



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
JUDICIARY COMMITTEE  
Monday, March 15, 2021**

**SB 1023, An Act Concerning The Duties And Responsibilities Of The Commission  
On Human Rights And Opportunities**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1023, An Act Concerning The Duties And Responsibilities Of The Commission On Human Rights And Opportunities**. CHA objects to Section 13 of the bill.

Before commenting on this bill, it is important to acknowledge that, since early 2020, Connecticut's hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals.

Section 13 of SB 1023 seeks to expressly import specific federal rights found in the Americans with Disabilities Act (ADA) into state law. Unfortunately, the approach is flawed. The section of federal law that is cited in the bill is meant to apply *only* to equal employment provisions of the ADA. The cited provisions in Section 13 of the bill are not designed to apply more broadly to non-employment portions of the ADA.

Section 13 seeks to add the following language to existing Connecticut law found at section 46a-64:

(3) to refuse to make reasonable accommodation so that a person with a disability can access and use a place of public accommodation to the same extent that individuals without disabilities can access such place of public accommodation. To the extent that full access is not feasible due to architectural or other barriers that are otherwise compliant with the Americans with Disabilities Act, 42 USC 12101, et seq., as amended from time to time, **it is a discriminatory practice to refuse to engage in the process described in 29 CFR 1630(o)(3)<sup>1</sup>, as amended from time to time, to attempt to**

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<sup>1</sup> There appears to be a scrivener's error in the text of the bill. The citation is more actually 29 CFR 1630.2(o)(3).

**reasonably accommodate a person with a disability so that such person can make full and equal accommodation of such place of public accommodation**

Our objection is specific to the bolded language, which references a process described in 29 CFR 1630.2(o)(3). Our objection is that the process in federal law is exclusively designed for workplace issues, and is not appropriate for non-workplace applications of the ADA, or its state law counterparts.

In federal law, the section reads in its entirety as follows:

29 CFR 1630.2(o):

(o) Reasonable accommodation.

(1) The term reasonable accommodation means:

(i) Modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or

(ii) Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable an individual with a disability who is qualified to perform the essential functions of that position; or

(iii) Modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

(2) Reasonable accommodation may include but is not limited to:

(i) Making existing facilities used by employees readily accessible to and usable by individuals with disabilities; and

(ii) Job restructuring; part-time or modified work schedules; reassignment to a vacant position; acquisition or modifications of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

(3) To determine the appropriate reasonable accommodation it may be necessary for the covered entity to initiate an informal, interactive process with the individual with a disability in need of the accommodation. This process should identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations.

(4) A covered entity is required, absent undue hardship, to provide a reasonable accommodation to an otherwise qualified individual who meets the definition of disability under the “actual disability” prong (paragraph (g)(1)(i) of this section), or “record of” prong (paragraph (g)(1)(ii) of this section), but is not required to provide a reasonable accommodation to an individual who meets the definition of disability solely under the “regarded as” prong (paragraph (g)(1)(iii) of this section).

We ask that you delete the new language in Section 13, lines 543-554 completely. The protections in the ADA regarding building access already apply in Connecticut, and adding an interactive process designed solely to address workforce situations does not make sense.

CHA and its member hospitals welcome the opportunity to work with the Commission on Human Rights and Opportunities and the community on ways that providers can better communicate with patients and others about accessibility concerns and barriers.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.