



General Assembly

February Session, 2022

Bill No. 477

LCO No. 3789



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:

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2 statutes is repealed and the following is substituted in lieu thereof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

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

14 (b) [On and after January 1, 2007, each] Each dementia special care
15 unit or program shall provide written disclosure to any person who will

16 be placed in such a unit or program or to that person's legal
17 representative or other responsible party. Such disclosure shall be
18 signed by the patient or responsible party and shall explain what
19 additional care and treatment or specialized program will be provided
20 in the dementia special care unit or program that is distinct from the
21 care and treatment required by applicable licensing rules and
22 regulations, including, but not limited to:

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

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

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

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

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

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

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

44 (8) Program costs. The cost of care and any additional fees.

45 (c) Each dementia special care unit or program shall develop a
46 standard disclosure form for compliance with subsection (b) of this
47 section and shall annually review and verify the accuracy of the
48 information provided by dementia special care units or programs. Each
49 dementia special care unit or program shall provide a written update to
50 the patient, legal representative or responsible party of any significant
51 change to the information reported pursuant to subsection (b) of this
52 section not later than thirty days after such change. Each dementia
53 special care unit or program shall make the standard disclosure form
54 available to the Department of Public Health for inspection upon
55 request.

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

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

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

71 (c) An assisted living services agency providing services as a
72 dementia special care unit or program, as defined in section 19a-562, as
73 amended by this act, shall obtain approval for such unit or program
74 from the Department of Public Health. Such assisted living services
75 agencies shall ensure that they have adequate staff to meet the needs of
76 the residents. The Department of Public Health shall require each

77 assisted living facility that provides services as a dementia special care
78 unit or program to employ a minimum number of staff per shift that
79 provide direct patient care to residents of or participants in the dementia
80 special care unit or program, including, but not limited to, advanced
81 practice registered nurses, registered nurses, licensed practical nurses
82 and nurse's aides. Such minimum staffing requirements shall be
83 prescribed by the department in regulations adopted pursuant to this
84 section, and take effect upon adoption of such regulations. Each assisted
85 living services agency that provides services as a dementia special care
86 unit or program, as defined in section 19a-562, as amended by this act,
87 shall submit to the Department of Public Health a list of dementia
88 special care units or locations and their staffing plans for any such units
89 and locations when completing an initial or a renewal licensure
90 application, or upon request from the department. Such staffing plans
91 shall comply with the minimum staffing requirements in regulations
92 prescribed by the department pursuant to this section.

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

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

102 (2) Date;

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

106 (4) Total number of hours such (A) advanced practice registered
107 nurses, (B) registered nurses, (C) licensed practical nurses, and (D)
108 nurse's aides are scheduled to work during the shift;

109 (5) Total number of dementia special care unit residents or dementia
110 special care program participants;

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

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

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

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

135 (g) Each assisted living services agency providing services as a
136 dementia special care unit or program shall maintain a daily record of
137 the following regarding each resident of the unit or participant in the
138 program and make such record available to the Department of Public
139 Health upon request:

140 (1) Type and number of meals served and the times each meal was
141 offered to the resident. The assisted living services agency shall ensure
142 that the maximum time span between a resident's or participant's
143 evening meal and breakfast does not exceed sixteen hours unless a
144 substantial bedtime nourishment is verbally offered by the assisted
145 living services agency, provided the assisted living services agency shall
146 not be required to serve such nourishment to patients or participants
147 who decline such nourishment;

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

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

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

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

156 Sec. 3. Section 19a-563f of the 2022 supplement to the general statutes
157 is repealed and the following is substituted in lieu thereof (*Effective July*
158 *1, 2022*):

159 On or before January 1, 2022, the administrative head of each nursing
160 home and dementia special care unit and, on or before January 1, 2023,
161 the administrative head of each assisted living facility shall encourage
162 the establishment of a family council and assist in any such
163 establishment. The family council shall facilitate and support open
164 communication between the nursing home, [or] dementia special care
165 unit or assisted living facility and each resident's family members and
166 friends. As used in this section, "family council" means an independent,
167 self-determining group of the family members and friends of the
168 residents of a nursing home, [or] dementia special care unit or assisted
169 living facility that is geared to meeting the needs and interests of the
170 residents and their family members and friends.

171 Sec. 4. Section 19a-59i of the 2022 supplement to the general statutes
172 is amended by adding subsection (g) as follows (*Effective from passage*):

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

175 (1) The health and safety of pregnant and postpartum persons with
176 mental health disorders, including, but not limited to, perinatal mood
177 and anxiety disorders, for distribution by the Department of Public
178 Health to each birthing hospital in the state. As used in this subsection,
179 "birthing hospital" means a health care facility, as defined in section 19a-
180 630, operated and maintained in whole or in part for the purpose of
181 caring for patients during delivery of a child and for a postpartum
182 person and such person's newborn following birth;

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

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

193 Sec. 5. (NEW) (*Effective July 1, 2022*) (a) As used in this section,
194 "birthing hospital" means a health care facility, as defined in section 19a-
195 630, operated and maintained in whole or in part for the purpose of
196 caring for a person during delivery of a child and for a postpartum
197 person and such person's newborn following birth.

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

202 section.

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

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

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

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

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

229 Sec. 7. (NEW) (*Effective from passage*) (a) There is established a
230 Commission on Gun Violence Intervention and Prevention to
231 coordinate the funding and implementation of evidence-based,
232 evidenced-informed, community-centric gun programs and strategies

233 to reduce community gun violence in the state. The commission shall be
234 part of the Legislative Department.

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

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

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

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

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

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

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

258 (7) Two appointed by the House chairperson of the joint standing
259 committee of the General Assembly having cognizance of matters
260 relating to public health, one of whom shall be a representative of the
261 Greater Bridgeport Area Prevention Program and one of whom shall be
262 a parent member of the Two Generation Initiative;

263 (8) Two appointed by the Senate chairperson of the joint standing
264 committee of the General Assembly having cognizance of matters
265 relating to public health, one of whom shall be a representative of
266 Mothers United Against Violence and one of whom shall be a
267 representative of Violent Crime Survivors;

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

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

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

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

278 (c) Any member of the commission appointed under subdivision (1),
279 (2), (3), (4), (5), (6), (7) or (8) of subsection (b) of this section may be a
280 member of the General Assembly. All initial appointments to the
281 commission shall be made not later than sixty days after the effective
282 date of this section. Appointed members shall serve a term that is
283 coterminous with the appointing official and may serve more than one
284 term.

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

291 (e) If an appointment under subsection (b) of this section is not made
292 within the sixty-day period required under subsection (c) of this section,

293 the chairperson may designate an individual with the required
294 qualifications stated for the applicable appointment to serve on the
295 commission until an appointment is made pursuant to subsection (b) of
296 this section.

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

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

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

317 (i) The commission shall have the following powers and duties: (1)
318 Coordinate the funding and implementation of evidence-based,
319 evidenced-informed, community-centric programs and strategies to
320 reduce community gun violence in the state; (2) secure state, federal and
321 other funds for the purposes of reducing community gun violence; (3)
322 determine community-level needs by engaging with communities
323 impacted by gun violence; (4) (A) establish and implement a grant
324 program, and (B) award grants and offer guidance to organizations or

325 other entities working toward reducing community gun violence in the
 326 state; (5) obtain from any legislative or executive department, board,
 327 commission or other agency of the state or any organization or other
 328 entity such assistance as necessary and available to carry out the
 329 purposes of this section; (6) accept any gift, donation or bequest for the
 330 purpose of performing the duties described in this subsection; (7)
 331 establish bylaws to govern its procedures; and (8) perform such other
 332 acts as may be necessary and appropriate to carry out the duties
 333 described in this subsection.

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	19a-562
Sec. 2	<i>October 1, 2022</i>	19a-564
Sec. 3	<i>July 1, 2022</i>	19a-563f
Sec. 4	<i>from passage</i>	19a-59i
Sec. 5	<i>July 1, 2022</i>	New section
Sec. 6	<i>from passage</i>	10-29a(a)
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>July 1, 2022</i>	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.]