CAHCF/CCAL
Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

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Testimony of Matthew Barrett, President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL):

The Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL), a trade association of skilled nursing facilities and assisted living communities testimony **in support of S.B. 365 AN ACT CONCERNING SAFETY IN THE HEALTH CARE WORKFORCE / Request For Clarifying Substitute Language.**

Section 1 of SB. No. 365 would require any hospital, chronic disease hospital, nursing home, behavioral health facility, multicare institution or psychiatric residential treatment facility, that receives reimbursement for services rendered under the medical assistance program, to adopt and implement the workplace violence prevention standards that apply to all Joint Commission-accredited hospitals and critical access hospitals.

This section also mandates the Commissioner of Social Services to require these health care providers to provide evidence of adoption and implementation of the workplace violence prevention standards that apply to all Joint Commission-accredited hospitals and critical access hospitals in order to obtain reimbursement for services provided under the medical assistance program.

Finally, this section authorizes the Commissioner of Social Services to provide a rate enhancement under the medical assistance program for timely reporting of any workplace violence incident by the health care providers. The bill defines "timely reporting" to mean reporting such

incident not later than seven calendar days after its occurrence to the Department of Social Services and the Department of Public Health.

RECOMMENDED SUBSTITUTE LANGUAGE

CAHCF supports the provisions in Section 1 of the bill applying to Connecticut nursing homes, however we are recommending substitute language that connects these new provisions to an existing and strong body of Connecticut law that has since 2011 (PA 11-175) set forth workforce violence prevention standards, and expanded in 2015 (PA 15-91) to require providers to annually submit report on workplace violence incidences occurring during the preceding calendar year. These provisions are now codified in Section 19a-490q of the general statutes.

Specifically, we recommend the following revisions to S.B. No. 365 in subsection (a) of Section 1: On line 8, after the word "hospitals", insert the following: "or issued by any government agency, including the Occupational Safety and Health Administration (OHSA), the federal Centers for Medicare and Medicaid Services (CMS), the Department of Public Health and the Labor Department, and any hospital accrediting organizations. Similarly, a conforming change on line 13 following the word "hospitals'' insert the following: or issued by any government agency, including the Occupational Safety and Health Administration (OHSA), the federal Centers for Medicare and Medicaid Services (CMS), the Department of Public Health and the Labor Department, and any hospital accrediting organizations.

Adopting this recommended revision, which tracks the provisions of subsection (c) of 19a-490q, would effectively connect what is intended in Section 1 of S.B. No. 365 to the workplace violence prevention standards that have been Connecticut law since 2011. Otherwise, adding another layer of new rules separate of the body of Connecticut law that now exists will confuse both providers and the public on where to locate the applicable rules, which may hinder, rather than help implementation of measures that we support.

As additional background, under existing workplace violence prevention laws, providers must:

1. Establish and convene a workplace safety committee at least quarterly to address issues related to the health and safety of employees and which must include at least 50% nonmanagement employees;
2. Conduct an annual risk assessment of factors that may put health care employees at risk for workplace violence and in response, develop a written workplace violence prevention and response plan;
3. Adjust patient care assignments so that employees are not required to treat individuals who have abused or threatened the employee;
4. Maintain detailed records of workplace violence incidents, including the specific area or department where they occurred and report them annually to DPH; and
5. Report any instances of assaults or related offenses against health care employees to law enforcement no later than 24 hours after the incident occurs.

In addition, under Occupational Safety and Health Administration (OHSA), providers must keep a log of any work-related injuries and report these to OSHA. Finally, State and Federal nursing home statutes and regulations also require extensive training of staff to include: conflict resolution and anger management skills, including resolving conflicts between staff and residents, visitor and resident, and resident to resident conflicts; communication training; and training on managing individuals with behavioral health needs and dementia/Alzheimer's.

We believe that imposing another set of requirements on top of those which currently exist will cause confusion and will impose an unnecessary burden on providers who will be required to familiarize themselves with Joint Commission standards (standards which we would note are voluntary accreditation standards, specifically developed with hospitals in mind) and ensure they are meeting all such requirements while avoiding unnecessary duplication. We think this means that the proposed bill would give voluntary accreditation standards specifically developed for hospitals the effect of law for all providers, the violation of which could result in loss of Medicaid reimbursement. This is particularly true because many of these Joint Commission requirements related to workplace violence are in fact contained within other more general requirements, thereby making it more difficult for non-hospitals to locate and find relevant requirements which relate to workplace violence and stay abreast of any changes to

those requirements by providers such as nursing homes, who do not otherwise participate in Joint Commission or receive updates regarding those requirements.

For these reasons, we urge adoption of S.B. No. 365 with the recommended substitute language.

For additional information on this testimony, please contact Matthew Barrett, President and CEO of CAHCF/CCAL, at mbarrett@cahcf.org.