



General Assembly

January Session, 2019

**Raised Bill No. 919**

LCO No. 4096



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT REMOVING THE TERM "HOMEMAKER" IN REFERENCE TO HOME HEALTH AIDE AGENCIES AND SERVICES.***

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

1 Section 1. Section 17b-242 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2019*):

3 (a) The Department of Social Services shall determine the rates to be  
4 paid to home health care agencies and [homemaker-home] home  
5 health aide agencies by the state or any town in the state for persons  
6 aided or cared for by the state or any such town. For the period from  
7 February 1, 1991, to January 31, 1992, inclusive, payment for each  
8 service to the state shall be based upon the rate for such service as  
9 determined by the Office of Health Care Access, except that for those  
10 providers whose Medicaid rates for the year ending January 31, 1991,  
11 exceed the median rate, no increase shall be allowed. For those  
12 providers whose rates for the year ending January 31, 1991, are below  
13 the median rate, increases shall not exceed the lower of the prior rate  
14 increased by the most recent annual increase in the consumer price  
15 index for urban consumers or the median rate. In no case shall any

16 such rate exceed the eightieth percentile of rates in effect January 31,  
17 1991, nor shall any rate exceed the charge to the general public for  
18 similar services. Rates effective February 1, 1992, shall be based upon  
19 rates as determined by the Office of Health Care Access, except that  
20 increases shall not exceed the prior year's rate increased by the most  
21 recent annual increase in the consumer price index for urban  
22 consumers and rates effective February 1, 1992, shall remain in effect  
23 through June 30, 1993. Rates effective July 1, 1993, shall be based upon  
24 rates as determined by the Office of Health Care Access except if the  
25 Medicaid rates for any service for the period ending June 30, 1993,  
26 exceed the median rate for such service, the increase effective July 1,  
27 1993, shall not exceed one per cent. If the Medicaid rate for any service  
28 for the period ending June 30, 1993, is below the median rate, the  
29 increase effective July 1, 1993, shall not exceed the lower of the prior  
30 rate increased by one and one-half times the most recent annual  
31 increase in the consumer price index for urban consumers or the  
32 median rate plus one per cent. The Commissioner of Social Services  
33 shall establish a fee schedule for home health services to be effective on  
34 and after July 1, 1994. The commissioner may annually modify such  
35 fee schedule if such modification is needed to ensure that the  
36 conversion to an administrative services organization is cost neutral to  
37 home health care agencies and [homemaker-home] home health aide  
38 agencies in the aggregate and ensures patient access. Utilization may  
39 be a factor in determining cost neutrality. The commissioner shall  
40 increase the fee schedule for home health services provided under the  
41 Connecticut home-care program for the elderly established under  
42 section 17b-342, effective July 1, 2000, by two per cent over the fee  
43 schedule for home health services for the previous year. The  
44 commissioner may increase any fee payable to a home health care  
45 agency or [homemaker-home] home health aide agency upon the  
46 application of such an agency evidencing extraordinary costs related to  
47 (1) serving persons with AIDS; (2) high-risk maternal and child health  
48 care; (3) escort services; or (4) extended hour services. In no case shall  
49 any rate or fee exceed the charge to the general public for similar  
50 services. A home health care agency or [homemaker-home] home

51 health aide agency which, due to any material change in  
52 circumstances, is aggrieved by a rate determined pursuant to this  
53 subsection may, within ten days of receipt of written notice of such  
54 rate from the Commissioner of Social Services, request in writing a  
55 hearing on all items of aggrievement. The commissioner shall, upon  
56 the receipt of all documentation necessary to evaluate the request,  
57 determine whether there has been such a change in circumstances and  
58 shall conduct a hearing if appropriate. The Commissioner of Social  
59 Services shall adopt regulations, in accordance with chapter 54, to  
60 implement the provisions of this subsection. The commissioner may  
61 implement policies and procedures to carry out the provisions of this  
62 subsection while in the process of adopting regulations, provided  
63 notice of intent to adopt the regulations is published in the Connecticut  
64 Law Journal not later than twenty days after the date of implementing  
65 the policies and procedures. Such policies and procedures shall be  
66 valid for not longer than nine months.

67 (b) The Department of Social Services shall monitor the rates  
68 charged by home health care agencies and [homemaker-home] home  
69 health aide agencies. Such agencies shall file annual cost reports and  
70 service charge information with the department.

71 (c) The home health services fee schedule shall include a fee for the  
72 administration of medication, which shall apply when the purpose of a  
73 nurse's visit is limited to the administration of medication.  
74 Administration of medication may include, but is not limited to, blood  
75 pressure checks, glucometer readings, pulse rate checks and similar  
76 indicators of health status. The fee for medication administration shall  
77 include administration of medications while the nurse is present, the  
78 pre-pouring of additional doses that the client will self-administer at a  
79 later time and the teaching of self-administration. The department  
80 shall not pay for medication administration in addition to any other  
81 nursing service at the same visit. The department may establish prior  
82 authorization requirements for this service. Before implementing such  
83 change, the Commissioner of Social Services shall consult with the  
84 chairpersons of the joint standing committees of the General Assembly

85 having cognizance of matters relating to public health and human  
86 services. The commissioner shall monitor Medicaid home health care  
87 savings achieved through the implementation of nurse delegation of  
88 medication administration pursuant to section 19a-492e, as amended  
89 by this act. If, by January 1, 2016, the commissioner determines that the  
90 rate of savings is not adequate to meet the annualized savings  
91 assumed in the budget for the biennium ending June 30, 2017, the  
92 department may reduce rates for medication administration as  
93 necessary to achieve the savings assumed in the budget. Prior to any  
94 rate reduction, the department shall report to the joint standing  
95 committees of the General Assembly having cognizance of matters  
96 relating to appropriations and the budgets of state agencies and  
97 human services provider specific cost and utilization trend data for  
98 those patients receiving medication administration. Should the  
99 department determine it necessary to reduce medication  
100 administration rates under this section, it shall examine the possibility  
101 of establishing a separate Medicaid supplemental rate or a pay-for-  
102 performance program for those providers, as determined by the  
103 commissioner, who have established successful nurse delegation  
104 programs.

105 (d) The home health services fee schedule established pursuant to  
106 subsection (c) of this section shall include rates for psychiatric nurse  
107 visits.

108 (e) The Department of Social Services, when processing or auditing  
109 claims for reimbursement submitted by home health care agencies and  
110 [homemaker-home] home health aide agencies shall, in accordance  
111 with the provisions of chapter 15, accept electronic records and records  
112 bearing the electronic signature of a licensed physician or licensed  
113 practitioner of a healthcare profession that has been submitted to the  
114 home health care agency or [homemaker home-health] home health  
115 aide agency.

116 (f) If the electronic record or signature that has been transmitted to a  
117 home health care agency or [homemaker-home] home health aide

118 agency is illegible or the department is unable to determine the  
119 validity of such electronic record or signature, the department shall  
120 review additional evidence of the accuracy or validity of the record or  
121 signature, including, but not limited to, (1) the original of the record or  
122 signature, or (2) a written statement, made under penalty of false  
123 statement, from (A) the licensed physician or licensed practitioner of a  
124 health care profession who signed such record, or (B) if such licensed  
125 physician or licensed practitioner of a health care profession is  
126 unavailable, the medical director of the agency verifying the accuracy  
127 or validity of such record or signature, and the department shall make  
128 a determination whether the electronic record or signature is valid.

129 (g) The Department of Social Services, when auditing claims  
130 submitted by home health care agencies and [homemaker-home] home  
131 health aide agencies, shall consider any signature from a licensed  
132 physician or licensed practitioner of a health care profession that may  
133 be required on a plan of care for home health services, to have been  
134 provided in timely fashion if (1) the document bearing such signature  
135 was signed prior to the time when such agency seeks reimbursement  
136 from the department for services provided, and (2) verbal or telephone  
137 orders from the licensed physician or licensed practitioner of a health  
138 care profession were received prior to the commencement of services  
139 covered by the plan of care and such orders were subsequently  
140 documented. Nothing in this subsection shall be construed as limiting  
141 the powers of the Commissioner of Public Health to enforce the  
142 provisions of sections 19-13-D73 and 19-13-D74 of the regulations of  
143 Connecticut state agencies and 42 CFR 484.18(c).

144 (h) For purposes of this section, "licensed practitioner of a healthcare  
145 profession" has the same meaning as "licensed practitioner" in section  
146 21a-244a.

147 Sec. 2. Subsection (a) of section 19a-490 of the general statutes is  
148 repealed and the following is substituted in lieu thereof (*Effective July*  
149 *1, 2019*):

150 (a) "Institution" means a hospital, short-term hospital special  
151 hospice, hospice inpatient facility, residential care home, nursing home  
152 facility, home health care agency, [homemaker-home] home health  
153 aide agency, behavioral health facility, assisted living services agency,  
154 substance abuse treatment facility, outpatient surgical facility,  
155 outpatient clinic, an infirmary operated by an educational institution  
156 for the care of students enrolled in, and faculty and employees of, such  
157 institution; a facility engaged in providing services for the prevention,  
158 diagnosis, treatment or care of human health conditions, including  
159 facilities operated and maintained by any state agency; and a  
160 residential facility for persons with intellectual disability licensed  
161 pursuant to section 17a-227 and certified to participate in the Title XIX  
162 Medicaid program as an intermediate care facility for individuals with  
163 intellectual disability. "Institution" does not include any facility for the  
164 care and treatment of persons with mental illness or substance use  
165 disorder operated or maintained by any state agency, except Whiting  
166 Forensic Hospital;

167 Sec. 3. Subsections (d) to (f), inclusive, of section 19a-490 of the  
168 general statutes are repealed and the following is substituted in lieu  
169 thereof (*Effective July 1, 2019*):

170 (d) "Home health care agency" means a public or private  
171 organization, or a subdivision thereof, engaged in providing  
172 professional nursing services and the following services, available  
173 twenty-four hours per day, in the patient's home or a substantially  
174 equivalent environment: [Homemaker-home] Home health aide  
175 services as defined in this section, physical therapy, speech therapy,  
176 occupational therapy or medical social services. The agency shall  
177 provide professional nursing services and at least one additional  
178 service directly and all others directly or through contract. An agency  
179 shall be available to enroll new patients seven days a week, twenty-  
180 four hours per day;

181 (e) ["Homemaker-home health aide agency"] "Home health aide  
182 agency" means a public or private organization, except a home health

183 care agency, which provides in the patient's home or a substantially  
184 equivalent environment supportive services which may include, but  
185 are not limited to, assistance with personal hygiene, dressing, feeding  
186 and incidental household tasks essential to achieving adequate  
187 household and family management. Such supportive services shall be  
188 provided under the supervision of a registered nurse and, if such  
189 nurse determines appropriate, shall be provided by a social worker,  
190 physical therapist, speech therapist or occupational therapist. Such  
191 supervision may be provided directly or through contract;

192 (f) ["Homemaker-home health aide services"] "Home health aide  
193 services" as defined in this section shall not include services provided  
194 to assist individuals with activities of daily living when such  
195 individuals have a disease or condition that is chronic and stable as  
196 determined by a physician licensed in the state; [of Connecticut;]

197 Sec. 4. Subsection (k) of section 19a-490 of the general statutes is  
198 repealed and the following is substituted in lieu thereof (*Effective July*  
199 *1, 2019*):

200 (k) "Home health agency" means an agency licensed as a home  
201 health care agency or a [homemaker-home] home health aide agency;

202 Sec. 5. Section 19a-490g of the general statutes is repealed and the  
203 following is substituted in lieu thereof (*Effective July 1, 2019*):

204 The Department of Public Health shall develop and produce a  
205 consumer guide of bilingual information on home health care agencies  
206 and [homemaker-home] home health aide agencies.

207 Sec. 6. Subsections (h) and (i) of section 19a-491 of the general  
208 statutes are repealed and the following is substituted in lieu thereof  
209 (*Effective July 1, 2019*):

210 (h) The commissioner may require as a condition of the licensure of  
211 home health care agencies and [homemaker-home] home health aide  
212 agencies that each agency meet minimum service quality standards. In

213 the event the commissioner requires such agencies to meet minimum  
214 service quality standards as a condition of their licensure, the  
215 commissioner shall adopt regulations, in accordance with the  
216 provisions of chapter 54, to define such minimum service quality  
217 standards, which shall (1) allow for training of [homemaker-home]  
218 home health aides by adult continuing education, (2) require a  
219 registered nurse to visit and assess each patient receiving [homemaker-  
220 home] home health aide services as often as necessary based on the  
221 patient's condition, but not less than once every sixty days, and (3)  
222 require the assessment prescribed by subdivision (2) of this subsection  
223 to be completed while the [homemaker-home] home health aide is  
224 providing services in the patient's home.

225 (i) No person acting individually or jointly with any other person  
226 shall establish, conduct, operate or maintain a home health care agency  
227 or [homemaker-home] home health aide agency without maintaining  
228 professional liability insurance or other indemnity against liability for  
229 professional malpractice. The amount of insurance which such person  
230 shall maintain as insurance or indemnity against claims for injury or  
231 death for professional malpractice shall be not less than one million  
232 dollars for one person, per occurrence, with an aggregate of not less  
233 than three million dollars.

234 Sec. 7. Section 19a-492d of the general statutes is repealed and the  
235 following is substituted in lieu thereof (*Effective July 1, 2019*):

236 On and after October 1, 2007, a nurse who is employed by an agency  
237 licensed by the Department of Public Health as a home health care  
238 agency or a [homemaker-home] home health aide agency may  
239 administer influenza and pneumococcal vaccines to persons in their  
240 homes, after an assessment for contraindications, without a physician's  
241 order in accordance with a physician-approved agency policy that  
242 includes an anaphylaxis protocol. In the event of an adverse reaction to  
243 the vaccine, such nurse may also administer epinephrine or other  
244 anaphylaxis medication without a physician's order in accordance with  
245 the physician-approved agency policy. For purposes of this section,



246 "nurse" means an advanced practice registered nurse, registered nurse  
247 or practical nurse licensed under chapter 378.

248 Sec. 8. Section 19a-492e of the general statutes is repealed and the  
249 following is substituted in lieu thereof (*Effective July 1, 2019*):

250 (a) For purposes of this section "home health care agency" has the  
251 same meaning as provided in section 19a-490, as amended by this act.  
252 Notwithstanding the provisions of chapter 378, a registered nurse may  
253 delegate the administration of medications that are not administered  
254 by injection to [homemaker-home] home health aides who have  
255 obtained certification and recertification every three years thereafter  
256 for medication administration in accordance with regulations adopted  
257 pursuant to subsection (b) of this section, unless the prescribing  
258 practitioner specifies that a medication shall only be administered by a  
259 licensed nurse. Any [homemaker-home] home health aide who  
260 obtained certification in the administration of medications on or before  
261 June 30, 2015, shall obtain recertification on or before July 1, 2018.

262 (b) (1) The Commissioner of Public Health shall adopt regulations,  
263 in accordance with the provisions of chapter 54, to carry out the  
264 provisions of this section. Such regulations shall require each home  
265 health care agency that serves clients requiring assistance with  
266 medication administration to (A) adopt practices that increase and  
267 encourage client choice, dignity and independence; (B) establish  
268 policies and procedures to ensure that a registered nurse may delegate  
269 allowed tasks of nursing care, to include medication administration, to  
270 [homemaker-home] home health aides when the registered nurse  
271 determines that it is in the best interest of the client and the  
272 [homemaker-home] home health aide has been deemed competent to  
273 perform the task; (C) designate [homemaker-home] home health aides  
274 to obtain certification and recertification for the administration of  
275 medication; and (D) ensure that such [homemaker-home] home health  
276 aides receive such certification and recertification.

277 (2) The regulations shall establish certification and recertification

278 requirements for medication administration and the criteria to be used  
279 by home health care agencies that provide services for clients requiring  
280 assistance with medication administration in determining (A) which  
281 [homemaker-home] home health aides shall obtain such certification  
282 and recertification, and (B) education and skill training requirements,  
283 including ongoing training requirements for such certification and  
284 recertification.

285 (3) Education and skill training requirements for initial certification  
286 and recertification shall include, but not be limited to, initial  
287 orientation, training in client rights and identification of the types of  
288 medication that may be administered by unlicensed personnel,  
289 behavioral management, personal care, nutrition and food safety, and  
290 health and safety in general.

291 (c) Each home health care agency shall ensure that, on or before  
292 January 1, 2013, delegation of nursing care tasks in the home care  
293 setting is allowed within such agency and that policies are adopted to  
294 employ [homemaker-home] home health aides for the purposes of  
295 allowing nurses to delegate such tasks.

296 (d) A registered nurse licensed pursuant to the provisions of chapter  
297 378 who delegates the task of medication administration to a  
298 [homemaker-home] home health aide pursuant to this section shall not  
299 be subject to disciplinary action based on the performance of the  
300 [homemaker-home] home health aide to whom tasks are delegated,  
301 unless the [homemaker-home] home health aide is acting pursuant to  
302 specific instructions from the registered nurse or the registered nurse  
303 fails to leave instructions when the nurse should have done so,  
304 provided the registered nurse: (1) Documented in the patient's care  
305 plan that the medication administration could be properly and safely  
306 performed by the [homemaker-home] home health aide to whom it is  
307 delegated, (2) provided initial direction to the [homemaker-home]  
308 home health aide, and (3) provided ongoing supervision of the  
309 [homemaker-home] home health aide, including the periodic  
310 assessment and evaluation of the patient's health and safety related to

311 medication administration.

312 (e) A registered nurse who delegates the provision of nursing care  
313 to another person pursuant to this section shall not be subject to an  
314 action for civil damages for the performance of the person to whom  
315 nursing care is delegated unless the person is acting pursuant to  
316 specific instructions from the nurse or the nurse fails to leave  
317 instructions when the nurse should have done so.

318 (f) No person may coerce a registered nurse into compromising  
319 patient safety by requiring the nurse to delegate the administration of  
320 medication if the nurse's assessment of the patient documents a need  
321 for a nurse to administer medication and identifies why the need  
322 cannot be safely met through utilization of assistive technology or  
323 administration of medication by certified [homemaker-home] home  
324 health aides. No registered nurse who has made a reasonable  
325 determination based on such assessment that delegation may  
326 compromise patient safety shall be subject to any employer reprisal or  
327 disciplinary action pursuant to chapter 378 for refusing to delegate or  
328 refusing to provide the required training for such delegation. The  
329 Department of Social Services, in consultation with the Department of  
330 Public Health and home health care agencies, shall develop protocols  
331 for documentation pursuant to the requirements of this subsection.  
332 The Department of Social Services shall notify all licensed home health  
333 care agencies of such protocols prior to the implementation of this  
334 section.

335 (g) The Commissioner of Public Health may implement policies and  
336 procedures necessary to administer the provisions of this section while  
337 in the process of adopting such policies and procedures as regulations,  
338 provided notice of intent to adopt regulations is published in the  
339 Connecticut Law Journal not later than twenty days after the date of  
340 implementation. Policies and procedures implemented pursuant to  
341 this section shall be valid until the time final regulations are adopted.

342 Sec. 9. Subsection (a) of section 19a-495 of the general statutes is

343 repealed and the following is substituted in lieu thereof (*Effective July*  
344 *1, 2019*):

345 (a) The Department of Public Health shall, after consultation with  
346 the appropriate public and voluntary hospital planning agencies,  
347 establish classifications of institutions. The department shall, in the  
348 Public Health Code, adopt, amend, promulgate and enforce such  
349 regulations based upon reasonable standards of health, safety and  
350 comfort of patients and demonstrable need for such institutions, with  
351 respect to each classification of institutions to be licensed under  
352 sections 19a-490 to 19a-503, inclusive, as amended by this act,  
353 including their special facilities, as will further the accomplishment of  
354 the purposes of said sections in promoting safe, humane and adequate  
355 care and treatment of individuals in institutions. The department shall  
356 adopt such regulations, in accordance with chapter 54, concerning  
357 home health care agencies and [homemaker-home] home health aide  
358 agencies.

359 Sec. 10. Subdivision (2) of subsection (a) of section 19a-905 of the  
360 general statutes is repealed and the following is substituted in lieu  
361 thereof (*Effective July 1, 2019*):

362 (2) "Health care facility or institution" means a hospital, nursing  
363 home, rest home, home health care agency, [homemaker-home] home  
364 health aide agency, emergency medical services organization, assisted  
365 living services agency, outpatient surgical facility and an infirmary  
366 operated by an educational institution for the care of students enrolled  
367 in, and faculty and employees of, such institution.

368 Sec. 11. Subdivision (7) of section 20-670 of the general statutes is  
369 repealed and the following is substituted in lieu thereof (*Effective July*  
370 *1, 2019*):

371 (7) "Homemaker-companion agency" means (A) any public or  
372 private organization that employs one or more persons and is engaged  
373 in the business of providing companion services or homemaker  
374 services, or (B) any registry. "Homemaker-companion agency" shall

375 not include a home health care agency, as defined in subsection (d) of  
 376 section 19a-490, as amended by this act, or a [homemaker-home] home  
 377 health aide agency, as defined in subsection (e) of section 19a-490.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2019</i>	17b-242
Sec. 2	<i>July 1, 2019</i>	19a-490(a)
Sec. 3	<i>July 1, 2019</i>	19a-490(d) to (f)
Sec. 4	<i>July 1, 2019</i>	19a-490(k)
Sec. 5	<i>July 1, 2019</i>	19a-490g
Sec. 6	<i>July 1, 2019</i>	19a-491(h) and (i)
Sec. 7	<i>July 1, 2019</i>	19a-492d
Sec. 8	<i>July 1, 2019</i>	19a-492e
Sec. 9	<i>July 1, 2019</i>	19a-495(a)
Sec. 10	<i>July 1, 2019</i>	19a-905(a)(2)
Sec. 11	<i>July 1, 2019</i>	20-670(7)

**Statement of Purpose:**

To remove the term "homemaker" in reference to home health aide agencies and services.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*