



Senate

General Assembly

File No. 297

January Session, 2025

Substitute Senate Bill No. 1451

Senate, March 27, 2025

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING THE RECOMMENDATIONS OF THE
WORKING GROUP TO STUDY STAFF SAFETY ISSUES AFFECTING
HOME HEALTH CARE AND HOME HEALTH AIDE AGENCIES.***

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

1 Section 1. Section 19a-491f of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2025*):

3 (a) Each home health care agency and home health aide agency, as
4 such terms are defined in section 19a-490, except any such agency that
5 is licensed as a hospice organization by the Department of Public Health
6 pursuant to section 19a-122b, shall, during intake of a prospective client
7 who will be receiving services from the agency, collect and provide to
8 any employee assigned to provide services to such client, to the extent
9 feasible and consistent with state and federal laws, information
10 regarding: (1) The client, including, if applicable, (A) the client's history
11 of violence toward health care workers; (B) the client's history of
12 substance use; (C) the client's history of domestic abuse; (D) a list of the
13 client's diagnoses, including, but not limited to, psychiatric history; (E)

14 whether the client's diagnoses or symptoms thereof have remained
15 stable over time; and (F) any information concerning violent acts
16 involving the client that is contained in judicial records or any sex
17 offender registry information concerning the client; and (2) the location
18 where the employee will provide services, including, if known to the
19 agency, the (A) crime rate for the municipality in which the employee
20 will provide services, as determined by the most recent annual report
21 concerning crime in the state issued by the Department of Emergency
22 Services and Public Protection pursuant to section 29-1c, (B) presence of
23 any hazardous materials at the location, including, but not limited to,
24 used syringes, (C) presence of firearms or other weapons at the location,
25 (D) status of the location's fire alarm system, and (E) presence of any
26 other safety hazards at the locations.

27 (b) To facilitate compliance with subparagraph (A) of subdivision (2)
28 of subsection (a) of this section, each such agency shall annually review
29 the annual report issued by the department pursuant to section 29-1c to
30 collect crime-related data regarding the locations in the state where such
31 agency's employees provide services.

32 (c) Notwithstanding any provision of subsection (a) or (b) of this
33 section, no such agency shall deny the provision of services to a client
34 solely based on (1) the inability or refusal of the client to provide the
35 information described in subsection (a) of this section, or (2) the
36 information collected from the client pursuant to subsection (a) of this
37 section.

38 (d) Any health care provider, as defined in section 19a-17b, who
39 refers or transfers a patient to a home health care agency, home health
40 aide agency or hospice agency shall, at the time of such referral and to
41 the extent feasible and consistent with state and federal laws, provide
42 any documentation or information in such health care provider's
43 possession relating to the topics described in subdivision (1) of
44 subsection (a) of this section.

45 Sec. 2. Section 19a-491g of the general statutes is repealed and the
46 following is substituted in lieu thereof (*Effective October 1, 2025*):

47 (a) Each home health care agency, [and] home health aide agency and
48 hospice agency, as such terms are defined in section 19a-490, [except any
49 such agency that is licensed as a hospice organization by the
50 Department of Public Health pursuant to section 19a-122b,] shall (1) (A)
51 adopt and implement a health and safety training curriculum for home
52 care workers that is consistent with the health and safety training
53 curriculum for such workers that is endorsed by the Centers for Disease
54 Control and Prevention's National Institute for Occupational Safety and
55 Health and the Occupational Safety and Health Administration,
56 including, but not limited to, training to recognize hazards commonly
57 encountered in home care workplaces and applying practical solutions
58 to manage risks and improve safety, and (B) provide annual staff
59 training consistent with such health and safety curriculum; and (2)
60 conduct monthly safety assessments with direct care staff at the agency's
61 monthly staff meeting.

62 (b) The Commissioner of Social Services shall require any home
63 health care agency, [and] home health aide agency [, except any such
64 agency that is licensed as a hospice organization by the Department of
65 Public Health pursuant to section 19a-122b,] and hospice agency that
66 receives reimbursement for services rendered under the Connecticut
67 medical assistance program, as defined in section 17b-245g, to provide
68 evidence of adoption and implementation of such health and safety
69 training curriculum pursuant to subdivision (1) of subsection (a) of this
70 section, or, at the commissioner's discretion, an alternative workplace
71 safety training program applicable to such agency to obtain
72 reimbursement for services provided under the medical assistance
73 program.

74 (c) The commissioner may, within available appropriations, provide
75 a rate enhancement under the Connecticut medical assistance program
76 for any home health care agency, [or] home health aide agency [, except
77 any such agency that is licensed as a hospice organization by the
78 Department of Public Health pursuant to section 19a-122b,] or hospice
79 agency for timely reporting of any workplace violence incident. For
80 purposes of this section, "timely reporting" means reporting such

81 incident not later than seven calendar days after its occurrence to the
82 Department of Social Services and the Department of Public Health.

83 Sec. 3. Subsection (a) of section 19a-491h of the general statutes is
84 repealed and the following is substituted in lieu thereof (*Effective October*
85 *1, 2025*):

86 (a) Not later than January 1, 2025, and annually thereafter, each home
87 health care agency, [and] home health aide agency and hospice agency,
88 as such terms are defined in section 19a-490, [except any such agency
89 that is licensed as a hospice organization by the Department of Public
90 Health pursuant to section 19a-122b,] shall report, in a form and manner
91 prescribed by the Commissioner of Public Health, each instance of
92 verbal abuse that is perceived as a threat or danger by a staff member of
93 such agency, physical abuse, sexual abuse or any other abuse by an
94 agency client or any other person against a staff member [of] relating to
95 such staff member's employment with such agency and the actions
96 taken by the agency to ensure the safety of the staff member.

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|---|------------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>October 1, 2025</i> | 19a-491f |
| Sec. 2 | <i>October 1, 2025</i> | 19a-491g |
| Sec. 3 | <i>October 1, 2025</i> | 19a-491h(a) |

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| Section 1 | <i>October 1, 2025</i> | 19a-491f |
| Sec. 2 | <i>October 1, 2025</i> | 19a-491g |
| Sec. 3 | <i>October 1, 2025</i> | 19a-491h(a) |

PH *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 \$ |
|------------------------|------------------------|-----------|-----------|
| Social Services, Dept. | GF - Potential Cost | See Below | See Below |
| Social Services, Dept. | GF - Potential Savings | See Below | See Below |

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill may result in savings to the Department of Social Services (DSS) to the extent that hospice organizations do not submit evidence of adoption and implementation of health and safety training curriculum required by the bill. Such evidence is a condition of receiving payment for services provided under Medicaid and HUSKY B.

The bill may also result in increased costs to DSS to the extent the agency provides enhanced rates to hospice organizations for timely reporting of any workplace violence incidents.

The Out Years

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

OLR Bill Analysis**sSB 1451*****AN ACT CONCERNING THE RECOMMENDATIONS OF THE WORKING GROUP TO STUDY STAFF SAFETY ISSUES AFFECTING HOME HEALTH CARE AND HOME HEALTH AIDE AGENCIES.*****SUMMARY**

This bill makes various changes to laws on staff safety for home health care and home health aide agencies (“home health agencies”), and extends some of these provisions to hospice agencies (i.e. organizations that provide home care and hospice services to terminally ill patients).

It requires health care providers, when referring or transferring a patient to a home health agency, to give the agency any documentation or information the provider has on the topics that the agency must collect during client intake (generally client and service location information; see BACKGROUND). It similarly requires providers to give this information to hospice agencies. (The law, unchanged by the bill, does not require hospice agencies to collect this information at client intake.) These provisions apply to the extent it is feasible and consistent with other state or federal laws.

The bill extends to hospice agencies requirements to do monthly safety assessments with direct care staff and comply with certain related training requirements (or risk losing Medicaid reimbursement if they fail to provide the training). Currently, these laws apply only to home health agencies.

Current law authorizes the Department of Social Services (DSS) commissioner to increase Medicaid rates for home health agencies that report workplace violence incidents to DSS and the Department of Public Health (DPH) within seven calendar days after they happen. The

bill (1) specifies that DSS may do so only within available appropriations and (2) extends this provision to hospice agencies.

Existing law also requires home health agencies to annually report to DPH on (1) each instance of a client's verbal abuse that a staff member perceived as a threat or danger, physical or sexual abuse, or any other client abuse of a staff member and (2) the actions they took to ensure the affected staff member's safety. The bill requires these agencies to report threats or abuse against staff members by anyone, not just clients, if related to the staff member's employment. It also extends this reporting requirement to hospice agencies. As under existing law, DPH must annually report on the collected information to the Public Health Committee.

EFFECTIVE DATE: October 1, 2025

HOSPICE WORKER SAFETY TRAINING

The bill extends to hospice agencies safety assessment and training requirements that currently only apply to home health agencies.

Specifically, it requires hospice agencies to do monthly safety assessments with direct care staff at the agency's monthly staff meeting. It also requires them to adopt and implement a home care worker health and safety training curriculum consistent with the one endorsed by the federal (1) Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health and (2) Occupational Safety and Health Administration, including training to recognize and manage common home care workplace hazards and practical ways to manage risks and improve safety. Hospice agencies must provide annual staff training that aligns with this curriculum.

Under the bill, the DSS commissioner must generally require these agencies to provide evidence that they adopted and implemented the above training curriculum to continue receiving Medicaid reimbursements. The commissioner, at her discretion, may approve alternative applicable training programs.

BACKGROUND***Home Health Agency Client Intake Data Collection***

The law generally requires home health agencies to collect certain information during intake with a prospective client and give it to any employee assigned to the client, to the extent it is feasible and consistent with other laws. Specifically, this includes information on the following:

1. the client, including, if applicable, the client's history of violence against health care workers, domestic abuse, or substance use; a list of the client's diagnoses, including psychiatric history; whether the client's diagnoses or symptoms have been stable over time; and any information on violent acts involving the client from judicial records or any sex offender registry data concerning the client; and
2. the service location, including, if known to the agency, the municipality's crime rate, as determined by the most recent state crime annual report issued by the Department of Emergency Services and Public Protection; the presence of hazardous materials (including used syringes), firearms or other weapons, or other safety hazards; and the status of the location's fire alarm system.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/12/2025)