NEW) (104) Maternal Mental Health Month. The Governor shall proclaim the month of May of each year to be Maternal Mental Health Month, to raise awareness of issues surrounding maternal mental health. Suitable exercises may be held in the State Capitol and elsewhere as the Governor designates for the observance of the month.

(NEW) (105) Maternal Mental Health Day. The Governor shall proclaim May fifth of each year to be Maternal Mental Health Day, to raise awareness of issues surrounding maternal mental health. Suitable exercises may be held in the State Capitol and elsewhere as the Governor designates for the observance of the day.

Sec. 7. (NEW) (Effective from passage) (a) There is established a Commission on Gun Violence Intervention and Prevention to coordinate the funding and implementation of evidence-based, evidenced-informed, community-centric gun programs and strategies
to reduce community gun violence in the state. The commission shall be part of the Legislative Department.

(b) The commission shall be composed of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom shall be a representative of the Connecticut Hospital Association and one of whom shall be a representative of Compass Youth Collaborative;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a representative of the Connecticut Violence Intervention Program and one of whom shall be a representative of Regional Youth Adult Social Action Partnership;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a representative of Hartford Communities That Care, Inc. and one of whom shall be a representative of CT Against Gun Violence;

(4) Two appointed by the majority leader of the Senate, one of whom shall be a representative of Project Longevity and one of whom shall be a representative of Saint Francis Hospital and Medical Center;

(5) Two appointed by the minority leader of the House of Representatives, one of whom shall be a representative of Yale New Haven Hospital and one of whom shall be a representative of Greater Bridgeport Adolescence Program;

(6) Two appointed by the minority leader of the Senate, one of whom shall be a representative of Hartford Hospital and one of whom shall be a youth representative of the Connecticut Justice Alliance;

(7) Two appointed by the House chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, one of whom shall be a representative of the Greater Bridgeport Area Prevention Program and one of whom shall be a parent member of the Two Generation Initiative;
(8) Two appointed by the Senate chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, one of whom shall be a representative of Mothers United Against Violence and one of whom shall be a representative of Violent Crime Survivors;

(9) One appointed by the executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, who shall be a representative of the Health Alliance for Violence Intervention;

(10) Two appointed by the Commissioner of Public Health, who shall be representatives of the Department of Public Health's Injury and Violence Surveillance Unit;

(11) The Commissioner of Education, or the commissioner's designee; and

(12) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee.

(c) Any member of the commission appointed under subdivision (1), (2), (3), (4), (5), (6), (7) or (8) of subsection (b) of this section may be a member of the General Assembly. All initial appointments to the commission shall be made not later than sixty days after the effective date of this section. Appointed members shall serve a term that is coterminous with the appointing official and may serve more than one term.

(d) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity shall schedule the first meeting of the commission, which shall be held not later than sixty days after the effective date of this section. At such meeting, the chairperson of the commission shall be elected from among the members of the commission.

(e) If an appointment under subsection (b) of this section is not made within the sixty-day period required under subsection (c) of this section,
the chairperson may designate an individual with the required qualifications stated for the applicable appointment to serve on the commission until an appointment is made pursuant to subsection (b) of this section.

(f) A majority of the membership of the commission shall constitute a quorum for the transaction of any business and any decision shall be by a majority vote of those present at a meeting, except the commission may establish such subcommissions, advisory groups or other entities as it deems necessary to further the purposes of the commission. The commission shall adopt rules of procedure.

(g) The members of the commission shall serve without compensation, but shall, within the limits of available funds, be reimbursed for expenses necessarily incurred in the performance of their duties.

(h) The commission, by majority vote, shall hire an executive director, who shall serve at the pleasure of the commission to carry out the duties and serve as administrative staff of the commission. The commission may request the assistance of the Joint Commission on Legislative Management in hiring the executive director. The executive director may hire not more than two executive assistants to assist in carrying out the duties and serving as administrative staff of the commission. The administrative staff of the Commission on Women, Children, Seniors, Equity and Opportunity shall serve as administrative staff of the commission until such time as such executive director is hired.

(i) The commission shall have the following powers and duties: (1) Coordinate the funding and implementation of evidence-based, evidenced-informed, community-centric programs and strategies to reduce community gun violence in the state; (2) secure state, federal and other funds for the purposes of reducing community gun violence; (3) determine community-level needs by engaging with communities impacted by gun violence; (4) (A) establish and implement a grant program, and (B) award grants and offer guidance to organizations or
other entities working toward reducing community gun violence in the state; (5) obtain from any legislative or executive department, board, commission or other agency of the state or any organization or other entity such assistance as necessary and available to carry out the purposes of this section; (6) accept any gift, donation or bequest for the purpose of performing the duties described in this subsection; (7) establish bylaws to govern its procedures; and (8) perform such other acts as may be necessary and appropriate to carry out the duties described in this subsection.

(j) Not later than January 1, 2023, and annually thereafter, the commission shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes, concerning the activities of the commission during the prior twelve-month period.

Sec. 8. (Effective July 1, 2022) The sum of two hundred fifty thousand dollars is appropriated to the Department of Public Health Fund, for the fiscal year ending June 30, 2023, for promotion of the National Centers for Disease Control and Prevention's "Hear Her" campaign to prevent pregnancy-related deaths to obstetricians, other health care providers who practice obstetrics, birthing hospitals and emergency departments.

This act shall take effect as follows and shall amend the following sections:

| Section 1 | October 1, 2022 | 19a-562 |
| Sec. 2 | October 1, 2022 | 19a-564 |
| Sec. 3 | July 1, 2022 | 19a-563f |
| Sec. 4 | from passage | 19a-59i |
| Sec. 5 | July 1, 2022 | New section |
| Sec. 6 | from passage | 10-29a(a) |
| Sec. 7 | from passage | New section |
| Sec. 8 | July 1, 2022 | New section |

Statement of Purpose:
To address the public health needs of residents of the state.
[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.]