



**March 10, 2025**

**Public Health Committee**

Senate Bill 1451, An Act Concerning the Recommendations of the Working Group to Study  
Staff Safety Issues Affecting Home Health Care and Home Health Aide Agencies  
Senate Bill 1450, An Act Concerning Recruitment and Retention of the Health Care Workforce

**Testimony Submitted by**

**Teri Henning, Vice President, Government Affairs, Aveanna Healthcare**

Distinguished Members of the Public Health Committee:

Thank you for the opportunity to offer testimony on Senate Bill 1451, An Act Concerning the Recommendations of the Working Group to Study Staff Safety Issues Affecting Home Health Care and Home Health Aide Agencies, and Senate Bill 1450, An Act Concerning Recruitment and Retention of the Health Care Workforce. My name is Teri Henning, and I am the Vice President of Government Affairs for Aveanna Healthcare.

Aveanna is a licensed home health agency and is the largest Continuous Skilled Nursing (CSN) provider in the state. We employ hundreds of nurses who provide this highly specialized care – often including feeding tubes, tracheostomy care and ventilator care - to medically fragile children and adults in their homes across Connecticut.

Aveanna shares this Committee’s commitment to safety for home-based caregivers and their patients. We appreciated the opportunity to participate in the Working Group created under [Public Act 24-19](#) to make recommendations on home caregiver safety.

**Disclosures to Caregivers**

Among other things, that law requires home health agencies to provide certain information to caregivers, including a client’s history of violence, history of substance abuse, diagnoses, and more.

Senate Bill 1451 would add the same disclosure responsibilities to health care providers referring or transferring a patient to home health or hospice. This was a recommendation of the Working Group, and we support it.

Transparency and disclosure of information in the possession of referring health care providers will only help to advance the goal of caregiver safety. The new provision would not require a referring provider to do any additional ‘searching’ for patient information and is limited to information in their possession. It also limits disclosure of information “to the extent feasible and consistent” with the law, the same as current law.

We also support the additional proposed changes in Senate Bill 1451.



## **Monthly Staff Assessments**

We ask you to consider an additional clarification relating to staff safety check-ins and monthly staff assessments. When Public Act 24-19 was passed last session, legislators clarified in the legislative record that "monthly staff meetings" contemplated in the law could include electronic communication such as phone calls or emails. Since this intent was explicitly stated during legislative discussions, we believe the statute should be updated accordingly.

### **Proposed Amendment to Public Act 24-19 (SB1), Section 2(a)(2):**

"Establish a system for staff to promptly report incidents of violence or potential threats, in conjunction with monthly safety assessments conducted with direct care staff. These assessments may occur through staff meetings or other communication methods, including but not limited to email, text, phone calls, in-person or virtual meetings, hotlines, or reporting portals."

This amendment would ensure that agencies can efficiently conduct safety assessments. It also aligns with the legislative intent and practical realities of home-based care.

## **Senate Bill 1450**

We also have concerns regarding Section 4 of Senate Bill 1450, which would require home health and hospice agencies to ensure that every home an agency employee visits is equipped with a working smoke detector, and specifically the provision that would require an agency to "arrange for the installation of a working smoke detector in the home."

Smoke detectors are, of course, critically important. As you've heard from other providers, they are included as part of agency home assessments and intake processes. Although we support the home safety-related goal of this legislation, we do not believe that placing these requirements on home health and hospice providers and caregivers is the best way to accomplish this goal.

By definition, home care providers do not have the same level of control that hospitals and other institutional settings do. Home health agencies can make recommendations to families about safety related concerns or changes, but these are private homes. Senate Bill 1450 also does not reference cost or payment for any installation. We are concerned that the provision as written would create significant logistical challenges, liability concerns, add to existing workforce challenges, and even delay care.

We would welcome the opportunity to discuss other potential measures, such as increasing public education, partnering with a range of stakeholders to improve education and access to functioning smoke detectors, and funding or financial assistance for families in need of smoke detectors.



## **Conclusion**

Thank you again for your commitment to home caregiver safety. We welcome any opportunity to provide additional information and look forward to continuing to work with you and all stakeholders on the critically important goals of safe, high-quality care for patients, consumers, and caregivers.

Respectfully Submitted,

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