



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 18, 2024**

SB 369, An Act Concerning Home Care Worker Safety

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 369, An Act Concerning Home Care Worker Safety**. CHA supports the bill but requests changes to the bill as drafted.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

CHA appreciates that SB 369 seeks to make legislative changes to build upon the existing laws regarding workplace violence prevention in an effort to better address the workplace safety of healthcare workers, in this case specifically home care. Connecticut hospitals are and have been focused on providing a safe setting for all persons. Hospitals have established workplace safety committees including management and staff to conduct risk assessments, develop a plan, and meet regularly to implement and modify the plan as required.¹ They are identifying patients at risk for intentional harm to themselves or others and taking steps to mitigate this risk. They are recognizing environmental safety risks for patients and staff and making changes to reduce the occurrence of incidents. They are providing ongoing education and training to staff and volunteers on crisis prevention, de-escalation techniques, and approaches to ensuring personal safety.

Last fall, CHA members adopted a model [*Statewide Patient and Family Code of Conduct Policy*](#) to be used in hospitals to help address inappropriate and unacceptable behavior that interferes with the delivery of healthcare or creates an unsafe and disrespectful environment.

¹ Medicare Hospital Conditions of Participation (CoPs) at Section 482.13(c) and Connecticut General Statutes Section 19a-490q.

CHA has significant concerns about Section 1 of SB 369 as it relates to the provision of psychiatric information and other protected health and personal information about patients and others who may be present in the home of the patient needing care. As Connecticut approaches the issue of better protecting home healthcare workers, we must balance the need to provide necessary information with existing state and federal laws, including HIPAA and other laws that require healthcare providers to apply very specific protections to behavioral health information.

CHA has concerns about the practical application of the requirements of subsection (2) of Section 1 to a home healthcare setting, specifically pertaining to collecting information about other persons present or anticipated to be present at the location where the employee will provide services. This subsection requires the home healthcare agency or home health aide agency obtain information such as psychiatric history, history of violence or domestic abuse, criminal record, and substance use history from such other persons. As drafted, there are no limitations established on which individuals might qualify as an "other person present or anticipated to be present." As drafted, these requirements would apply to any such person, including a neighbor or acquaintance. Such information will not be known to the agency, nor would the agency have ready access to such information. CHA recommends the deletion of this subsection of the bill and that the working group established in Section 8 be charged to address this issue.

Subsection 3(E) of Section 1 at lines 23-25 calls for the home care provider to assess the location for the presence of any other safety hazards, including electrical hazards. CHA has no objections to requiring an assessment of the safety requirements from a personal safety and security perspective. This assessment should be completed before the first appointment. CHA is concerned about the section requiring the evaluation of electrical hazards. Such a requirement will add significant cost to engage a qualified evaluator and create significant potential delays in completing patient intake, resulting in delays in the provision of home care. CHA also has concerns about the provision requiring the disclosure of crime rates for the municipality in which the employee provides services and whether this provision will result in access issues for home care services in some areas of the state. CHA recommends that these provisions be deleted from the bill and that the working group established in Section 8 be charged to address this issue.

Home care services are an essential part of the care continuum. Without home care, many patients would be unable to recover and heal at home and would be forced to remain in hospitals or other licensed care settings long after they need that level of care. It is essential to balance policies to protect healthcare workers with the public policies that do not limit or discourage the provision of healthcare. CHA is concerned about the unintended consequences that may lead to less availability of home care services, which will create a back-up of patients in hospitals who do not need a hospital level of care. **Therefore, we suggest that Section 1 of the bill be rewritten, taking into account these comments, before the legislation moves forward.**

SB 369 includes references to local police in several sections, including in Section 2(B) at line 42 and in Section 7 at line 132. Given the limitations of current wearable device technology which do not provide for direct communications with local police, and consistent with language used in line 130 of Section 7, we suggest that the Committee either (i) insert the phrase “or other staff” after the phrase “to contact local police,” or remove these references to local police in these two sections and insert the phrase “call for assistance” or a variation thereof.

CHA supports the collection of workplace violence incident reporting in home care settings in Section 3 and wishes to note that there has been an existing state law that requires all licensed healthcare facilities, including home health agencies and home health aide agencies, to report annually to the Department of Public Health (DPH) incidents of violence that occur in the specific area or department where the incident occurred. CHA supports expanding this reporting requirement to include home healthcare settings.²

In addition, CHA supports the increased level of fees payable to home health agencies that recognizes the additional expense of providing safety escorts as set forth in Section 4.

Sections 7 and 9 speak to a new home care staff safety grant program that will begin to provide essential funding to secure safety technology for dedicated home health employees. CHA supports these provisions as important and necessary next steps, expanding upon action taken last session in **SA 23-29, An Act Improving The Safety Of Health Care Providers And Patients**, which required DPH to develop a marketing campaign to discourage violent behavior toward healthcare providers and promote the availability of nonprofit organization security infrastructure grants to nonprofit hospitals to enhance patient and employee safety. The program is administered by the Department of Emergency Services and Public Protection.

CHA also would like to thank the Committee for including CHA in the working group to study staff safety issues affecting home healthcare and home health aide agencies set forth in Section 8 of the bill. Connecticut hospitals have a strong commitment to addressing workplace violence in all healthcare settings and look forward to working with the General Assembly on this important issue.

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

² **Sec. 19a-490r. Health care employer: Records and report re incidents of workplace violence.** A health care employer shall maintain records which detail incidents of workplace violence and include the specific area or department of the employer's premises where the incident occurred. A health care employer shall report not later than January 1, 2016, and annually thereafter, to the Department of Public Health the number of workplace violence incidents occurring on the employer's premises during the preceding calendar year and the specific area or department where such incidents occurred.