
OLR Bill Analysis

sHB 7156

AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO DEVELOPMENTAL SERVICES STATUTES.

SUMMARY

This bill makes various changes to Department of Developmental Services (DDS)-related laws and programs. Principally, it:

1. allows non-nursing staff to administer epinephrine or insulin by auto-injectors to patients living in DDS-licensed or -certified facilities, if the staff have specialized training to do so (§§ 1 & 2);
2. allows an adult person with intellectual disability, the person's legal representative, or the DDS commissioner or his designee to petition for a guardian to be granted authority to manage the affairs of such a person with assets of up to \$10,000 (§ 3);
3. expands the department's abuse and neglect registry to include (a) community companion home (CCH) licensees whose licenses were revoked or surrendered due to abuse or neglect or (b) CCH designees against whom there has been a finding of abuse or neglect (§§ 4 & 5);
4. provides a process for a CCH licensee, under these circumstances, to request a hearing to contest the license revocation or placement on the registry (§ 5);
5. makes information in DDS's abuse and neglect registry available to the Office of the Probate Court Administrator to determine whether a proposed guardian appears on the registry, and allows DDS to share information with the probate court for this same purpose if a DDS-licensed group home's or CCH's license was revoked or surrendered because of substantiated abuse or neglect

(§§ 5 & 6);

6. requires health care providers, under certain conditions, to give DDS any necessary information it requests to review the deaths of people whose medical care the department was responsible for (§ 10); and
7. updates statutory terminology by replacing references to DDS's "behavioral services program" with "children's services program" (§§ 7-9).

EFFECTIVE DATE: October 1, 2025, except the provisions on (1) epinephrine and insulin administration by non-nursing staff, (2) guardianship for asset management, and (3) DDS death reviews take effect upon passage.

§§ 1 & 2 — EPINEPHRINE AND INSULIN ADMINISTRATION BY NON-NURSING STAFF

Regardless of the state's nursing laws, the bill allows non-nursing staff to administer epinephrine and insulin by auto-injectors to patients living in DDS-licensed or -certified facilities to treat an allergic reaction or diabetes. The staff must have specialized training, as the DDS commissioner prescribes, to do so.

The bill also makes related technical and conforming changes.

Existing law already allows non-nursing staff to administer non-injectable medication to people attending day programs, living in residential treatment facilities, or receiving individual and family support under DDS jurisdiction. The person administering the medication must be trained and do so under a written order of a physician, dentist, advanced practice registered nurse, or physician assistant.

§ 3 — GUARDIANSHIP FOR ASSET MANAGEMENT

The bill allows an adult person with intellectual disability (i.e. a protected person), the protected person's legal representative, or the DDS commissioner (or his designee), as well as the guardian himself or

herself, to petition for a guardian to be granted authority to manage the protected person's assets if the value does not exceed \$10,000. Current law only allows a protected person's guardian to do so, thus those without guardians are unable to seek formal help managing their finances unless they apply for guardianship.

As under existing law, the above parties must file a petition in the probate court. If the petition is filed simultaneously with a guardianship petition, the court may conduct one hearing on both petitions.

§§ 4-6 — DDS ABUSE AND NEGLECT REGISTRY

Registry Scope

By law, DDS maintains a registry of certain former employees who were fired from or left their jobs because of a substantiated abuse or neglect complaint against them. These are people who were employed by DDS, or an agency, organization, or person who DDS licenses or funds.

The bill expands the registry to include (1) CCH operators whose licenses were revoked or surrendered due to substantiated abuse or neglect and (2) CCH designees against whom an authorized agency made a finding of such abuse or neglect.

It correspondingly requires the registry to include the following information:

1. the names, addresses, and Social Security numbers of these CCH operators and designees;
2. the date of license revocation or surrender, as applicable;
3. for CCH designees, the date an authorized agency made a substantiated finding of abuse or neglect;
4. the type of abuse and neglect; and
5. the name of any employer or authorized agency requesting registry information, as well as the request date and reason for it.

Under the bill, a “CCH licensee” is someone licensed to operate a CCH, which gives residential supports and services to no more than three people within the operator’s private residence. A CCH “designee” provides these services and supports in the licensee’s absence and at his or her direction.

The bill also makes related technical and conforming changes.

Access to Registry Information

By law, information in the registry is available only to certain agencies and employers for specified purposes. The bill makes registry information available to the Office of the Probate Court Administrator to determine whether a proposed guardian appears on the registry and allows DDS to share information with the probate court for this same purpose if a DDS-licensed group home’s or CCH’s license was revoked or surrendered because of substantiated abuse or neglect.

Existing law already grants the following agencies and employers access to the registry:

1. authorized agencies for protective service determinations;
2. employers who provide services to people receiving DDS services or funding;
3. the departments of Administrative Services, Children and Families, Mental Health and Addiction Services, and Social Services and the Office of Labor Relations to determine whether job applicants at certain agencies appear on the registry; and
4. charitable organizations that recruit volunteers to support programs for people with intellectual disability or autism spectrum disorder to conduct background checks on these volunteers (with DDS approval).

Under the bill, DDS must limit its responses to registry information requests related to CCHs to identifying the (1) CCH operator whose license was revoked or surrendered for substantiated abuse or neglect,

(2) CCH designee against whom an authorized agency made a finding of substantiated abuse or neglect, and (3) type of substantiated abuse and neglect.

Placement and Removal of Names on the Registry

The bill requires a (1) CCH licensee's employer (i.e. DDS or a person or organization the department funds or licenses) whose license was revoked or surrendered because of resident abuse or neglect and (2) CCH, in the case of a CCH designee, to give DDS the licensee's or designee's name and other information the department requests within five business days after receiving an authorized agency's finding of substantiated abuse or neglect.

After DDS receives the notification, it must make an initial determination about placing the person's name on the registry. To do so, the department must notify the person and hold a contested case hearing under the Uniform Administrative Procedure Act (UAPA). The bill prohibits the department from placing the CCH licensee or designee on the registry until the hearing is completed and results in a decision to put the name on the registry.

The bill also establishes a process for a CCH licensee to request a hearing to contest the license revocation or placement on the registry. Specifically, after DDS completes an investigation and determines a CCH licensee committed substantiated abuse and neglect, the department must notify the licensee that his or her license may be revoked and name will be placed on the registry.

Under the bill, the CCH licensee may request an administrative hearing under the UAPA to contest the license revocation and registry placement. If the licensee requests a revocation hearing, DDS cannot place the licensee's name on the registry until the hearing is completed and results in a decision to put the name on the registry.

Lastly, the bill requires DDS to remove a former employee's, CCH licensee's, or CCH designee's name from the registry if DDS receives the person's death certificate.

§ 10 — DDS DEATH REVIEWS

Existing law requires DDS to conduct a comprehensive and timely review when a person whose medical care the department had direct or oversight responsibility for dies (e.g., people living in CCHs or community living arrangements).

The bill requires health care providers to give the DDS commissioner any information he deems necessary to complete these reviews. Providers must do this at the commissioner's request and only if federal law allows, including the Health Insurance Portability and Accountability Act (HIPAA). When requesting the information, the commissioner must identify the HIPAA provisions that allow the provider to give him the information.

Under the bill and existing law, any information health care providers give to DDS as part of its review process (1) is confidential and not subject to further disclosure, (2) is not admissible as evidence in a court or agency proceeding, and (3) must be used solely for medical or scientific research purposes (CGS § 19a-25).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/12/2025)