Acts Affecting Seniors

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Notice to Readers

This report provides highlights of new laws (public acts and special acts) enacted during the 2017 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 2017 public acts are available on OLR’s webpage: http://cga.ct.gov/olr/olrpasums.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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Civil and Criminal Matters

Food Donations to Senior Centers
A new law exempts people who donate food, and nonprofit organizations that distribute donated food, to senior centers or political subdivisions of the state from liability for civil damages or criminal penalties resulting from the food's nature, age, condition, or packaging. The immunity does not apply if it is established that the donor knew or had reasonable grounds to believe that the food was adulterated or unfit for human consumption (PA 17-93, § 15, effective October 1, 2017).

Harassment of a Guide or Assistance Dog or Handler
A new law makes it a class C misdemeanor, punishable by up to three months in prison, up to a $500 fine, or both, to intentionally interfere with a blind, deaf, or mobility impaired person's use of a guide or assistance dog. The punishable actions include intentionally harassing or annoying a (1) blind, deaf, or mobility impaired person; (2) guide or assistance dog that accompanies such a person; or (3) person training a dog as a guide or assistance dog (PA 17-102, effective October 1, 2017).

Committees and Councils

Council on Medical Assistance Program Oversight
A new law eliminates the Council on Medical Assistance Program Oversight's standing subcommittee on Medicaid cost savings, thereby reducing the council's membership by six. The council advises the social services commissioner on the planning and implementation of the HUSKY A and B and Medicaid programs. It monitors Medicaid care management initiatives. It also makes recommendations in a wide range of areas, such as the enrollment process and the sufficiency of Medicaid provider rates. The subcommittee was responsible for studying and making annual recommendations to the council on evidence-based best practices concerning Medicaid cost savings (PA 17-33, effective October 1, 2017).

Long-Term Care Planning Committee
A new law requires the Long-Term Care Planning Committee’s (LTCPC) triennial statewide long-term care plan to include the number of people receiving long-term care services and supports in the community and in institutions. The committee must report the information to the Aging and Human Services committees annually, beginning January 1, 2018.
The new law also requires the LTCPC to evaluate available data on average net actual Medicaid nursing home expenditures compared to those for home- and community-based Medicaid waiver recipients who require a nursing home level of care, including the number of individuals served. The committee must do this within available appropriations and to help short- and long-term Medicaid expenditure forecasting (PA 17-123, effective October 1, 2017).

Financial Issues

Financial Planners Serving Seniors
A new law establishes advertising and disclosure requirements for financial planners who are not otherwise regulated by state or federal law. It prohibits them from expressing or implying special training, education, or experience serving seniors unless they meet certain education requirements. It also requires them to disclose to consumers, upon request, whether they have a fiduciary duty with regard to each recommendation they make.

Additionally, the law requires the Banking and Consumer Protection departments to post on their respective websites links to certain information regarding financial planning professionals and consumers’ rights (PA 17-120, effective upon passage).

Income Tax Withholding for Pension and Annuity Payments
Beginning January 1, 2018, Connecticut residents receiving certain pensions or annuities must have income tax withheld from those payments. Previously they had the option to request that income tax be withheld (PA 17-147, §§ 6 & 8, effective January 1, 2018).

Hospitals

Stroke Centers and Stroke-Ready Hospitals
Starting by October 1, 2017, a new law requires certain stroke-certified hospitals to annually report to the Department of Public Health (DPH) an attestation of their certification. The requirement applies to any hospital certified as a comprehensive stroke center, primary stroke center, or acute stroke-ready hospital by the (1) American Heart Association, (2) Joint Commission (an independent nonprofit organization that accredits and certifies hospitals and other health care organizations and programs), or (3) any other nationally recognized certifying organization.
Among other things, the new law also requires DPH to (1) annually post a list of these stroke-certified hospitals on its website and send the list to the medical director of each emergency medical services (EMS) provider in Connecticut and (2) adopt a nationally recognized stroke triage assessment tool and pre-hospital care stroke protocols (PA 17-146, §§ 40 & 41, effective October 1, 2017, except the requirement to post the list on the DPH website is effective upon passage).

**Housing**

**Emergency Generators in Certain Housing Projects**

A new law requires each privately owned, multifamily housing project in any municipality with a population of 130,000 to 135,000 to install and maintain at least one emergency power generator. The generator must be capable of providing at least four hours of sufficient electrical power to each (1) unit for heating, water, lighting, and critical medical equipment and (2) passenger elevator.

The law defines “privately owned, multifamily housing project” as real property that (1) consists of, or encompasses, a building at least 15 stories high with dwelling units whose occupancy is restricted by age and (2) is subject, wholly or partially, to a mortgage insured under the federal National Housing Act (PA 17-62, effective October 1, 2017).

**Renters’ Rebate Program**

The renters’ rebate program provides a reimbursement for Connecticut renters who are elderly or living with a disability and who meet income qualifications. A new law adjusts the program’s payment schedule by delaying, by 15 days, the date by which the Office of Policy and Management (OPM) must approve applications and eliminating the requirement that OPM approve payments within 120 days of receiving applications (PA 17-222, effective July 1, 2017).

**Study of Projects Serving Seniors and Individuals with Disabilities**

A new law requires the Department of Housing, together with other relevant agencies, to study three state-funded housing projects serving both seniors and individuals with disabilities and report its findings by March 1, 2018 to the legislature. The study must examine several issues related to co-housing these populations, including the difference in rent paid by each population, incidents involving both populations that led to evictions, and available and needed support services (SA 17-19, effective upon passage).
**Temporary Health Care Structures**

A new law provides families and caregivers with the option of installing temporary health care structures on residential property, thus allowing seniors and people with disabilities to remain in their communities while receiving care. It does so by establishing conditions under which property owners may place these structures on residential property to care for qualifying individuals. It also prohibits municipal zoning regulations from barring such structures unless the municipality follows a specified process to opt out of the requirements (PA 17-155, effective October 1, 2017).

**Tenant's Security Deposit**

A new law requires landlords, at the tenant's request, to return any portion of a security deposit that exceeds one month's rent if the tenant turns age 62 after paying the deposit (PA 17-236, § 17, effective October 1, 2017).

**Legal Issues**

**Conservator Accountability**

By law, a “conservator of the estate,” including a temporary conservator, is generally a person appointed by the probate court to supervise the financial affairs of someone (1) found to be incapable of managing his or her own affairs or (2) who voluntarily asks the court to make such an appointment.

A new law (1) authorizes the probate court administrator to audit an account of a conservator of the estate; (2) establishes processes for the probate court, probate court administrator, and court-appointed conservators for these audits; and (3) requires the probate court administrator, in consultation with the Connecticut Probate Assembly, to adopt standards of practice to guide all court-appointed conservators in performing their duties (PA 17-7, effective January 1, 2018, except the provisions requiring (1) the probate court to adopt standards of practice for court-appointed conservators are effective July 1, 2017 and (2) compliance with and enforcement of the standards are effective July 1, 2018).

**Decision-Making Documents and Power of Attorney**

A new law establishes the "Connecticut Uniform Recognition of Substitute Decision-Making Documents Act" to govern any substitute decision-making document created before, on, or after October 1, 2017. Under the act, a “substitute decision-making document” is a record created by an individual to authorize a decision maker to act for the individual with respect to property, health, or personal care.
The new law also revises the Uniform Power of Attorney Act by, among other things, (1) broadening the list of activities that require a power of attorney's specific grant of authority and (2) revising the statutory forms, including adding provisions for digital devices, digital assets, user accounts, electronically stored information, and intellectual property (PA 17-91, effective July 1, 2017 for the power of attorney provisions; October 1, 2017 for the substitute decision-making provisions).

**Structured Settlement Liquidation**

A new law gives the probate court jurisdiction over proceedings to liquidate structured settlements in cases that involve people under conservatorship or guardianship. A recipient of a structured settlement, or such person's guardian or conservator, may transfer the right to receive periodic payments to a third party (transferee) in return for a lump sum cash payment. Under the new law, a transferee seeking to have a court-appointed conservator or guardian transfer structured settlement payment rights in return for a lump sum cash payment must apply for approval in the probate court with jurisdiction over the conservator or guardian (PA 17-136, § 16, effective January 1, 2018).

**Long-Term Care**

**Background Checks for Long-Term Care Facility Workers**

By law, long-term care facilities must require people who will have direct access, or provide direct service, to patients or residents to undergo a federal and state criminal history record checks (“background check”). Facilities are generally prohibited from hiring or contracting with these individuals (1) before receiving the DPH notice of the background check results or (2) if a search reveals a disqualifying offense (e.g., conviction or substantiated finding of abuse or neglect), unless DPH grants a waiver.

But existing law allows a facility to offer conditional, supervised employment for up to 60 days while waiting to receive DPH notification. A new law allows DPH to extend the 60-day period to give the department time to review an individual's written request to waive a disqualifying offense (PA 17-146, § 19, effective October 1, 2017).
**Do Not Resuscitate (DNR) Orders**

A new law adds a statutory definition of a “do not resuscitate order” and specifies which treatments may be withheld under such an order. It defines a DNR order as an order written by a licensed physician or advanced practice registered nurse for a particular patient to withhold (1) cardiopulmonary resuscitation (CPR), including chest compressions, defibrillation, or breathing, or (2) ventilation by any assistive or mechanical means, such as mouth-to-mouth, bag-valve mask, endotracheal tube, or ventilator (PA 17-146, § 6, effective October 1, 2017).

**DSS Data Collection System**

A new law requires the Department of Social Services (DSS) commissioner, within available resources and in accordance with the 2005 federal Deficit Reduction Act, to maintain a data collection system to guide DSS in developing its strategic long-term care plan. Among other things, the commissioner must do the following:

1. establish a process to identify and report on certain participants in the federal Money Follows the Person (MFP) program;
2. establish a benchmark length of time MFP participants may hold a status of “transition in process” before they are placed in the community; and
3. identify steps to reduce the post-transition, premature death of MFP participants with chronic diseases or health conditions (PA 17-123, effective October 1, 2017).

**Home Health Care Registries**

A new law now requires homemaker-companion service registries, absent a bona fide emergency, to give consumers a written, legal liability notice before commencing services. Previously the notice was required within four days after supplying, referring, or placing an individual homemaker or companion with a consumer. In an emergency, prior law's four-day deadline applies, but the registry must detail the emergency on a form and have the consumer or his or her authorized representative sign it (PA 17-53, effective October 1, 2017).

**Medical Orders for Life-Sustaining Treatment (MOLST) Program**

By law, DPH currently operates a MOLST pilot program, which is scheduled to end in October 2017. A new law requires DPH to establish a statewide MOLST program. As under the pilot program, patient participation is voluntary. The new law also (1) establishes, within available appropriations, a MOLST advisory council and (2) requires the DPH commissioner to adopt regulations to implement the statewide program.
A MOLST is a medical order written by a physician, advanced practice registered nurse, or physician assistant to effectuate a patient’s request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty (PA 17-70, effective October 1, 2017).

**Medication Administration by Unlicensed Personnel**

Existing law generally permits a registered nurse to delegate the administration of non-injected medications to homemaker-home health aides who obtain certification for medication administration and renew their certification every three years. It also requires residential care homes (RCH) that admit residents requiring medication administration assistance 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 who were certified by June 30, 2015, to be recertified by July 1, 2018 in order to continue to administer medication (PA 17-146, §§ 31 & 32, effective upon passage).

**Patients’ Rights**

**Office of the Long-Term Care Ombudsman**

A new law clarifies that representatives of the Office of the Long-Term Care Ombudsman are not mandated reporters of elder abuse. In doing so, the act conforms to state law and new federal regulations. By law, representatives of this office include regional ombudsmen, residents' advocates, and office employees whom the state ombudsman designates (PA 17-34, effective upon passage).

**Study on Nursing Home Patients’ Bill of Rights**

A new law requires the public health and social services commissioners to study whether the state’s nursing home patients’ bill of rights adequately protects rights related to room transfers within the same facility. The commissioners must report on the study to the Aging and Public Health committees by January 1, 2018.

Under state and federal law, nursing homes, residential care homes, and chronic disease hospitals must fully inform patients about their rights and provide each patient with a copy of a document that lists these rights (SA 17-14, effective upon passage).

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