



House of Representatives

File No. 665

General Assembly

February Session, 2024 (Reprint of File No. 402)

House Bill No. 5200
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 3, 2024

AN ACT CONCERNING HEALTH CARE ACCESSIBILITY FOR PERSONS WITH A DISABILITY.

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

1 Section 1. Section 19a-490dd of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2024*):

3 (a) As used in this section and section 2 of this act:

4 (1) "Commercially reasonable price" means a price that does not
5 exceed the fair market value of medical diagnostic equipment that meets
6 the standards for accessibility;

7 [(1)] (2) "Health care facility" means a hospital or an outpatient clinic,
8 as such terms are defined in section 19a-490, a long-term care facility, as
9 defined in section [17a-405] 19a-491c, and a hospice facility, licensed
10 pursuant to section 19a-122b; [and (2) "medical diagnostic equipment"]

11 (3) "Medical diagnostic equipment" means (A) an examination table,

12 (B) an examination chair, (C) a weight scale, (D) mammography
13 equipment, and (E) x-ray, imaging and other radiological diagnostic
14 equipment;

15 (4) "Practice location" means the office of a practice of nine or more
16 physicians licensed pursuant to chapter 370 or advanced practice
17 registered nurses licensed pursuant to chapter 378, or a combination
18 thereof; and

19 (5) "Standards for accessibility" means the technical standards for
20 accessibility developed by the federal Architectural and Transportation
21 Barriers Compliance Board in accordance with Section 4203 of the
22 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
23 from time to time, for medical diagnostic equipment.

24 (b) [On and after January 1, 2023, each] Each health care facility and
25 practice location shall take into consideration the [technical] standards
26 for accessibility. [developed by the federal Architectural and
27 Transportation Barriers Compliance Board in accordance with Section
28 4203 of the Patient Protection and Affordable Care Act, P.L. 111-148, as
29 amended from time to time, when purchasing medical diagnostic
30 equipment.]

31 (c) Not later than December 1, 2022, and annually thereafter, the
32 Commissioner of Public Health shall notify each health care facility [,
33 physician licensed pursuant to chapter 370, physician assistant licensed
34 pursuant to chapter 370 and advanced practice registered nurse licensed
35 pursuant to chapter 378,] and each practice location of information
36 pertaining to the provision of health care to individuals with
37 accessibility needs, including, but not limited to, the [technical]
38 standards for accessibility. [developed by the federal Architectural and
39 Transportation Barriers Compliance Board in accordance with Section
40 4203 of the Patient Protection and Affordable Care Act, P.L. 111-148, as
41 amended from time to time, for medical diagnostic equipment.] The
42 Department of Public Health shall post such information on its Internet
43 web site.

44 (d) Not later than January 1, 2025, each health care facility and
45 practice location shall:

46 (1) Train all staff with direct patient care responsibilities regarding its
47 policies and procedures for addressing patients' access to care;

48 (2) Designate a contact phone number and provide the steps patients
49 may take to contact the health care facility or practice location for
50 assistance with patient access needs and post such information on its
51 Internet web site or otherwise make such information readily available
52 to the public; and

53 (3) (A) Take and document an inventory of all medical diagnostic
54 equipment that meets the standards for accessibility and all medical
55 diagnostic equipment that does not meet such standards, including, but
56 not limited to, an action plan for addressing gaps in such inventory, and
57 make such documentation available to the Department of Public Health
58 upon request, and (B) identify and document the steps necessary to
59 comply with the requirements set forth in subsection (e) of this section
60 and make such documentation available to the Department of Public
61 Health upon request.

62 (e) On and after January 1, 2026, until such time as federal regulations
63 regarding the requirements for accessibility of medical diagnostic
64 equipment applicable to health care facilities and practice locations
65 adopted pursuant to Section 504 of the Rehabilitation Act of 1973, as
66 amended from time to time, become mandatory and except as provided
67 in subsection (f) of this section, each health care facility with three or
68 more examination rooms and each practice location with three or more
69 examination rooms shall (1) when purchasing, leasing, replacing or
70 otherwise obtaining medical diagnostic equipment, independently
71 verify or obtain assurances from the seller or source of such equipment
72 that the equipment complies with the standards for accessibility and
73 maintain documentation of such verification or assurances, (2) have
74 available an examination table or examination chair that meets the
75 standards for accessibility in at least one examination room that is

76 capable of allowing a patient using an assistive device, including, but
77 not limited to, a wheelchair, to easily enter, exit and maneuver in such
78 examination room, and (3) have available at least one weight scale that
79 meets the standards for accessibility, provided the health care facility or
80 practice location uses a weight scale.

81 (f) It shall not be a violation of subsection (e) of this section:

82 (1) If a health care facility or practice location is unable to comply with
83 a provision of said subsection because such facility or location is unable
84 to obtain medical diagnostic equipment that is commercially available
85 at a commercially reasonable price;

86 (2) If a health care facility or practice location is unable to comply with
87 a provision of said subsection because such facility or location is (A) in
88 the process of obtaining a necessary approval from a municipal or state
89 agency, including, but not limited to, an approval relating to the
90 building code, a building inspection, a site plan review or a certificate of
91 need pursuant to chapter 368z, and (B) delayed from compliance by
92 such approval process; and

93 (3) If a health care facility or practice location meets the criteria for an
94 exclusion from, exception to or exemption from a requirement set forth
95 in a federal law protecting persons with disabilities, including, but not
96 limited to, the Americans with Disabilities Act, 42 USC 12101 et seq., or
97 Section 504 of the Rehabilitation Act of 1973, as both may be amended
98 from time to time, that is the same as or substantially similar to a
99 requirement set forth in subsection (e) of this section.

100 Sec. 2. (NEW) (*Effective July 1, 2024*) Notwithstanding the provisions
101 of subsection (f) of section 19a-491 of the general statutes and to the
102 extent permitted by federal law, when the Department of Public Health
103 reviews a health care facility's plan for a project for construction or
104 building alteration that is necessary to comply with the provisions of
105 section 19a-490dd of the general statutes, as amended by this act, the
106 department shall accept compliance with the nationally established
107 facility guidelines for health care construction approved by the

108 Commissioner of Public Health pursuant to subsection (f) of section 19a-
109 491 of the general statutes, that are either (1) in place at the time such
110 facility provides the plan to the department, or (2) the most recent prior
111 version of such guidelines. The department shall adopt regulations in
112 accordance with the provisions of chapter 54 of the general statutes to
113 implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2024</i>	19a-490dd
Sec. 2	<i>July 1, 2024</i>	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
UConn Health Ctr.	Other - Cost	None	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in potential minimal costs to the University of Connecticut Health Center (UHC) beginning in FY 26 associated with accessibility requirements.

The bill requires, beginning in FY 26, that certain health care facilities and locations, when purchasing, leasing, or replacing equipment, meet various updated standards. To the extent that the new requirements compel UHC to purchase more costly equipment, the bill could result in a cost to UHC, which is anticipated to be minimal.

The bill also requires, beginning in FY 26, certain facilities to make available an accessible examination table or chair and weight scale.¹ To the extent UHC would have to purchase additional equipment as a result of this provision, it would result in an FY 26 cost, which is anticipated to be minimal. The costs of this accessible equipment are \$4,000 for a scale and \$9,000 for an examination table.

¹ The accessible weight scale requirement only applies to those facilities that use a scale.

It is anticipated that the Department of Public Health can accommodate enforcement activities (e.g., complaint investigation) within existing resources.

House "A" eliminates the original bill and its associated fiscal impact, and results in the impact described above.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OLR Bill Analysis**HB 5200 (as amended by House "A")******AN ACT CONCERNING HEALTH CARE ACCESSIBILITY FOR PERSONS WITH A DISABILITY.*****SUMMARY**

This bill requires group practices of at least nine physicians, advanced practice registered nurses (APRNs), or a combination of them (hereafter “practice locations”) to consider certain federal technical accessibility standards when purchasing medical diagnostic equipment. Specifically, these practice locations must consider the technical standards developed by the federal Architectural and Transportation Barriers Compliance Board in accordance with the federal Patient Protection and Affordable Care Act (hereafter “standards for accessibility”). Existing law already requires health care facilities (i.e., hospitals, outpatient clinics, and long-term care and hospice facilities) to do this.

The bill also requires the public health commissioner to annually notify these practice locations, as she must currently do for health care facilities, about information on providing health care to people with accessibility needs, including the standards for accessibility. It eliminates current law’s requirement that she also notify licensed physicians, physician assistants (PAs), and APRNs individually.

Additionally, starting January 1, 2025, the bill requires these facilities and practice locations to take certain related administrative actions, such as (1) training direct care staff on policies and procedures for patients with accessibility needs, (2) taking an inventory of all medical diagnostic equipment, and (3) creating a plan to address inventory gaps and identify steps needed to ensure compliance with the standards for

accessibility.

Starting January 1, 2026, the bill also requires, with certain exemptions, health care facilities and practice locations with three or more examination rooms to have certain accessible medical diagnostic equipment (e.g., at least one weight scale and one examination table or chair in at least one examination room that accommodates patients using assistive devices). These requirements are effective until federal regulations are mandated on accessibility of medical diagnostic equipment.

Lastly, the bill specifies which health care facility construction guidelines the Department of Public Health (DPH) must use when reviewing a health care facility's plan for a construction or renovation project that is necessary to comply with state law's requirements for accessibility of medical diagnostic equipment.

The bill also makes technical changes.

*House Amendment "A" replaces the original bill (File 402) and (1) limits the bill's applicability to practice locations with nine or more physicians or APRNs instead of all physicians', PAs', and APRNs' offices; (2) eliminates the requirement that the DPH commissioner notify physicians, APRNs, and PAs individually about certain patient accessibility information; and (3) adds provisions on administrative and equipment requirements for practice locations and health care facilities and DPH's review of certain health care facility construction projects.

EFFECTIVE DATE: July 1, 2024

DEFINITIONS

The bill expands the types of "long-term care facilities" subject to its requirements for health care facilities to include (1) home health care and home health aide agencies and (2) intermediate care facilities for individuals with developmental disabilities that are not operated by the Department of Developmental Services. Current law already includes nursing homes, assisted living facilities, and residential care homes.

Under existing law, unchanged by the bill, “medical diagnostic equipment” includes an examination table or chair; weight scale; mammography equipment; and x-ray, imaging, and other radiological diagnostic equipment.

ADMINISTRATIVE REQUIREMENTS

The bill requires health care facilities and practice locations, starting January 1, 2025, to do the following:

1. train all staff with direct patient care responsibilities on their policies and procedures for addressing patients’ access to care;
2. designate a contact phone number and provide steps patients may take to contact them for help with patient access needs and post the information on their website or make it readily available to the public in another way; and
3. take and document an inventory of all medical diagnostic equipment that does and does not meet the standards for accessibility and include (a) an action plan to address any inventory gaps and (b) the steps needed to comply with the standards, and give the documentation to DPH upon request.

MEDICAL DIAGNOSTIC EQUIPMENT REQUIREMENTS

Starting January 1, 2026, the bill requires health care facilities and practice locations with three or more examination rooms to do the following:

1. when purchasing, leasing, replacing, or otherwise obtaining medical diagnostic equipment, independently verify or obtain assurances from the equipment’s seller or source that it complies with the standards for accessibility and document them;
2. have an examination table or chair that meets the standards for accessibility in at least one examination room that allows a patient using an assistive device (e.g., wheelchair) to easily enter, exit, and maneuver in the room; and

3. have at least one weight scale that meets the standards for accessibility if the facility or practice location uses a weight scale.

Under the bill, these requirements are effective until federal regulations are mandated on accessibility of medical diagnostic equipment (the federal Department of Justice recently issued proposed rules and is in the process of adopting them into regulation).

Exemptions

The bill exempts from the requirements facilities and practice locations that:

1. are unable to comply because they are unable to obtain medical diagnostic equipment that is commercially available at a commercially reasonable price (i.e., a price that does not exceed fair market value);
2. are unable to comply because they are in the process of getting necessary approval from a municipal or state agency (e.g., related to the building code, a building inspection, site plan review, or certificate of need) and the approval process is delaying their compliance; or
3. meet the criteria for an exemption or exclusion from requirements under federal law for people with disabilities (e.g., the Americans with Disabilities Act or section 504 of the Rehabilitation Act of 1973) that is the same or substantially similar to the bill's requirements.

DPH REVIEW OF HEALTH CARE FACILITY CONSTRUCTION PLANS

The bill requires DPH, when reviewing a health care facility's plan for a construction or renovation project that is necessary to comply with state law's requirements for accessibility of medical diagnostic equipment, to accept compliance with the commissioner's approved nationally established health care facility construction guidelines that are either (1) in place at the time the facility gives the plan to DPH or (2)

the most recent prior version of the guidelines. DPH must (1) accept compliance with these guidelines to the extent federal law allows, regardless of state law on these project plans, and (2) adopt regulations to implement this requirement.

BACKGROUND

Architectural and Transportation Barriers Compliance Board

The board is an independent federal agency that provides information, technical assistance, and training on accessibility design for people with disabilities. Among other things, it also develops and maintains design criteria for transit vehicles, telecommunications equipment, and electronic and information technology.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 35 Nay 1 (03/22/2024)

Appropriations Committee

Joint Favorable

Yea 37 Nay 15 (04/25/2024)