



Connecticut's Legislative Commission on Aging

A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

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Testimony of

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Aging Committee

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Senator Flexer, Representative Serra and esteemed members of the Aging Committee, my name is Deb Migneault and I am the Senior Policy Analyst for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on SB 204, SB 290, SB 286, HB 5455 today.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy office of the General Assembly devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For more than twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

SB 204: An Act Concerning Best Practices for Protecting Senior Citizens from Interaction with Sexual Offenders

~ CT's Legislative Commission on Aging Informs

As you know, last session this committee favorably reported and the General Assembly later passed a Senior Safety Zone Task Force bill (SA 14-20). The Task Force, co-chaired by Senator Osten and Mag Morelli, President of LeadingAge CT, met during the Fall 2014 and submitted their final report including recommendations to this committee and the Judiciary committee on January 1. CT's Legislative Commission on Aging served as a member of the Task Force and also served as the staff, in doing so wrote the final report for the Task Force.

In Connecticut, between 2009 and 2013, there were 4,364 reports of sexual assault across all age groups. Of those, 57 (or 1.3%) were victims over the age of 60.



According to data from the Department of Social Services Protective Services for the Elderly program, during the 2013 calendar year there were 998 substantiated cases of elder abuse and of those, there were 5 (of .5%) substantiated care of sexual abuse. Limited information was available about perpetrators of these crimes against older adults. However, a national study of elder abuse found that 81% of suspected offenders were caregivers (78% of which were husbands or sons). Additionally, 36% of the suspected offenders were themselves elders.

State and local law enforcement and congregate housing sites have several practices in place that help to identify risk and notify community members when a person listed on the sex offender registry moves into a community. Recommendations in the Task Force report build on enhancing existing current practices. When the bill is drafted beyond the conceptual language, we respectfully request that you review the task force's recommendations. We are happy to provide any further information about the work of the Task Force or the intent of the recommendations.

SB 290: An Act Concerning Patient-Designated Caregivers and

HB 5455: An Act Concerning Family Caregivers

~ CT's Legislative Commission on Aging Supports

Connecticut's caregivers are an integral and frequently unrecognized part of the health care team. An estimated 700,000 people provide \$5.9 billion in unpaid care to family members, friends and loved ones. Connecticut caregivers are the foundation of our system of care yet, according to AARP's State Scorecard, Connecticut ranks 30th in nation for our support of caregivers. Caregivers provide assistance to their loved ones with bathing, dressing, finances, transportation and even complex Medicaid tasks like injections and wound care. Most people receive little to no formal care and rely entirely on unpaid caregivers to help them with these important daily tasks and medical care. Often a caregiver is providing care to someone who is acutely ill following a hospital stay. Those first few hours and days at home after a hospital stay are critical to the recovery of the individual. However, the caregiver performing these tasks receives little or no training to do so.

These two bills would provide a hospital patient the opportunity to designate a family caregiver. The hospital would then be required to notify the designated caregiver if the patient is to be discharged to a facility or to home and to consult with the caregiver about his or her ability to provide the care that the patient requires. Finally, the bill would require that hospitals offer the caregiver instruction on the medical tasks that they would need to perform at home. Caregivers are not prepared for the amount of care they will perform once the patient leaves the hospitals. Offering a small amount of training prior to hospital discharge should be a required standard of care.

CT's Legislative Commission on Aging fully supports the concepts outlined in these bills. We look forward to working with you in the coming months to hopefully see its passage.

SB 286: An Act Expanding Aging in Place Initiatives

~ CT's Legislative Commission on Aging Informs

CT's Legislative Commission on Aging appreciates this committee's support and commitment to aging in place initiatives. This committee has been a leader in these efforts over the last several years. In 2012, through the leadership of this committee, a bill was passed to have a task force study several areas related to "aging in place". CT's Legislative Commission on Aging served as both a member of, an administrative staff to, the Aging in Place Task Force (SA 12-6). After several months of work and hearing from a dozen or more experts in the different areas of study, the Task Force submitted its final report to this committee in January 2013 and, through the leadership of this committee, passed Aging in Place legislation during both the 2013 and 2014 legislative session.

Additionally, SA 14-6 charged CT's Legislative Commission on Aging with studying funding and support of home and community-based care. The study, which included several important recommendations, was submitted to this committee on January 1, 2015.

Again, thank you for your unwavering support for continued and enhanced funding of these initiatives. We respectfully ask that as you deliberate about funding prioritization over the coming months that you review the recommendations put forth in the Aging in Place Task Force report and the Home and Community-Based Care Study.

Thank you again for this opportunity to comment today. As always, please contact us with any questions. It's our pleasure to work with you and serve as an objective, nonpartisan resource to you.

