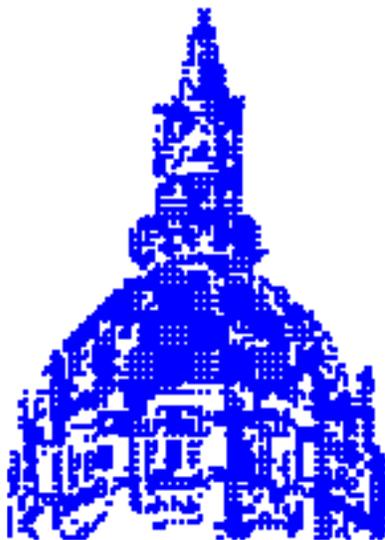


Office of Legislative Research
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ACTS AFFECTING SENIORS



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NOTICE TO READERS

This report provides brief highlights of new laws (public acts) affecting seniors (people age 60 or older) enacted during the 2009 session. At the end of each summary we indicate the public act (PA) number.

Not all provisions of the acts are included here. Complete summaries of all 2009 public acts will be available in the fall when OLR's Public Act Summary book is published; some are already on OLR's webpage:

<http://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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BUSINESS

Customer Access to Restrooms in Retail Establishments

This act provides access to employee restrooms in retail establishments to individuals with certain medical conditions. Specifically, a retail establishment with an employee restroom that typically is not open to the public must allow a customer to use the restroom during normal business hours if it is maintained in a reasonably safe manner and all of the following conditions are met:

1. the customer presents written evidence from a physician, physician assistant, or advanced practice registered nurse that documents that the customer suffers from an “eligible medical condition” (i.e., Crohn’s disease, ulcerative colitis, inflammatory bowel disease, irritable bowel syndrome, celiac disease, or a medical condition requiring use of an ostomy device);
2. a public restroom is not immediately available to the customer;
3. at least three employees are working in the establishment when the restroom access is requested; and
4. the employee restroom is in an area of the

establishment that does not present an obvious risk to the customer’s health or safety or an obvious security risk to the establishment.

The act also (1) provides protection from liability for retail establishments and employees under certain conditions, (2) does not require an establishment to make physical changes to the restroom to accomplish the act’s purposes, and (3) makes violation of its requirements an infraction.

(PA 09-129, effective October 1, 2009)

Senior Citizen Discount Programs

This act requires an individual, firm, or corporation that sells goods and services to the public to disclose eligibility requirements for any senior citizen discounts it offers by conspicuously placing a sign at the point of display, cash register, or store entrance stating the qualifying age and discount percentage or dollar amount. The consumer protection commissioner may assess a \$50 civil penalty for violations.

(PA 09-53, effective October 1, 2009)

CASH ASSISTANCE

State Supplement Assistance Benefit Level Freeze

This act freezes the need standards in the State Supplement Program (SSP) at FY 09 levels for FY 10 and FY 11. The SSP provides supplemental cash assistance to aged, blind, and disabled people receiving Social Security Income benefits.

(PA 09-5, SSS effective October 5, 2009)

State Supplement Assistance Special Needs Trusts

In general, individuals who transfer assets within 24 months before applying for SSP assistance are presumed to have done so to qualify for the program. They are generally ineligible for State Supplement for a period of time based on the value of the asset, unless they can provide convincing evidence that the transfer was made for another reason.

This act adds a second exception by allowing transfers to “special needs trusts” by individuals who (1) are living in residential care homes (RCH) or New Horizons, Inc. (a facility in Farmington for people with severe physical disabilities) and (2) have available income that is above 300% of the maximum SSI program benefit for an individual (\$2,022 per month in 2009) and below the private rate that the

RCH or New Horizons charges. By law, a person whose gross income exceeds 300% of the SSI benefit (“excess income”) cannot qualify for SSP benefits. The act requires the social services commissioner to disregard excess income deposited into such trusts for purposes of SSP eligibility.

The act requires the trust to be funded solely with the individual’s excess income. The trust must provide that, once the person dies, the state will receive all amounts remaining in it after the Medicaid program is reimbursed for Medicaid-funded services the individual received, up to the amount of SSP benefits provided. The type of trust someone may establish is the same that federal law allows for purposes of Medicaid eligibility.

(PA 09-73, effective July 1, 2009)

INSURANCE

Expanded Health Insurance Benefit Mandates

This act requires certain health insurance policies to include (1) coverage for prosthetic devices, and repairs and replacements to them, subject to specified conditions; (2) specified coverage for human leukocyte antigen testing; (3) a “reasonably designed” health behavior wellness, maintenance, or improvement program that gives participants one or more of the following: (a) a reward; (b)

health spending account contribution; (c) premium reduction; or (d) reduced copayment, coinsurance, or deductible; and (4) coverage for wigs prescribed for a person with hair loss caused by a diagnosed medical condition other than androgenetic alopecia.

The act increases the annual coverage amount required for medically necessary ostomy appliances and supplies, from \$1,000 to \$5,000. It also prohibits certain health insurance policies from imposing a coinsurance, copayment, deductible, or other out-of-pocket expense for a second or subsequent colonoscopy a physician orders for an insured person in a policy year.

(PA 09-188 (vetoed), effective January 1, 2010)

Life Insurance Accelerated Death Benefits

This act expands the benefits available under a life insurance policy's accelerated death benefit option by revising what constitutes a "qualifying event." An accelerated death benefit pays benefits during an insured person's life, upon the occurrence of a qualifying event. Such a payment reduces the benefit payable upon death.

The act adds as a qualifying event confinement in the insured person's residence or an acute care hospital for at least six months due to a "medically determinable condition," if the

person is expected to remain confined at that location until death. Prior law required benefits to be paid only if the confinement was in a non-acute care institution where a certified or licensed health care provider rendered the necessary care. The act eliminates the requirement that a certified or licensed health care provider render the care in an institutional setting.

By law, confinement must be due to a medically determinable condition. The act specifies that an individual must be deemed chronically ill for the purposes of Internal Revenue Code. It also allows payment of accelerated benefits due to confinement in either lump sum or periodic payments. Prior law permitted only lump sum payments.

(PA 09-216, effective January 1, 2010)

Prescription Eye Drop Refills

This act prohibits certain health insurance policies that provide prescription eye drop coverage from denying coverage for prescription renewals when (1) the insured requests the refill less than 30 days from either (a) the date the insured was given the original prescription or (b) the last date the insured was given the refill, whichever is later; (2) the prescribing physician indicates on the original prescription that additional quantities are needed; and (3) the refill request does not exceed this amount.

The act applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on or after January 1, 2010 that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan.

Due to federal law (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

(PA 09-136, effective January 1, 2010)

INVESTMENTS

Senior Financial Advisors

This act prohibits anyone directly or indirectly involved in securities sales from falsely expressing or implying that they have special training, education, or experience in providing financial advice or services to seniors unless the person meets certain education requirements. A violator is subject to a fine of up to \$2,000, two years imprisonment, or both.

(PA 09-174, effective July 1, 2009)

LONG-TERM CARE

Adult Day Centers

Effective July 1, 2009, this act requires DSS, subject to available appropriations, to increase the reimbursement rate paid to providers of adult day care services under the CHCPE by an annualized rate equal to \$700,000.

(PA 09-5, SSS effective October 5, 2009)

Alzheimer's Respite Care Program

The State-Wide Respite Care Program provides respite care for people with Alzheimer's disease or related disorders, regardless of age, who are not enrolled in the Connecticut Homecare Program for Elders (CHCPE). This act increases, from \$30,000 to \$41,000, the program's annual income limit and increases its asset limit from \$80,000 to \$109,000. Beginning July 1, 2009, the act requires the social service department (DSS) commissioner annually to increase the income and asset limits to reflect Social Security cost of living adjustments.

The act requires the commissioner to adopt regulations allowing program participants who demonstrate a need for additional services to receive up to \$7,500 for respite

care services. Prior law limited respite care services to \$3,500 annually.

The act also adds personal care assistant (PCA) services to the list of respite care services the program provides. Respite care services provide short-term relief for family members caring for an individual with Alzheimer's or related diseases. They include homemaker services, adult day care, short-term medical facility care, home-health care, and companion services.

(PA 09-75, effective July 1, 2009)

Assisted Living Services

By law, the Department of Economic and Community Development (DECD) commissioner established an assisted living demonstration program for low- and moderate-income seniors living in government subsidized elderly housing in four locations.

A new law allows the commissioner, in consultation with the DSS commissioner and the OPM secretary, to designate an additional federal Department of Housing and Urban Development Section 202 or Section 236 elderly housing development to provide assisted living services to individuals otherwise eligible to receive these services under the Connecticut Homecare Program for Elders (CHCPE).

(PA 09-5, SSS, effective October 5, 2009)

Connecticut Homecare Program For Elders (CHCPE) Cost Sharing Requirements

Prior law required a participant in the state-funded portion of the CHCPE to contribute to the cost of care only if his or her income exceeded 200% FPL. This act requires state-funded a participant with income up to 200% of the federal poverty level (FPL) to contribute 15% of the cost of care. A participant whose income exceeds 200% FPL must contribute 15% of the cost of care plus the applied income they already contribute under DSS's existing cost-sharing methodology.

The act exempts from these cost sharing requirements certain people living in affordable housing under the state's assisted living demonstration program (see above). For these people, cost-sharing is required only if their income exceeds 200% FPL. Cost-sharing amounts are determined by DSS's existing cost-sharing methodology for medical assistance recipients.

Any participant who is required to contribute to the cost and care and does not do so is ineligible to receive services. (Participants with income below 200% FPL living in affordable housing are exempt). Under the act, DSS is not required to provide an administrative

hearing to a person determined ineligible for services because of failure to contribute to the cost of care.

(PA 09-5, SSS, effective October 5, 2009)

Long-Term Care Reinvestment Account

To the extent permitted by federal law, this act postpones, from July 1, 2009 until July 1, 2011, the establishment of a nonlapsing long-term care reinvestment General Fund account to hold the enhanced federal matching funds the state receives for the federal Money Follows the Person (MFP) demonstration program. It also postpones, from January 1, 2010 to January 1, 2012, the date by which the DSS commissioner must begin reporting annually on expenditures from the MFP account to the Human Services and Appropriations Committees.

(PA 09-5, SSS, effective October 5, 2009)

Medicaid Administrative Services for the Elderly and Disabled

This act requires the DSS commissioner to contract with one or more entities, either on an at-risk or non-risk basis, to provide administrative services to elderly and disabled Medicaid recipients, including those (1) dually eligible for Medicare and (2) enrolled in dually eligible special needs plans.

Administrative services may include care coordination; utilization, disease, provider network, and quality management; and customer service.

(PA 09-5, SSS, effective October 5, 2009)

Medically Necessary Definition Under Medicaid

This act requires DSS, by July 1, 2010, to amend the definition of “medically necessary” services in its Medicaid regulations to reflect savings specified in the budget act (PA 09-3, JSS) by reducing program administration inefficiencies while maintaining the quality of care provided to Medicaid beneficiaries.

The act also establishes a committee identical in composition and responsibilities to that created under PA 09-3, JSS with a different name: the Medical Inefficiency Committee. The committee must advise DSS on the amended definition and its implementation and provide comment to DSS and the legislature on its impact. The committee must report annually on its findings and recommendations for three years beginning by January 1, 2010. The reports go to the governor and the Public Health, Human Services, and Appropriations committees.

(PA 09-7, OSS, effective October 5, 2009)

Medication Administration by Unlicensed Personnel in Residential Care Homes

This act requires the public health commissioner to make certain revisions to regulations governing medication administration by unlicensed personnel in residential care homes (RCH) that admit residents who need medication administration assistance.

It also requires that by January 1, 2010, each RCH ensure that the number of unlicensed personnel is determined appropriate pursuant to the revised regulations actually obtain certification to administer medication. Once certified, they can administer medication, except by injection, to RCH residents unless a resident's physician specifies that only licensed personnel can administer medication.

(PA 09-5, SSS, effective October 5, 2009)

Money Follows the Person Demonstration Program (MFP)

This act requires the DSS commissioner to provide MFP status reports to the Human Services and Aging committees, semiannually, starting October 1, 2009. MFP is a five-year federal demonstration program that permits states to move individuals out of nursing homes or other institutional settings

into less-restrictive, community-based settings.

(PA 09-17, effective July 1, 2009)

Money Follows the Person II Demonstration Program

This act postpones, from January 1, 2009 to January 1, 2012, the date by which the DSS commissioner must submit a plan to implement the MFP II demonstration program to the Human Services and Appropriations committees. It also delays the program's implementation date from July 1, 2009 to July 1, 2012. MFP II was created to allow adults who do not meet MFP's federally mandated six-month institutionalization requirement to receive similar services.

(PA 09-5, SSS, effective October 5, 2009)

Nursing Homes; Deferral of June Medicaid Payments

Beginning in FY 11, this act requires DSS to pay nursing homes half of their June Medicaid payment in July. Prior law required this arrangement for fiscal years 1992 through 2007.

(PA 09-5, SSS, effective October 5, 2009)

Nursing Home Financial Advisory Committee

This act changes the membership of the Nursing Home Financial Advisory Committee. It also requires the DSS commissioner to submit quarterly reports to the committee concerning any nursing home's pending interim rate request (without identifying a facility by name).

Starting January 1, 2010, the act requires the committee to (1) report annually on its activities to the Appropriations, Human Services, Public Health, and Aging committees and (2) meet quarterly with the chairpersons and ranking members of these committees and the long-term care ombudsman to discuss its activities.

(PA 09-5, SSS, effective October 5, 2009)

Nursing Home and ICF-MR Rate Freezes

This act freezes at FY 09 levels, the Medicaid rates the state pays in FY 10 and FY 11 to nursing homes and intermediate care facilities for people with mental retardation (ICF-MR). But facilities that would have received a lower rate on July 1, 2009 because of their interim rate status or agreement with DSS will receive that lower rate.

The act also eliminates fair rent increases to nursing home rates in FY 10 and FY 11, except for homes that have an approved certificate of need.

(PA 09-5, SSS, effective October 5, 2009)

Rate Freezes for Residential Care Homes and Facilities and New Horizons, Inc.

This act freezes at FY 09 levels, the rate the state pays in FY 10 and FY 11 to residential care homes, private residential facilities, and New Horizons, Inc. (a state-subsidized, independent living facility in Farmington for people with severe physical disabilities). But, facilities that would have received a lower rate on July 1, 2009 because of their interim rate status or agreement with DSS will receive that lower rate.

The act allows DSS to increase a facility's rate for its reasonable costs of complying with new regulations governing medication administration by unlicensed personnel (see above).

(PA 09-5, SSS, effective October 5, 2009)

Nursing Home Patients' Bill of Rights

The state's nursing home patients' bill of rights gives patients entitled to receive Medicaid the specific right to not have the nursing home or chronic disease hospital charge, ask for, accept, or receive any

gift, money, or donation in addition to Medicaid payment as a condition of admission, expedited admission, or continued stay at the facility. This act adds third-party payment guarantees to this right and extends it to all patients, not just those entitled to receive Medicaid.

The act also specifies that the rights and benefits conferred in the patients' bill of rights may not be reduced, rescinded, or abrogated by contract.

(PA 09-168, effective October 1, 2009)

Pain Management Training

This act requires all nursing home facilities, except residential care homes, to provide at least two hours of annual training in pain recognition and administration of pain management techniques to (1) all licensed and registered direct care staff and (2) nurse's aides who provide direct patient care. Prior law required this training only for staff in Alzheimer's special care units or programs.

(PA 09-108, effective July 1, 2009)

PCA Services Under the CHCPE

This act requires DSS to provide PCA services under the CHCPE if they are (1) not available under the Medicaid state plan, (2) more cost effective on an individual client basis than existing Medicaid state plan

services, and (3) approved by the federal government.

By law, DSS also provides PCA services through (1) a state-funded PCA pilot program for certain qualifying seniors, (2) the PCA Medicaid waiver program for disabled adults, and (3) the acquired brain injury Medicaid waiver program.

(PA 09-64, effective April 1, 2010)

Pending Medicaid Eligibility for Nursing Home Care

This act requires DSS to allocate \$300,000 to process pending eligibility applications for Medicaid recipients residing in nursing homes and requires the department to report on these applications to the Public Health and Human Services committees by January 1, 2011.

(PA 09-5, SSS, effective October 5, 2009)

Small House Nursing Homes

This act prohibits the DSS commissioner from approving more than one project under the Small House Nursing Home pilot program through June 30, 2011 and limits the project to 280 beds. By law, the commissioner must establish a pilot program, within existing appropriations, to help develop up to 10 small house nursing homes in the state.

The act also allows, rather than requires, him to approve up to 10 proposals after consulting with and receiving approval from the OPM secretary. And it removes the requirement that two of the proposals selected must develop a small house nursing home in a distressed municipality with more than 100,000 people. It instead allows the commissioner to give preference to such proposals.

(PA 09-5, SSS, effective October 5, 2009)

MISCELLANEOUS

Delay Start of Department on Aging

This act postpones the reestablishment of a state Department on Aging from July 1, 2008 to July 1, 2010. Connecticut disbanded its Department on Aging in 1993 and merged most of its functions and personnel into DSS as the Division of Elderly Services (now called the Aging Services Division). In 2005, the legislature reestablished the department effective January 1, 2007, but PA 07-2, JSS postponed the reestablishment date to July 1, 2008.

(PA 09-5, SSS, effective October 5, 2009)

Fall Prevention Program

This act requires DSS, within available appropriations, to establish a fall prevention

program targeted at older adults. The program must promote and support fall prevention research; oversee research and demonstration projects; and establish, in consultation with the public health commissioner, a professional education program on fall prevention for healthcare providers.

(PA 09-5, SSS, effective October 5, 2009)

OTHER HEALTHCARE

Hospital-Acquired Infections

This act prohibits hospitals and outpatient surgical facilities from seeking payment for any increased costs they incur as a direct result of a hospital-acquired condition Medicare identifies as nonpayable. This applies regardless of the patient's insurance status or sources of payment (including self-pay) except as otherwise provided by federal law or PA 09-2.

PA 09-2 requires the DSS commissioner to amend the Medicaid state plan to indicate that the approved inpatient hospital rates it pays for Medicaid-eligible patients are not applicable to hospital-acquired conditions that the Medicare program identifies as “nonpayable” (also referred to as “never events”) in accordance with a 2005 federal law to ensure that hospitals are not paid for these conditions.

(PA 09-206, effective January 1, 2010)

Imaging Services

This act prohibits specified health care providers from charging patients, insurers, or other responsible third-party payors for performing the “technical components” of CAT scans, PET scans, and MRIs if they, or someone under their direct supervision, did not actually perform the service. (The act does not specify what constitutes the technical components of these imaging services.) The prohibition applies to physicians, chiropractors, podiatrists, naturopaths, and optometrists.

Under the act, radiological facilities and imaging centers must directly bill the patient or third party payor for their services. They cannot bill the practitioner who requested the service.

(PA 09-206, effective October 1, 2009)

Interhospital Ambulance Transport

This act requires any ambulance used to transport patients between hospitals to meet state regulatory requirements for basic ambulance service, including those concerning medically necessary supplies and services. These regulations require, among other things, one medical response technician and one emergency medical technician in

the ambulance, the latter of whom must attend the patient at all times.

The act permits a licensed registered nurse, advanced practice registered nurse, physician assistant, or respiratory care practitioner to supplement the ambulance transport if he or she has current training and certification (1) in pediatric or adult advance life support or (2) from the American Academy of Pediatrics' neonatal resuscitation program, as appropriate and based on the patient's condition.

(PA 09-16, effective upon passage)

SustiNet

This act establishes a nine-member board to recommend to the legislature, by January 1, 2011, the details of and implementation process for a self-insured health care plan called SustiNet. The recommendations must address (1) the phased-in offering of the SustiNet plan to state employees and retirees, HUSKY A and B beneficiaries, people without employer-sponsored insurance (ESI) or with unaffordable ESI, small and large employers, and others; (2) establishing an entity that can contract with insurers and health care providers, set reimbursement rates, develop medical homes for patients, and encourage the use of health information technology; (3) a

model benefits package; and (4) public outreach and ways to identify uninsured citizens.

The board must establish committees to make recommendations to it about health information technology, medical homes, clinical care and safety guidelines, and preventive care and improved health outcomes. The act also establishes an independent information clearinghouse to inform employers, consumers, and the public about Sustinet and private health care plans and creates task forces to address obesity, tobacco usage, and health care workforce issues.

(PA 09-148, effective July 1, 2009 for most provisions)

PRESCRIPTION DRUGS

Bulk Purchasing of Prescription Drugs

This act requires the social service and administrative services commissioners and the comptroller, in consultation with the public health commissioner, to develop a plan concerning the bulk purchasing of pharmaceuticals. Specifically, the plan must implement and maintain a prescription drug purchasing program and procedures to aggregate or negotiate pharmaceutical purchases for certain DSS-administered public assistance programs, including ConnPACE.

The plan must include the state joining an existing

multistate Medicaid pharmaceutical purchasing pool. It must determine whether it is feasible to subject some or all of the programs to the preferred drug lists adopted by DSS for its various programs.

The act requires DSS to submit the plan to the Public Health and Human Services committees by December 31, 2009. The plan must include (1) an implementation timetable, (2) anticipated costs or savings, (3) a timetable for achieving any savings, and (4) legislative recommendations.

(PA 09-206, effective July 1, 2009)

ConnPACE COLA Freeze, Increased Annual Fee and Enrollment Period

This act freezes the income limit in the ConnPACE program (currently \$25,100 annually for a single person and \$33,800 for married couples) until January 1, 2012. It also increases the program's annual registration fee from \$30 to \$45.

And beginning October 1, 2009, it requires new applications to be made between November 15 and December 30 of each year. This is the same enrollment period that the Medicare Part D program uses. But people can also apply within 31 days of either (1) turning age 65 or (2) becoming eligible for federal Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) benefits.

(PA 09-2, PA-09-5, SSS,
effective October 1, 2009)

ConnPACE Plus

More low-income seniors and people with disabilities are eligible to participate in the federal Medicare Savings Program (MSP) under a new law that effectively extends the program to people with incomes as high as the ConnPACE limits (\$25,100 for individuals and \$33,800 for married couples in 2009). DSS pays for MSP participants' Medicare Part A or Part B premiums, or both. And qualifying for MSP also qualifies people for another federal program that pays some or all of their Medicare Part D drug benefit premium and any Part D "doughnut hole" charges. Participants also pay lower co-payments for each prescription.

(PA 09-2, PA-09-5, SSS
effective October 1, 2009)

Enrollment in Medicare Part D Benchmark Plans for Medicaid Dually Eligible and ConnPACE Recipients

This act requires Medicare Part D recipients who are dually eligible for full Medicare and Medicaid benefits (to enroll in a Medicare Part D benchmark plan. Currently, people who are dually eligible can get help paying for their premiums and co-payments from the federal Low Income Subsidy (LIS) Program. But, the program only

covers premiums for "benchmark" prescription plans. Under prior law, if the dually eligible person picked a plan with a more expensive premium, DSS paid the difference between the federal benchmark payment and the actual premium cost.

The act also requires ConnPACE applicants and recipients eligible for Medicare Part D to enroll in these benchmark plans. And it authorizes the DSS commissioner to enroll both the dually eligible and ConnPACE recipients in these plans.
(PA 09-5, SSS effective October 5, 2009)

Medicare Part D Co-Payments

Under prior law, DSS paid all Medicare Part D prescription co-payments for full-benefit dually eligible individuals. This act requires these individuals to pay up to \$15 per month in co-payments, with DSS paying anything above that. These co-payments range from \$1.10 to \$6 per prescription in 2009 and are subsidized by the LIS program.

(PA 09-5, SSS effective October 5, 2009)

Medicare Part D Referral Process for Dually Eligible Clients

This act requires DSS, within available appropriations, to contract with (1) the Center for Medicare Advocacy (CMA) for assistance with Medicare Part D

Plan appeals relating to medically necessary prescription denials, and (2) a pharmacy association or pharmacist to help clients choose a Medicare Part D Plan that best meets their needs.

Prior law required the DSS commissioner to report, by December 1, 2009, to the Appropriations and Human Services committees on its non-formulary exception review and appeal process for dually eligible clients (Medicaid and Medicare Part D). Instead of submitting this report, the act requires the commissioner to provide these committees with a plan concerning its referral process for dually eligible clients. The plan, which must also be submitted by December 1, 2009, must include providing information to clients about appeal rights and available assistance from CMA.

(PA 09-5, SSS effective October 5, 2009)

Prior Authorization for DSS Pharmacy Programs

This act extends the DSS commissioner's current authority to require prior authorization (PA) for a prescription drug covered by the Medicaid, SAGA, and ConnPACE programs to any medical assistance program DSS administers. It also applies this PA authority to over-the-counter drugs.

The act requires a pharmacist to provide a one-time, 14-day supply of drugs requiring PA when he or she is unable to

obtain the prescribing physician's authorization when the prescription is presented for filling. Previously, a pharmacist could immediately dispense a 30-day supply pending receipt of PA.

The act also allows DSS to require PA for high-cost prescription individual drugs or drug classes at the commissioner's discretion, effective July 1, 2009 and eliminates mental health-related drugs' blanket exemption from the preferred drug list. Instead, it specifies that PA is not required for a mental health drug that has been filled or refilled, in any dosage, at least once in the one-year period before the client presents a prescription for it at the pharmacy.

(PA 09-5, SSS, effective October 5, 2009)

PUBLIC SAFETY

Silver Alert System

This act requires the Department of Public Safety's Missing Child Information Clearinghouse to collect, process, maintain, and disseminate information to help local authorities locate missing seniors age 65 and older and adults with mental impairments who are at least 18 years old. It also requires local police receiving a report of a missing senior or mentally impaired adult to immediately accept the report and notify all on-duty police officers and other appropriate

law enforcement agencies. Prior law required this only for reports of missing children under age 15.

(**PA 09-109**, effective July 1, 2009)

RECREATION

Recreational Marine Fishing License

This act creates a recreational saltwater (marine sport) fishing license and fees and allows the environmental protection commissioner to issue this annual license at no charge to seniors age 65 and older who have been state residents for at least one year.

(**PA 09-173**, effective June 15, 2009)

ND:ts