



House of Representatives

General Assembly

File No. 237

January Session, 2025

Substitute House Bill No. 6987

House of Representatives, March 25, 2025

The Committee on Aging reported through REP. GARIBAY of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CLOSURES AND EVACUATIONS OF RESIDENTIAL CARE HOMES AND NURSING HOMES.

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

1 Section 1. Subsection (g) of section 19a-535 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (g) The facility shall be responsible for assisting the resident in
5 finding appropriate placement and, in providing such assistance, shall
6 consider the resident's proximity to family members and any other
7 known support networks.

8 Sec. 2. Subsection (c) of section 19a-535a of the general statutes is
9 repealed and the following is substituted in lieu thereof (*Effective from*
10 *passage*):

11 (c) The facility shall be responsible for assisting the resident in finding
12 an alternative residence and, in providing such assistance, shall consider

13 the resident's proximity to family members and any other known
14 support networks. A discharge plan, prepared by the facility, in a form
15 and manner prescribed by the commissioner, as modified from time to
16 time, shall include the resident's individual needs and shall be
17 submitted to the resident not later than seven days after the notice of
18 transfer or discharge is issued to the resident. The facility shall submit
19 the discharge plan to the commissioner at or before the hearing held
20 pursuant to subsection (d) of this section.

21 Sec. 3. (*Effective from passage*) The Commissioner of Social Services, in
22 conjunction with the Commissioner of Public Health and the State
23 Ombudsman, shall convene a working group to examine (1) residential
24 care home evacuation procedures, and (2) whether to require residential
25 care homes to participate in a mutual aid digital platform that supports
26 the risk management needs of health care organizations, including
27 dedicated solutions for emergency management, inspection, testing and
28 maintenance management, inspections management and health care
29 coalition management. The working group shall include not less than
30 two representatives of residential care homes. Not later than January 1,
31 2026, the working group shall submit a report, in accordance with the
32 provisions of section 11-4a of the general statutes, to the joint standing
33 committees of the General Assembly having cognizance of matters
34 relating to human services, public health and aging regarding the
35 findings and recommendations of the working group.

36 Sec. 4. (NEW) (*Effective October 1, 2025*) No person acting individually
37 or jointly with any other person shall establish, conduct, operate or
38 maintain a nursing home or residential care home, as such terms are
39 defined in section 19a-490 of the general statutes, without maintaining
40 insurance that provides coverage for loss or damage to the personal
41 property of nursing home or residential care home residents as a result
42 of the closure or evacuation of such nursing home or residential care
43 home. The amount of such insurance shall be sufficient to replace any
44 such personal property lost or damaged as a result of such a closure or
45 evacuation.

46 Sec. 5. (NEW) (*Effective from passage*) Not later than January 1, 2026,
47 the Commissioner of Public Health shall develop and maintain a
48 database that tracks real-time bed availability in nursing homes and
49 residential care homes, as such terms are defined in section 19a-490 of
50 the general statutes, to facilitate placements in nursing homes and
51 residential care homes. The commissioner shall make such database
52 accessible to nursing homes, residential care homes and any state
53 agency or other entity that the commissioner deems appropriate.

54 Sec. 6. Subsection (h) of section 19a-533 of the general statutes is
55 repealed and the following is substituted in lieu thereof (*Effective October*
56 *1, 2025*):

57 (h) Notwithstanding the provisions of this section, a nursing home
58 shall, without regard to the order of its waiting list, admit an applicant
59 who (1) seeks to transfer from a nursing home that is closing, [or] (2)
60 seeks to transfer from a nursing home in which the applicant was placed
61 following the closure of the nursing home where such applicant
62 previously resided or, in the case of a nursing home placed in
63 receivership, the anticipated closure of the nursing home where such
64 applicant previously resided, provided (A) the transfer occurs not later
65 than sixty days following the date that such applicant was transferred
66 from the nursing home where he or she previously resided, and (B)
67 except when the nursing home that is closing transferred the resident
68 due to an emergency, the applicant submitted an application to the
69 nursing home to which he or she seeks admission at the time of the
70 applicant's transfer from the nursing home where he or she previously
71 resided, or (3) seeks to transfer from a nursing home that (A) has filed a
72 certificate of need request pursuant to section 17b-352 on which the
73 Commissioner of Social Services has not issued a final decision, and (B)
74 has ten residents or less, provided the Commissioners of Social Services
75 and Public Health and the State Ombudsman jointly agree that the
76 subject of such certificate of need will have a significant impact on such
77 nursing home's residents. A nursing home that qualifies for a waiting
78 list exemption pursuant to subsection (f) or (g) of this section shall not
79 be required to admit an indigent person under this subsection except

80 when the resident is being transferred from a nursing home that is
81 closing due to an emergency. No nursing home shall be required to
82 admit an applicant pursuant to the provisions of this subsection if the
83 nursing home has determined that (i) the applicant does not have a
84 payor source because the applicant has been denied Medicaid eligibility
85 or the applicant has failed to pay a nursing home that is closing for the
86 three months preceding the date of the application for admittance and
87 has no pending application for Medicaid, (ii) the applicant is subject to
88 a Medicaid penalty period, or (iii) the applicant does not require nursing
89 home level of care as determined in accordance with applicable state
90 and federal requirements.

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

Section 1	<i>from passage</i>	19a-535(g)
Sec. 2	<i>from passage</i>	19a-535a(c)
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>October 1, 2025</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>October 1, 2025</i>	19a-533(h)

AGE *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Public Health, Dept.	GF - Cost	171,900	105,800
State Comptroller - Fringe Benefits ¹	GF - Cost	34,800	43,100

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill, which addresses various issues related to nursing homes and residential care homes (RCH), results in a cost to the Department of Public Health (DPH) of \$171,900 in FY 26 and \$105,800 in FY 27 (and annually thereafter), and an estimated cost to the Office of State Comptroller for associated fringe benefits of \$34,800 in FY 26 and \$43,100 in FY 27 (and annually thereafter).

Sections 1 and 2, which require nursing homes and residential care homes (RCH) to consider a resident's proximity to family members and other known support networks when assisting with a transfer or discharge, does not result in a state fiscal impact.

Section 3, which establishes a working group to examine RCH evacuation procedures and participation in a mutual aid digital platform, does not result in a fiscal impact to the state. Workload adjustments can be managed within the current staffing levels of the

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

specified state agencies.

Section 4 requires nursing homes and RCHs to maintain insurance coverage for the loss or damage of a resident's personal property in the result of an evacuation or closure. This results in no fiscal impact to the state.

Section 5 requires DPH to develop and maintain a database that tracks real-time bed availability in nursing homes and RCHs to facilitate resident placements. An existing DPH data submission platform can be adapted to support this requirement through one-time contracted IT consultant services, resulting in an \$86,400 cost in FY 26.² It is anticipated that DPH will begin its systems development work in September 2025³ to meet the bill's operation deadline of January 1, 2026.

Further costs to DPH reflect the need for two new part-time (0.5 FTE) positions, at an annualized salary cost of \$105,800: (1) an IT Analyst 3 to maintain the system, at a part-time annual salary of \$64,800; and (2) a Health Program Associate in the Facility Licensing and Investigations Section to monitor facility reporting, at a part-time annual salary of \$41,000. Annualized fringe benefits costs for these positions are \$26,400, and \$16,700 respectively.⁴

Section 6 modifies criteria mandating nursing homes to disregard their waiting lists to admit an applicant, which has no state fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

² IT consultant services estimate assumes a necessary 40 hours a week at \$90 per hour for 24 weeks.

³ FY 26 salary costs reflect 21 pay periods rather than a full fiscal year.

⁴ Expected FY 26 total salary costs are projected to be approximately \$85,500 with \$34,800 in associated fringe benefits.

OLR Bill Analysis**sHB 6987*****AN ACT CONCERNING CLOSURES AND EVACUATIONS OF RESIDENTIAL CARE HOMES AND NURSING HOMES.*****SUMMARY**

This bill requires all Medicaid certified nursing facilities, Medicare certified skilled nursing facilities, nursing homes, and residential care homes to consider a resident's closeness to family and known support networks when, as required by existing law, they help residents find a new appropriate placement when leaving or being transferred from the facility (§ 1).

The bill instructs the social services and public health commissioners and the state ombudsman to assemble a working group to look at residential care home evacuation procedures and if residential care homes should be required to take part in a mutual aid digital platform that includes solutions for emergency management.

The bill also requires:

1. nursing homes and residential care homes to maintain insurance coverage for the loss or damage of personal property under certain conditions and
2. the public health commissioner to create and maintain a database to accurately track bed availability in nursing homes and residential care homes.

Lastly, the bill adds to the circumstances when nursing homes generally must ignore their waiting list when admitting residents who are transferring from another nursing home.

EFFECTIVE DATE: Upon passage, except when otherwise noted

below.

WORKING GROUP

The bill requires the social services and public health commissioners and the state ombudsman to convene a working group to examine (1) residential care home evacuation procedures and (2) if residential care homes should be required to use a mutual aid digital platform that supports the risk management needs of health care organizations, which includes dedicated solutions for:

1. emergency management,
2. inspections,
3. testing and maintenance management, and
4. health care coalition and inspections management.

The working group must include at least two people representing residential care homes and submit a report to the Aging, Human Services, and Public Health committees, by January 1, 2026, that contains the group's findings and recommendations.

INSURANCE COVERAGE FOR LOST OR DAMAGED PERSONAL PROPERTY

Under the bill, all nursing homes and residential care homes must maintain insurance coverage for the loss or damage of their residents' personal property if it is a result of an evacuation or closure of the facility. The bill does not specify a coverage amount, but it must be sufficient to replace the residents' property.

EFFECTIVE DATE: October 1, 2025

DATABASE FOR TRACKING BED AVAILABILITY AT CERTAIN FACILITIES

The bill requires the public health commissioner to develop and maintain a database by January 1, 2026, that accurately tracks bed availability in nursing homes and residential care homes. The database

must be accessible to these facilities or any entity that the commissioner chooses.

WAITING LIST EXEMPTION

Existing law generally requires Medicaid-certified nursing homes to (1) admit residents on a first-come, first-served basis, regardless of their payment source and (2) keep waiting lists of and admit applicants in the order they are received, with certain exceptions (e.g., under certain conditions, when an applicant directly transfers from a home that is closing).

Under the bill, a nursing home generally must disregard its waiting list and admit an applicant who seeks to transfer from a nursing home that (1) has filed a certificate of need (CON) request (but before the social services commissioner makes a decision) and (2) has 10 residents or less, if the social services and public health commissioners and the ombudsman agree that the CON subject will have a significant impact on that nursing home's residents.

But under the bill, nursing homes are not required to admit these applicants under certain circumstances, such as when the nursing home determines that the applicant (1) does not have a payor source because they have been denied Medicaid eligibility or (2) does not require a nursing home level of care according to law. The same exceptions apply under existing law for certain other transfers.

EFFECTIVE DATE: October 1, 2025

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute

Yea 14 Nay 0 (03/06/2025)