



General Assembly

February Session, 2006

Raised Bill No. 448

LCO No. 2301



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING ENHANCEMENTS TO ELDERLY ADVOCACY PROGRAMS.

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

1 Section 1. Subsection (b) of section 19a-550 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2006*):

4 (b) There is established a patients' bill of rights for any person
5 admitted as a patient to any nursing home facility or chronic disease
6 hospital. The patients' bill of rights shall be implemented in accordance
7 with the provisions of Sections 1919(b), 1919(c), 1919(c)(2),
8 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients'
9 bill of rights shall provide that each such patient: (1) Is fully informed,
10 as evidenced by the patient's written acknowledgment, prior to or at
11 the time of admission and during the patient's stay, of the rights set
12 forth in this section and of all rules and regulations governing patient
13 conduct and responsibilities; (2) is fully informed, prior to or at the
14 time of admission and during the patient's stay, of services available in
15 the facility, and of related charges including any charges for services
16 not covered under Titles XVIII or XIX of the Social Security Act, or not

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CONNECTICUT
STATE LIBRARY
LEGISLATIVE REFERENCE
SECTION

17 covered by basic per diem rate; (3) is entitled to choose the patient's
 18 own physician and is fully informed, by a physician, of the patient's
 19 medical condition unless medically contraindicated, as documented by
 20 the physician in the patient's medical record, and is afforded the
 21 opportunity to participate in the planning of the patient's medical
 22 treatment and to refuse to participate in experimental research; (4) in a
 23 residential care home or a chronic disease hospital is transferred from
 24 one room to another within the facility only for medical reasons, or for
 25 the patient's welfare or that of other patients, as documented in the
 26 patient's medical record and such record shall include documentation
 27 of action taken to minimize any disruptive effects of such transfer,
 28 except a patient who is a Medicaid recipient may be transferred from a
 29 private room to a nonprivate room, provided no patient may be
 30 involuntarily transferred from one room to another within the facility
 31 if (A) it is medically established that the move will subject the patient
 32 to a reasonable likelihood of serious physical injury or harm, or (B) the
 33 patient has a prior established medical history of psychiatric problems
 34 and there is psychiatric testimony that as a consequence of the
 35 proposed move there will be exacerbation of the psychiatric problem
 36 which would last over a significant period of time and require
 37 psychiatric intervention; and in the case of an involuntary transfer
 38 from one room to another within the facility, the patient and, if known,
 39 the patient's legally liable relative, guardian or conservator or a person
 40 designated by the patient in accordance with section 1-56r, is given at
 41 least thirty days' and no more than sixty days' written notice to ensure
 42 orderly transfer from one room to another within the facility, except
 43 where the health, safety or welfare of other patients is endangered or
 44 where immediate transfer from one room to another within the facility
 45 is necessitated by urgent medical need of the patient or where a patient
 46 has resided in the facility for less than thirty days, in which case notice
 47 shall be given as many days before the transfer as practicable; (5) is
 48 encouraged and assisted, throughout the patient's period of stay, to
 49 exercise the patient's rights as a patient and as a citizen, and to this
 50 end, [has] (A) prior to or at the admission and during the patient's

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51 stay, shall be (i) provided with the name of, and contact information
52 for state, federal and privately funded patient advocacy programs
53 acting on behalf of patients in the geographic area of the nursing home
54 facility or chronic disease hospital, (ii) advised of the right to free
55 association with any such advocacy program, including the right to be
56 fully informed about patients' rights by [state or federally funded]
57 such patient advocacy programs, and (iii) advised of the right to select
58 an individual of the patient's choice to serve as the patient's advocate,
59 and (B) may voice grievances and recommend changes in policies and
60 services to facility staff or to outside representatives of the patient's
61 choice, free from restraint, interference, coercion, discrimination or
62 reprisal; (6) shall have prompt efforts made by the facility to resolve
63 grievances the patient may have, including those with respect to the
64 behavior of other patients; (7) may manage the patient's personal
65 financial affairs, and is given a quarterly accounting of financial
66 transactions made on the patient's behalf; (8) is free from mental and
67 physical abuse, corporal punishment, involuntary seclusion and any
68 physical or chemical restraints imposed for purposes of discipline or
69 convenience and not required to treat the patient's medical symptoms.
70 Physical or chemical restraints may be imposed only to ensure the
71 physical safety of the patient or other patients and only upon the
72 written order of a physician that specifies the type of restraint and the
73 duration and circumstances under which the restraints are to be used,
74 except in emergencies until a specific order can be obtained; (9) is
75 assured confidential treatment of the patient's personal and medical
76 records, and may approve or refuse their release to any individual
77 outside the facility, except in case of the patient's transfer to another
78 health care institution or as required by law or third-party payment
79 contract; (10) receives quality care and services with reasonable
80 accommodation of individual needs and preferences, except where the
81 health or safety of the individual would be endangered, and is treated
82 with consideration, respect, and full recognition of the patient's dignity
83 and individuality, including privacy in treatment and in care for the
84 patient's personal needs; (11) is not required to perform services for the

85 facility that are not included for therapeutic purposes in the patient's
 86 plan of care; (12) may associate and communicate privately with
 87 persons of the patient's choice, including other patients, send and
 88 receive the patient's personal mail unopened and make and receive
 89 telephone calls privately, unless medically contraindicated, as
 90 documented by the patient's physician in the patient's medical record,
 91 and receives adequate notice before the patient's room or roommate in
 92 the facility is changed; (13) is entitled to organize and participate in
 93 patient groups in the facility and to participate in social, religious and
 94 community activities that do not interfere with the rights of other
 95 patients, unless medically contraindicated, as documented by the
 96 patient's physician in the patient's medical records; (14) may retain and
 97 use the patient's personal clothing and possessions unless to do so
 98 would infringe upon rights of other patients or unless medically
 99 contraindicated, as documented by the patient's physician in the
 100 patient's medical record; (15) is assured privacy for visits by the
 101 patient's spouse or a person designated by the patient in accordance
 102 with section 1-56r and, if the patient is married and both the patient
 103 and the patient's spouse are inpatients in the facility, they are
 104 permitted to share a room, unless medically contraindicated, as
 105 documented by the attending physician in the medical record; (16) is
 106 fully informed of the availability of and may examine all current state,
 107 local and federal inspection reports and plans of correction; (17) may
 108 organize, maintain and participate in a patient-run resident council, as
 109 a means of fostering communication among residents and between
 110 residents and staff, encouraging resident independence and
 111 addressing the basic rights of nursing home and chronic disease
 112 hospital patients and residents, free from administrative interference
 113 or reprisal; (18) is entitled to the opinion of two physicians concerning
 114 the need for surgery, except in an emergency situation, prior to such
 115 surgery being performed; (19) is entitled to have the patient's family or
 116 a person designated by the patient in accordance with section 1-56r
 117 meet in the facility with the families of other patients in the facility to
 118 the extent the facility has existing meeting space available which meets

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119 applicable building and fire codes; (20) is entitled to file a complaint
120 with the Department of Social Services and the Department of Public
121 Health regarding patient abuse, neglect or misappropriation of patient
122 property; (21) is entitled to have psychopharmacologic drugs
123 administered only on orders of a physician and only as part of a
124 written plan of care developed in accordance with Section 1919(b)(2) of
125 the Social Security Act and designed to eliminate or modify the
126 symptoms for which the drugs are prescribed and only if, at least
127 annually, an independent external consultant reviews the
128 appropriateness of the drug plan; (22) is entitled to be transferred or
129 discharged from the facility only pursuant to section 19a-535 or section
130 19a-535b, as applicable; (23) is entitled to be treated equally with other
131 patients with regard to transfer, discharge and the provision of all
132 services regardless of the source of payment; (24) shall not be required
133 to waive any rights to benefits under Medicare or Medicaid or to give
134 oral or written assurance that the patient is not eligible for, or will not
135 apply for benefits under Medicare or Medicaid; (25) is entitled to be
136 provided information by the facility as to how to apply for Medicare or
137 Medicaid benefits and how to receive refunds for previous payments
138 covered by such benefits; (26) on or after October 1, 1990, shall not be
139 required to give a third party guarantee of payment to the facility as a
140 condition of admission to, or continued stay in, the facility; (27) in the
141 case of an individual who is entitled to medical assistance, is entitled to
142 have the facility not charge, solicit, accept or receive, in addition to any
143 amount otherwise required to be paid under Medicaid, any gift,
144 money, donation or other consideration as a precondition of admission
145 or expediting the admission of the individual to the facility or as a
146 requirement for the individual's continued stay in the facility; and (28)
147 shall not be required to deposit the patient's personal funds in the
148 facility.

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

Section 1	October 1, 2006	19a-550(b)
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CONNECTICUT
STATE LIBRARY
LEGISLATIVE REFERENCE
SECTION

Statement of Purpose:

To enhance elderly advocacy programs by ensuring that patients in nursing home facilities and in chronic disease hospitals have unimpeded access to patient advocates.

[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.]



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CONNECTICUT STATE LIBRARY
LEGISLATIVE REFERENCE SECTION

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