



Acts Affecting Seniors

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Notice to Readers

This report highlights new laws (public acts and special acts) enacted during the 2018 regular session that potentially affect Connecticut seniors. It does not include vetoed acts, unless they were overridden.

Each highlight indicates the public act (PA) or special act (SA) number and summarizes the act's major provisions. Complete summaries of 2018 public acts are available on OLR's webpage: <http://cga.ct.gov/olr/olrpassums.asp>. Readers are encouraged to obtain the full texts of the 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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Agencies, Commissions, Task Forces, and Working Groups

Commission on Women, Children, and Seniors

A new law reduces the total membership of the Commission on Women, Children, and Seniors from 63 to 21. To accomplish this, it reduces from nine to three, the total (1) appointments by each of the six legislative leaders and (2) joint appointments by the House speaker and Senate president pro tempore.

By law, a minimum number of the total appointments must be from a specified region of the state (e.g., previously, at least three of the House minority leader's nine appointments had to be from the state's southwestern region). The new law reduces the required number of these geographic appointments from at least three to at least one for (1) each legislative leader other than the Senate and House majority leader, who are not subject to the requirement, and (2) joint appointments by the House speaker and Senate president pro tempore.

By law, current members' two-year terms expire on June 30, 2018. The next term begins on July 1, 2018, which is when the reduction in membership occurs ([PA 18-133](#), effective upon passage).

State Department on Aging Consolidation

[PA 17-2](#), June Special Session, consolidated the State Department on Aging (SDA) within the Department of Social Services (DSS). A new law instead transfers all SDA functions, powers, duties, and personnel from DSS to the Department of Rehabilitative Services (DORS). This includes, among other things:

1. serving as the designated “state unit on aging” under the federal Older Americans Act and administering related programs;
2. overseeing municipal agents for the elderly;
3. awarding state grants for elderly community services and programs; and
4. operating the CHOICES Medicare counseling, Statewide Respite, Community Choices, and elderly nutrition programs ([PA 18-169](#), §§ 7-23 & 29-40, effective upon passage, except for a technical change that takes effect July 1, 2019).

Task Force on Transportation for Persons with Disabilities, Seniors, and Veterans

The legislature established a 13-member task force to study issues with publicly-funded transportation for individuals with disabilities, older adults, and veterans. The study must include (1) other states' best practices; (2) services and public transportation fare discounts currently available; (3) current and anticipated transportation needs; and (4) ways Connecticut can provide more cost-effective, efficient, and reliable transportation.

The task force must report its findings and recommendations to the Aging, Human Services, Transportation, and Veterans' Affairs committees by January 1, 2019. It terminates on that date, or the date it submits the report, whichever is later ([SA 18-3](#), effective upon passage).

Working Group on Polypharmacy and Medication Reconciliation

A new law requires the state's health information technology (HIT) officer to establish a working group to evaluate issues on polypharmacy (i.e., a patient's simultaneous use of multiple drugs to treat one or more conditions) and medication reconciliation (i.e., comparing a patient's medication orders to avoid errors). The working group consists of at least eight members appointed by the HIT officer, who must report the working group's findings and recommendations to the Public Health and General Law committees by July 1, 2019 ([SA 18-6](#), effective upon passage).

Emergency and End of Life Care

Advanced Practice Registered Nurses (APRNs) and Advance Directives

A new law incorporates APRNs into the laws on living wills and other advance directives, thus extending to APRNs the authority to perform certain functions that previously could be performed only by a physician or, in some cases, other specified providers. For example, it provides in advance directive standard forms that an APRN, not just a physician, may make the determination that a patient is suffering from a terminal condition ([PA 18-168](#), §§ 34-39, effective October 1, 2018).

Death Certificates

A new law allows any adult to access all data listed on a death certificate, except it continues to restrict access to the social security number to only certain parties (such as the surviving spouse or town clerk), as under prior law. Under prior law, certain other information on death certificates, such as the decedent's occupation and race, was restricted to only certain parties ([PA 18-168](#), § 6, effective October 1, 2018).

Termination of Personal Emergency Response System Contracts

Personal emergency response systems are 24-hour electronic alarm systems placed in an adult's home so that the adult can obtain immediate help in emergency situations. A new law deems any contract or lease for such a system to be terminated upon the consumer's death. It also deems unreasonable any of these contract's or lease's provisions that set up a penalty for early termination ([PA 18-141](#), § 6, effective upon passage).

Health Care and Health Insurance

Dental Hygienists' Practice Without Supervision at Senior Centers

Under a new law, dental hygienists with two years of experience can practice without a dentist's general supervision at senior centers and managed residential communities (e.g., assisted living facilities). Hygienists with two years of experience can already practice without such supervision at various other settings. As is already the case at such other settings, the new law requires hygienists practicing at senior centers and managed residential communities to refer to a dentist any patients with needs outside of the hygienist's scope of practice ([PA 18-168](#), § 4, effective October 1, 2018).

Mandating Health Insurance Coverage of Essential Health Benefits

A new law requires certain health insurance policies to cover specified preventive health services, including osteoporosis screening for women age 60 or older. It also requires some policies to cover 10 essential health benefits, including hospitalization, ambulatory services, and prescription drugs ([PA 18-10](#), effective January 1, 2019).

Medicaid Prescription Drug Auto Refills

A new law allows the DSS commissioner to prohibit pharmacy providers from automatically refilling certain prescription drugs for Medicaid recipients regardless of a recipient's consent or request to participate in an automatic drug refill program. It prohibits DSS from paying for such prescription refills unless it was explicitly requested verbally or in writing by the recipient or his or her legal representative.

The new law also allows the department’s Pharmaceutical and Therapeutics (P&T) Committee to make recommendations to DSS on what prescribed drugs, if any, should be eligible for automatic refill. The commissioner must submit to the Human Services Committee recommendations on the types, classes, or usage of prescription drugs to be subject to, and exempt from, the automatic refill prohibition and establishes a process for the committee to consider them ([PA 18-77](#), effective upon passage).

Medicare Savings Program (MSP)

A new law eliminates a decrease in MSP eligibility that was scheduled to take effect July 1, 2018, thus maintaining the program’s current income eligibility limits shown in Table 1 below.

Table 1: Current MSP Income Limits

MSP Tier	Individual Income Limit (% FPL)	Individual Annual Income Limit
QMB	Less than 211%	\$25,615
SLMB	211% to 231%	\$28,043
QI	231% to 246%	\$29,864

By law, the MSP covers certain Medicare cost-sharing for low-income Medicare beneficiaries. It generally consists of three separate tiers: (1) Qualified Medicare Beneficiaries (QMB), (2) Specified Low-Income Medicare Beneficiaries (SLMB), and (3) Qualified Individual (QI). MSP eligibility is based on the federal poverty level (FPL), which is adjusted annually, and applicants at the lowest income levels qualify for the most benefits ([PA 18-81](#), effective July 1, 2018).

Housing

Consumer Protections for Reverse Mortgages

A new law expands the counseling and certification requirements for reverse mortgages, a type of mortgage that allows homeowners to convert accumulated home equity into liquid assets. Among other things, it requires prospective applicants, or their representatives, to receive counseling from a federal Housing and Urban Development-approved agency before a reverse mortgage lender may accept a final loan application or assess any related fees. The new law also requires lenders to receive and store a signed certification from the applicant stating that the counseling requirements were met. Failure to meet the law’s counseling and certification requirements is a violation of the state’s unfair trade practices law ([PA 18-38](#), effective October 1, 2018).

Foreclosure Protection Related to Delinquent Sewer Assessment Payments

Under a new law, municipalities served by a PURA-regulated private water company with a population of at least 100,000 must adopt ordinances that, among other things, protect veterans, seniors, and low-income families from water pollution control authority foreclosures by restricting accelerated foreclosure proceedings for past due sewer fees. The new law also institutes a one-year delay for foreclosure actions on liens held by water pollution control authorities ([PA 18-74](#), effective July 1, 2018).

Recommendations for Public Housing Projects for Seniors and People with Disabilities

[SA 17-19](#) required the housing commissioner, in consultation with Disability Rights Connecticut, Inc. and the departments of Mental Health and Addiction Services, Aging, and Developmental Services, to study three state-funded housing projects serving the elderly and people with disabilities. Depending on the results of this study, a new act requires the commissioner to make recommendations for improving these types of housing projects. The commissioner must submit the report to the Housing Committee by October 1, 2018 ([PA 18-12](#), effective upon passage).

Renters' Rebate Program Payments to Municipalities

The legislature shifted responsibility for funding the Renters' Rebate Program from municipalities to the state, eliminating the requirement that the Office of Policy and Management (OPM) annually recover from each municipality 50% of the cost of issuing rebates to older adults or totally disabled renters, up to \$250,000. Prior law required OPM to recover rebate costs by selecting at least one state grant per municipality from which to withhold funds ([PA 18-81](#), effective July 1, 2018).

Long-Term Care

Money Follows the Person

A new law removes the 5,000-person cap on the number of participants in the Money Follows the Person (MFP) demonstration program, which supports Medicaid enrollees who choose to transition from institutional living to community-based settings. By law, a person must (1) have been institutionalized for at least 90 days and (2) meet Medicaid eligibility criteria in order to qualify. In addition, it cannot cost more to care for the person in the community than in an institution ([PA 18-99](#), effective upon passage).

Nursing Home and Residential Care Home Information

A new law eliminates a requirement for DPH to annually publish a report that lists and classifies all nursing homes and residential care homes in the state, and instead requires the department to post the information on its website. It requires the posted information to include the number and effective date of the license and the address for each facility. It does not require other information previously required for the published report, such as the total number of beds, number of private and semiprivate rooms, and per diem cost for private patients ([PA 18-168](#), § 16, effective October 1, 2018).

Nursing Home Reportable Events

A new law requires DPH to develop a system for nursing homes to electronically report to the department “reportable events” (i.e., events DPH deems to require immediate notification). DPH must do this by January 1, 2019, after which nursing homes must report the events using the electronic system ([PA 18-168](#), § 73, effective July 1, 2018).

Office of the Long-Term Care Ombudsman

A new law transfers the Office of the Long-Term Care Ombudsman from OPM to DORS and makes various changes to the office to comply with recent Older Americans Act regulations. Among other things, it (1) adds to the conditions under which the state ombudsman may remove a resident advocate from his or her position and (2) specifies that the office serves all long-term care facility residents, regardless of age ([PA 18-6](#) and [PA 18-169](#), §§ 24-28, both effective upon passage).

State Long-Term Care Facility Background Search Program

By law, DPH administers a comprehensive criminal history and patient abuse background search program that facilitates background searches on people who have direct access to long-term care facility residents (i.e., employees and volunteers).

A new law exempts from the program’s requirements intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs) operated by the Department of Developmental Services that are already subject to background checks under existing law. It also exempts DPH background search program records and information from disclosure under the Freedom of Information Act ([PA 18-168](#), § 51, effective October 1, 2018).

Taxes

Estate and Gift Tax

Under prior law, the estate and gift tax threshold was scheduled to increase from \$3.6 million in 2019 to the federal threshold in 2020 and thereafter (i.e., federal basic exclusion amount). Two new laws change the estate and gift tax threshold beginning in 2020.

The first, [PA 18-81](#), §§ 66-68, extends the phase-in to the federal threshold by three years to 2023 by setting the gift and estate tax threshold at \$5.1 million for 2020, \$7.1 million for 2021, \$9.1 million for 2022, and the federal basic exclusion amount for 2023 and thereafter. The second, [PA 18-49](#), §§ 14-17, sets the threshold at \$5.49 million for 2020 and thereafter (both acts are effective upon passage).

Pension and Annuity Income Withholding

In 2017, the legislature required income tax withholding by payers that maintain an office or transact business in Connecticut and make distributions of taxable pensions or annuities to Connecticut residents. This session, the legislature enacted a new law (1) modifying the method used to determine the amount of such income tax withholding, (2) prohibiting the revenue services commissioner from assessing interest on taxpayers for underpaying estimated taxes based solely on the payer's failure to comply with the withholding requirements, and (3) making other minor and clarifying changes to the law ([PA 18-26](#), § 7, effective upon passage).

Pension and Annuity Income Tax Exemption

A new law makes permanent the personal income tax deduction for pension and annuity income which is currently scheduled to phase in from the 2019 to 2025 tax years, and end after 2025. Under the new law, eligible taxpayers may deduct 100% of such income for tax years beginning in 2025, and each tax year thereafter. By law, the deduction applies to taxpayers with federal adjusted gross incomes below (1) \$75,000 for single filers, married people filing separately, and heads of households and (2) \$100,000 for married people filing jointly ([PA 18-26](#), § 27, effective October 1, 2018).

Telehealth

Expanding Telehealth Providers

A new law adds registered nurses and pharmacists to the list of health care providers authorized to provide telehealth services. They must provide telehealth services within their profession's scope of practice and standard of care, just as other telehealth providers must do under existing law.

By law, the following health care providers are already allowed to provide health care services using telehealth: physicians, advanced practice registered nurses, physician assistants, occupational and physical therapists, naturopaths, chiropractors, optometrists, podiatrists, psychologists, marital and family therapists, clinical or master social workers, alcohol and drug counselors, professional counselors, dietician-nutritionists, speech and language pathologists, respiratory care practitioners, and audiologists ([PA 18-148](#), effective July 1, 2018).

Prescribing Controlled Substances Using Telehealth

A new law allows telehealth providers to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, including medication-assisted treatment. Providers may only do this (1) in a manner consistent with the federal Ryan Haight Online Pharmacy Consumer Protection Act; (2) if it is allowed under their current scope of practice; and (3) if they submit the prescription electronically, in accordance with existing law. Prior law prohibited telehealth providers from prescribing any Schedule I, II, or III controlled substances using telehealth.

The new law also modifies requirements for telehealth providers to obtain and document patient consent to provide telehealth services and disclose related records ([PA 18-148](#), effective July 1, 2018).

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