



Senate

General Assembly

File No. 157

January Session, 2015

Substitute Senate Bill No. 1002

Senate, March 23, 2015

The Committee on Aging reported through SEN. FLEXER of the 29th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING SENIOR CENTERS.

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

1 Section 1. (*Effective July 1, 2015*) (a) There is established a task force
2 to study best practices concerning the role of senior centers, municipal
3 agents, appointed pursuant to section 7-127b of the general statutes,
4 and other municipal stakeholders in the delivery of health and human
5 services and related information to persons age sixty and older. The
6 task force shall examine (1) resources and training needed by senior
7 center personnel, municipal agents and other municipal stakeholders
8 to allow them to facilitate delivery of health and human services and
9 related information, (2) the most effective means to provide such
10 resources and training, (3) current information delivery practices, (4)
11 best practices in this state and other states for the delivery of such
12 services and information, (5) barriers to access to information, and (6)
13 data on the cost of resources and staff provided by emergency medical
14 services, municipal police departments and other entities to provide
15 such health and human services and information in the calendar year

16 2014.

17 (b) The task force shall consist of the following members:

18 (1) Two appointed by the speaker of the House of Representatives,
19 one of whom shall be a municipal agent;

20 (2) Two appointed by the president pro tempore of the Senate, one
21 of whom shall be a senior center director;

22 (3) One appointed by the majority leader of the House of
23 Representatives, who shall be a director of an area agency on aging;

24 (4) One appointed by the majority leader of the Senate, who shall be
25 a member of a senior center;

26 (5) One appointed by the minority leader of the House of
27 Representatives;

28 (6) One appointed by the minority leader of the Senate;

29 (7) The Commissioner on Aging, or the commissioner's designee;

30 (8) The Commissioner of Social Services, or the commissioner's
31 designee;

32 (9) The Commissioner of Public Health, or the commissioner's
33 designee;

34 (10) The executive director of the Commission on Aging, or the
35 executive director's designee; and

36 (11) The chairpersons of the joint standing committee of the General
37 Assembly having cognizance of matters relating to aging, or such
38 chairpersons' designees.

39 (c) Any member of the task force appointed under subdivision (1),
40 (2), (5), (6) or (11) of this section may be a member of the General
41 Assembly.

42 (d) All appointments to the task force shall be made not later than
43 thirty days after the effective date of this section. Any vacancy shall be
44 filled by the appointing authority.

45 (e) The speaker of the House of Representatives and the president
46 pro tempore of the Senate shall select the chairpersons of the task force
47 from among the members of the task force. Such chairpersons shall
48 schedule the first meeting of the task force, which shall be held not
49 later than sixty days after the effective date of this section.

50 (f) The staff of the Commission on Aging shall serve as
51 administrative staff of the task force.

52 (g) Not later than January 1, 2016, the task force shall submit a
53 report on its findings and recommendations to the joint standing
54 committee of the General Assembly having cognizance of matters
55 relating to aging, in accordance with the provisions of section 11-4a of
56 the general statutes. The task force shall terminate on the date that it
57 submits such report or January 1, 2016, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2015	New section

Statement of Legislative Commissioners:

In the introductory language to the section, "(NEW)" was deleted in conformance with drafting conventions regarding special acts and in Subsec. (a)(4), "others" was changed to "other states" for clarity.

AGE Joint Favorable Subst.

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 16 \$	FY 17 \$
Various State Agencies	GF - Potential Cost	Less than \$1,000	None

Municipal Impact: None

Explanation

There may be a cost of less than \$1,000 in FY 16 to those agencies participating in the task force to reimburse legislators and agency staff for mileage expenses.

The Out Years

There is no ongoing fiscal impact because the task force terminates in FY 16.

OLR Bill Analysis

sSB 1002

AN ACT CONCERNING SENIOR CENTERS.

SUMMARY:

This bill creates a 14-member task force to study the delivery of health and human services and related information to people age 60 and older by senior centers, municipal agents (see BACKGROUND), and other municipal stakeholders. The task force consists of state officials and appointees.

The task force must report its findings and recommendations to the Aging Committee by January 1, 2016 and terminates on that date or when it submits the report, whichever is later.

EFFECTIVE DATE: July 1, 2015

TASK FORCE DUTIES

The task force must examine:

1. resources and training needed by senior center personnel, municipal agents (see BACKGROUND), and other municipal stakeholders to facilitate the delivery of health and human services and related information;
2. the most effective means to provide these resources and training;
3. current information delivery practices;
4. best practices in Connecticut and other states for delivering services and information;
5. barriers to information access; and

6. how much it cost, in terms of resources and staff, for emergency medical services, municipal police departments, and other entities to provide these services in 2014.

MEMBERSHIP

The task force consists of the following members or their designees: the aging, public health, and social services commissioners; Commission on Aging executive director; and the Aging Committee chairpersons. Additionally, the task force must include the appointees designated in Table 1. Any of the appointees, except the senate majority leader's appointee, may be a legislator.

Table 1: Appointed Task Force Members

<i>Appointing Authority</i>	<i>Number of Appointees</i>	<i>Qualifications</i>
House speaker	Two	• One must be a municipal agent
Senate president pro tempore	Two	• One must be a senior center director
House majority leader	One	• Director of an area agency on aging
Senate majority leader	One	• Member of a senior center
House minority leader	One	• None specified
Senate minority leader	One	• None specified

The House speaker and the Senate president pro tempore, select chairpersons from among the task force members.

All appointments must be made and the chairpersons must schedule and hold the first meeting within 30 and 60 days, respectively, after July 1, 2015. Appointing authorities must fill any vacancies. The Commission on Aging's staff must serve as the task force administrative staff.

BACKGROUND

MUNICIPAL AGENT

A municipal chief elected official, or the chief executive officer, where permitted by ordinance, appoints a municipal agent to serve elderly people in the municipality by:

1. disseminating information,
2. providing assistance in learning about community resources,
3. publicizing resources and benefits,
4. assisting with applications for federal and other benefits, and
5. reporting to the chief elected official, or chief executive officer, any needs and problems of the elderly and any recommendations to improve services for them.

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute

Yea 13 Nay 0 (03/05/2015)