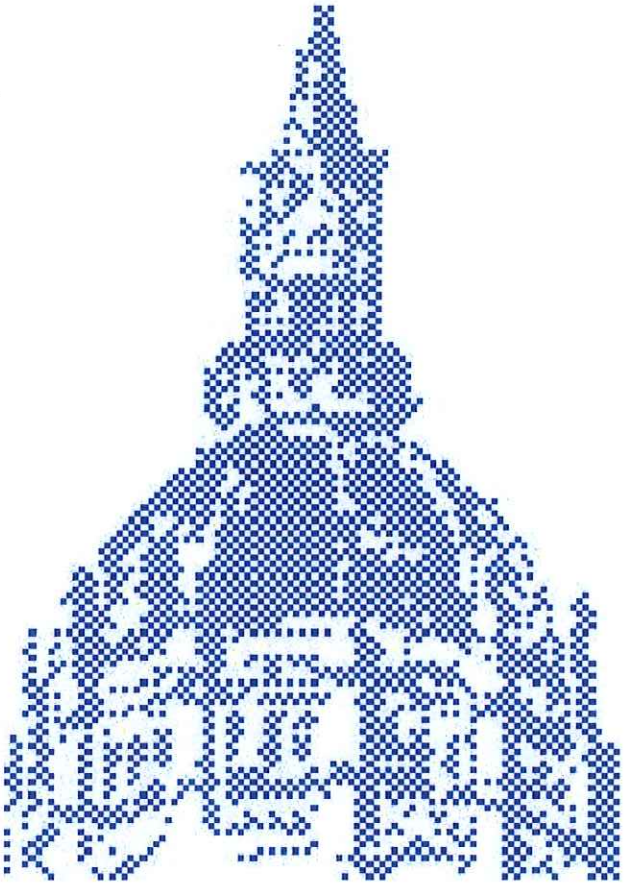
Office of Legislative Research
Research Report

ACTS AFFECTING SENIORS



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NOTICE TO READERS

This report provides highlights of new laws (public acts and special acts) affecting seniors enacted during the 2016 regular and special legislative sessions. In each summary we indicate the Public Act (PA) or Special Act (SA) number and the date the legislation takes effect. We do not include vetoed acts, unless the governor's veto is overridden by the legislature.

Not all provisions of the acts are included here. Complete summaries of all 2016 public acts will be available on OLR's webpage: www.cga.ct.gov/olr/OLRPASums.asp.

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, the House Clerk's Office, or the General Assembly's website: http://www.cga.ct.gov.

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COMMISSIONS, COUNCILS, AND TASK FORCES

Diabetes Advisory Council

A new law establishes a Diabetes Advisory Council within the Department of Public Health (DPH). Among other things, the council must analyze the current state of diabetes prevention, control, and treatment in Connecticut and make recommendations to enhance and support related programs. The council must report its final findings and recommendations to the Public Health Committee by May 1, 2017 (**PA 16-66**, § 51, effective upon passage).

Legislative Commission Focusing on Issues Affecting Seniors

A new law establishes a 63-member Commission on Women, Children, and Seniors as a successor to the following legislative commissions: the Permanent Commission on the Status of Women, Commission on Children, and Commission on Aging. The new commission must focus on issues affecting its constituencies, including seniors, and it generally assumes the three eliminated commissions' duties and responsibilities (**PA 16-3, May Special Session (MSS)**, §§ 129-177 & 210, effective July 1, 2016).

Senior Center Task Force

A new law creates a task force to investigate how senior centers and municipalities can work together to deliver health- and human services-related information. The task force must study, among other things, senior center resources and training needs, best practices, and barriers to accessing information. The task force must report its findings and recommendations to the Aging Committee by July 1, 2017 (**SA 16-7**, effective July 1, 2016).

Temporary Health Care Structures Zoning Task Force

A new law establishes a task force to study the zoning of temporary health care structures (also called "granny pods" or "modular medical homes") and develop a model zoning ordinance for such dwellings. These small, cottage-like dwellings (1) allow a caregiver to provide care for one mentally or physically impaired person and (2) arrive at the installation site primarily pre-assembled. The task force must report to the legislature by January 1, 2017 (**SA 16-5**, effective upon passage).

ELDER ABUSE

Elder Abuse Reports

By law, the Department of Social Services (DSS) investigates reports of suspected elder abuse. But the results of the report are not always made available to the person reporting the abuse. A new law requires the DSS commissioner to disclose an investigation's general results to any mandated reporter who makes a report (**PA 16-149**, effective July 1, 2016).

Protective Services

A new law requires the Commission on Aging to evaluate the elderly protective services system and recommend whether it should be expanded to serve individuals age 18 years and older (**PA 16-149**, effective July 1, 2016). (**PA 16-3, MSS,** § 133 eliminates the Commission on Aging and establishes the Commission on Women, Children and Seniors as its successor agency.)

FUNERAL SERVICES

Funeral and Burial Expenses for Public Assistance Recipients and Indigent Individuals

A new law decreases, from $1,400 to $1,200, the maximum amount DSS pays toward funeral and burial expenses for State Administered General Assistance, Temporary Family Assistance, or State Supplement Program recipients and certain other indigent individuals.

It also limits the indigent individuals for whom DSS will pay such expenses to those who did not (1) leave a sufficient estate and (2) have a legally liable relative to cover the costs.

Previously, DSS paid these expenses when either condition occurred: the person either did not leave a sufficient estate or did not have a legally liable relative to cover the costs.

Additionally, the new law adds to the types of funds for which DSS is required to reduce its payment for such funeral and burial costs (**PA 16-3, MSS,** §§ 44-45, effective July 1, 2016).

Funeral Service Contracts

A new law increases, from $5,400 to $8,000, the maximum allowable amount of an irrevocable funeral service contract. A funeral service contract is a contract requiring compensation in exchange for funeral, burial, or related services or providing certain items, where the use or delivery of the services or items is not immediately needed (**PA 16-20**, effective July 1, 2016).

HOUSING

Renters' Rebate Program Grants

A new law requires the Office of Policy and Management (OPM) secretary to reduce Renters' Rebate Program grants as necessary to keep within available appropriations. If reductions must be made, they must be implemented by a percentage reduction to all grants. Under the program, the state provides grants to qualified low-income renters who are elderly or totally disabled. Grants are based on income and rent as well as utility expenses (**PA 16-3, MSS,** § 82, effective July 1, 2016).

Security Deposits

A new law requires housing authorities, community housing development corporations, and other corporations providing state-assisted public housing to the elderly and individuals with disabilities to allow these tenants to pay security deposits in installments, pursuant to a written agreement.

The new law also eliminates the requirement that these entities return security deposits to elders and individuals with disabilities after the tenant has lived in the housing for one year. It instead requires them to return security deposits when the tenancy terminates (**PA 16-74**, effective October 1, 2016 and applicable to individuals whose tenancy begins on or after that date).

Study of Emergency Power Needs in Elderly Public Housing

A new law requires the Commission on Women, Children, and Seniors to study the need for emergency power generators at Connecticut's elderly public housing sites. The commission must report on the study to the Aging, Housing, and Public Safety and Security committees by January 1, 2017 (**PA 16-3, MSS,** §176, effective July 1, 2016).

INSURANCE

CHOICES Health Insurance Assistance Program

A new law eliminates a reporting requirement related to the CHOICES program, which provides seniors and Medicare beneficiaries with health insurance information and counseling, among other things (**PA 16-21**, effective October 1, 2016).

Life Insurance and Medicaid Eligibility

Generally, to be eligible for Medicaid long term care services, a single applicant cannot have more than $1,600 in assets. When determining the amount of an applicant's assets, DSS excludes certain items, including home property, burial plots and funds, and certain vehicles. By law, DSS cannot determine that an individual is ineligible for Medicaid solely based on having a life insurance policy with a cash value less than $10,000, as long as the individual is pursuing the policy's surrender. A new law eliminates a second requirement that the proceeds from the policy's surrender pay for the individual's long-term care (**PA 16-12**, effective upon passage).

LEGAL ISSUES

Inheritance Rights and Certain Defendants

Existing law prohibits defendants found guilty of certain crimes from (1) inheriting or receiving part of the victim's estate or (2) receiving life

insurance or annuity benefits from the victim. A new law extends these prohibitions to defendants found not guilty by reason of mental disease or defect. It also adds two crimes to those covered by the prohibitions: 2nd degree manslaughter and 2nd degree manslaughter with a firearm (**PA 16-168**, effective October 1, 2016).

Probate Estate Settlement Fees

A new law caps at $40,000 the probate fees for settling estates valued at $8.877 million and greater. The change applies to estate proceedings for people who die on or after July 1, 2016 (**PA 16-3, MSS,** § 193, effective upon passage).

Probate Matters

A new law makes various changes affecting probate court matters, such as (1) allowing a person under voluntary conservatorship and not represented by an attorney to waive certain rights if a hearing determines that the waiver represents the person's wishes, (2) expanding the list of probate matters subject to the general $225 filing fee, and (3) adding to the type of entities that may serve as conservators (**PA 16-7**, effective October 1, 2016).

Uniform Power of Attorney

A new law delays the effective date of the Uniform Power of Attorney Act (UPOA) (adopted in **PA 15-240**) from July 1, 2016 to October 1, 2016. It also designates the existing sample form that is part of the UPOA as the statutory "long form" and creates a new statutory "short form" for creating a power of attorney. It makes changes to the provisions governing estate planning powers in the long form and makes minor, technical, and conforming changes to the UPOA (**PA 16-40**, effective October 1, 2016, except the provision delaying the UPOA's effective date is effective upon passage).

LONG-TERM CARE

Medication Administration By Unlicensed Personnel

Existing law allows a registered nurse to delegate the administration of non-injectable medications to homemaker-home health aides who obtain certification for medication administration. It also allows residential care homes (RCH) to employ a sufficient number of certified, unlicensed personnel to perform this function in accordance with DPH regulations.

A new law requires these homemaker-home health aides and RCH unlicensed personnel to obtain recertification every three years to continue to administer medication (**PA 16-66**, effective October 1, 2016).

Methadone Treatment in Nursing Homes

Previously, nursing home patients receiving methadone treatment for opioid addiction generally had to receive that treatment at a separate substance abuse treatment facility rather than in the nursing home. A new law allows

these substance abuse treatment facilities to provide this treatment directly at nursing homes, subject to the DPH commissioner's approval. He may grant the request if he determines that it would not endanger the health, safety, or welfare of any patient (**PA 16-66**, § 4, effective October 1, 2016).

MOLST Pilot Program

A new law extends the end date for DPH's medical orders for life sustaining treatment (MOLST) pilot program, from October 1, 2016 to October 2, 2017 (**PA 16-66**, § 8, effective upon passage).

Notice to Nursing Home Owners of Penalties for Resident Abuse and Neglect

By law, a nursing home licensee or owner must make a written application to DPH for a change in ownership. A new law requires DPH to include a statement in the application notifying the potential licensee or owner that he or she may be held civilly or criminally liable for abuse or neglect of a resident by a nursing home employee (**PA 16-6**, effective October 1, 2016).

Notice to Nursing Home Residents

A new law adds an informational letter on patients' rights and available services to the written notice that long-term care facilities must provide to patients and other parties when planning to terminate a service or substantially decrease bed capacity. The informational letter must be one jointly issued by the Office of Long-Term Care Ombudsman and the Department on Aging (**PA 16-8**, effective July 1, 2016).

Nursing Home Resident Admission Agreements

A new law requires a nursing home to include in any resident admission agreement, notice of the responsibilities and liabilities of the person who signs the agreement (i.e., "responsible party") and the circumstances in which the responsible party (1) will be held legally liable and (2) may have his or her assets pursued for payment to the home (**PA 16-209**, effective July 1, 2016).

Patient-Designated Caregivers

A new law extends to nursing homes existing requirements for hospitals regarding the designation of patient caregivers at the time of a patient's discharge. Among other things, the nursing home, when discharging a resident to his or her home must (1) allow the resident or the resident's representative to designate a caregiver at or before receiving the discharge plan, (2) attempt to notify the designated caregiver of the resident's discharge, and (3) instruct the caregiver on post-discharge tasks the caregiver will assist the resident with at home (**PA 16-59**, effective October 1, 2016).

PRESCRIPTION DRUGS

Medicare Part D Prescription Drug Coverage

For those who are eligible for full Medicaid assistance and also have Medicare Part D coverage (i.e., dually eligible), a new law requires DSS to pay for the portion of Medicare Part D prescription drug copayments that exceeds, in the aggregate, $17 in any month. Prior law required such beneficiaries to pay the full cost of their Medicare Part D prescription drug copayments (**PA 16-3, MSS,** § 43, effective October 1, 2016).

Opioid Drug Abuse

A new law includes various provisions intended to reduce opioid drug abuse and misuse. Among other things, it:

1. prohibits, with certain exceptions, a prescribing practitioner from issuing a prescription for more than a seven-day supply to an adult for the first time for outpatient use;

2. requires municipalities to update their local emergency medical services plans to ensure that certain first responders are equipped with an opioid antagonist (e.g., Narcan) and trained in administering it;

3. prohibits certain health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs; and

4. requires the Public Health Committee, by October 1, 2016, to create a working group on the issuance of opioid drug prescriptions by prescribing practitioners (**PA 16-43**, various effective dates).

TAXES

Elderly Property Tax Freeze Program Reimbursements

A new law requires OPM to proportionately reduce reimbursements it issues to municipalities under the Tax Freeze Program if appropriations for the program are less than the amount required for full reimbursements. Under the Tax Freeze Program, (1) municipalities freeze at a specific year's level the amount of property taxes owed by certain qualified elderly homeowners and (2) OPM reimburses municipalities for the resulting lost tax revenue. The program has been closed to new applicants since 1980 (**PA 16-3, MSS,** § 81, effective July 1, 2016).

New Filing Deadline for Elderly Property Tax Relief

A new law gives elderly and disabled homeowners more time to reapply for property tax relief under three income restricted programs, pushing back the deadline from March 15 to April 15. The deadline changes apply to the:

1. state-funded Tax Relief Program for Elderly and Totally Disabled Homeowners (i.e., Circuit Breaker Program; CGS § 12-170aa);

2. local option Elderly Property Tax Freeze Program (CGS § 12-170v); and

3. state-funded Elderly Property Tax Freeze Program, which has been closed to new applications since 1980 (CGS § 12-129b).

The law also pushes back the deadline, from April 1 to April 30, by which assessors must notify taxpayers for whom they did not receive an application by the filing deadline. It requires assessors to notify these taxpayers by regular mail evidenced by a certificate of mailing instead of by certified mail (**PA 16-143**, effective October 1, 2016).

TELEHEALTH

Medicaid Telehealth Services

A new law requires DSS to provide Medicaid coverage for telehealth services that the commissioner determines are (1) clinically appropriate to provide via telehealth, (2) cost-effective for the state, and (3) likely to expand access to care for certain Medicaid recipients. The law requires the DSS commissioner to seek a federal waiver or amend the state Medicaid plan to obtain federal reimbursement for the cost of covering these services (**PA 16-198**, effective July 1, 2016).

Telehealth Providers

A new law adds licensed speech and language pathologists, respiratory care practitioners, and audiologists to the list of health care providers authorized to provide health care services using telehealth. Under the law, they must provide telehealth services within their profession's scope of practice and standard of care, just as other telehealth providers must under existing law (**PA 16-25**, effective October 1, 2016).

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