

General Assembly

Substitute Bill No. 365

February Session, 2024



AN ACT CONCERNING SAFETY IN THE HEALTH CARE WORKFORCE.

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

- Section 1. (NEW) (*Effective October 1, 2024*) (a) Any hospital, chronic disease hospital, nursing home, behavioral health facility, multicare institution or psychiatric residential treatment facility, as those terms are defined in section 19a-490 of the general statutes, which receives reimbursement for services rendered under the medical assistance program, shall adopt and implement the workplace violence prevention standards that apply to all Joint Commission-accredited hospitals and critical access hospitals.
 - (b) The Commissioner of Social Services shall require any institution listed in subsection (a) of this section to provide evidence of adoption and implementation of the workplace violence prevention standards that apply to all Joint Commission-accredited hospitals and critical access hospitals in order to obtain reimbursement for services provided under the medical assistance program.
 - (c) The commissioner may provide a rate enhancement under the medical assistance program for institutions listed in subsection (a) of this section for timely reporting of any workplace violence incident. For purposes of this section, "timely reporting" means reporting such incident not later than seven calendar days after its occurrence to the

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20 Department of Social Services and the Department of Public Health.

- 21 Sec. 2. (NEW) (Effective October 1, 2024) (a) Any home health care 22 agency, home health aide agency, assisted living services agency, 23 hospice agency, residential care home or residential facility for a person 24 with intellectual disability, as those terms are defined in section 19a-490 25 of the general statutes, which receives reimbursement for services 26 rendered under the medical assistance program, shall adopt and 27 implement the health and safety training curriculum for home care 28 workers endorsed by the Centers for Disease Control and Prevention's 29 National Institute for Occupational Safety and Health and the federal 30 Occupational Safety and Health Administration, including, but not 31 limited to, training to recognize hazards commonly encountered in 32 home care workplaces and applying practical solutions to manage risks 33 and improve safety.
 - (b) The Commissioner of Social Services shall require any agency, home or facility listed in subsection (a) of this section to provide evidence of adoption and implementation of such health and safety training curriculum, or, at the commissioner's discretion, an alternative workplace safety training program applicable to such agency, home or facility, in order to obtain reimbursement for services provided under the medical assistance program.
 - (c) The commissioner may provide a rate enhancement under the medical assistance program for any agency, home or facility listed in subsection (a) of this section for timely reporting of any workplace violence incident. For purposes of this section, "timely reporting" means reporting such incident not later than seven calendar days after its occurrence to the Department of Social Services and the Department of Public Health.
- Sec. 3. Subsection (a) of section 17b-242 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(a) The Department of Social Services shall determine the rates to be paid to home health care agencies and home health aide agencies by the state or any town in the state for persons aided or cared for by the state or any such town. The Commissioner of Social Services shall establish a fee schedule for home health services to be effective on and after July 1, 1994. The commissioner may annually modify such fee schedule if such modification is needed to ensure that the conversion to administrative services organization is cost neutral to home health care agencies and home health aide agencies in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality. The commissioner shall increase the fee schedule for home health services provided under the Connecticut home-care program for the elderly established under section 17b-342, effective July 1, 2000, by two per cent over the fee schedule for home health services for the previous year. On and after January 1, 2024, the commissioner shall increase the fee schedule for complex care nursing services provided to individuals over the age of eighteen such that the rate of reimbursement is equal to the rate for such services provided to individuals age eighteen and under. There shall be no differential in fees paid for such services based on the age of the patient. The commissioner may increase any fee payable to a home health care agency or home health aide agency upon the application of such an agency evidencing extraordinary costs related to (1) serving persons with AIDS; (2) high-risk maternal and child health care; or (3) [escort services; or (4)] extended hour services. On and after July 1, 2024, the commissioner shall increase the fee payable to a home health care agency or home health aide agency that provides escorts for safety purposes to staff conducting a home visit. In no case shall any rate or fee exceed the charge to the general public for similar services. A home health care agency or home health aide agency which, due to any material change in circumstances, is aggrieved by a rate determined pursuant to this subsection may, within ten days of receipt of written notice of such rate from the Commissioner of Social Services, request in writing a hearing on all items of aggrievement. The commissioner shall, upon the receipt of all documentation necessary to evaluate the request, determine whether there has been such a change in circumstances and

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shall conduct a hearing if appropriate. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection. The commissioner may implement policies and procedures to carry out the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt the regulations is posted on the eRegulations System not later than twenty days after the date of implementing the policies and procedures. Such policies and procedures shall be valid for not longer than nine months. For purposes of this subsection, "complex care nursing services" means intensive, specialized nursing services provided to a patient with complex care needs who requires skilled nursing care at home.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2024	New section
Sec. 2	October 1, 2024	New section
Sec. 3	from passage	17b-242(a)

Statement of Legislative Commissioners:

In Section 2(a), "Occupational Safety and Health Administration" was changed to "federal Occupational Safety and Health Administration" for consistency with standard drafting conventions.

HS Joint Favorable Subst. -LCO

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