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## 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)