alzheimer's association

2014 Legislative Wrap-Up

The 2014 legislative session adjourned on May 7. Governor Malloy and Connecticut's General Assembly adjusted the biennial state budget for fiscal year 2015. Several aging and public health initiatives were achieved despite the short session.

A major accomplishment was passage of **SB 179, *AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING***. This comprehensive legislation will prepare Connecticut's workforce to respond to the growing number of individuals diagnosed with the disease while improving the quality of life for those with the disease and their family caregivers.

SB 179 is a result of the Alzheimer's and Dementia Task Force's recommendations and report issued December 31, 2013. Connecticut leads the nation in requiring mandatory Alzheimer's and dementia-specific training for a wide range of personnel, including emergency medical technicians and protective service employees. Specifically, the bill requires staff in Alzheimer's special care units to complete the currently required dementia-specific training within 120 days of employment. In addition, all nursing facility staff must receive in service training in Alzheimer's disease and dementia symptoms and care upon employment and annually thereafter. Nursing home administrators shall also designate a staff person to review and make recommendations concerning residents with dementia. The bill also requires the state long-term ombudsman to provide training to representatives of residents in nursing homes and residential care facilities.

The bill also requires home health agencies, residential care homes, assisted living service agencies and licensed hospice care organizations to provide to all staff providing direct care, upon employment and annually thereafter, training and education in Alzheimer's disease and dementia symptoms and care.

For staff serving people with Down syndrome, developmental service regulations require all residential facilities serving people age 50 or older with Down syndrome to have at least one employee trained in Alzheimer's disease and dementia symptoms and care.

Finally, the bill requires the probate administrator to develop a plan to train probate judges, paid conservators, and other fiduciaries in diseases and disorders affecting a person's judgment, including Alzheimer's disease and dementia.

***Increase in slots for the Home Care for Disabled,* HB 5596, HB 5597, Section 73**

Increases the number of slots from 50 to 100 for persons with disabilities, who are age eighteen to sixty-four, and who are inappropriately institutionalized or at risk of inappropriate institutionalization, and whose assets do not exceed the asset limits of the state-funded home program for elderly. HB 5596 provides $600,000 for the expansion of the program.

***Increase in Provider Rates under the Home Care for Elders,* HB5596**

Provides $1,625,000 for a 1% COLA for Home Care providers, effective January 1, 2015.

***AN ACT ELIMINATING THE HOME-CARE COST CAP,* HB 5325**

The Connecticut Home Care Program for Elders (CHCPE) provides home health and community-based services to frail elders as an alternative to nursing home care. The program has state- and Medicaid waiver-funded components.

This bill eliminates the program's statutory cost cap on community-based, waiver-funded services, which is currently 60% of the weighted average cost of care in skilled nursing and intermediate care facilities. The bill also specifies that the state's cost for long-term facility care and all CHCPE services, not just the program's community-based services, cannot exceed the cost the state would have incurred without the program.

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT, **Special Act 14-5, SB 413**

Implements the Department of Public Health's recommendations regarding the establishment of a pilot program to implement the use of medical orders for life-sustaining treatment. The pilot program allows directives to "travel" with the patient.

Oral health training, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES, **HB 5537, Section 27**

Requires each nursing home facility that is not a residential care home or an Alzheimer's special care unit or program to provide a minimum of one hour of training in oral health and oral hygiene techniques not later than one year after the date of hire and subsequent training annually thereafter.

AN ACT CONCERNING LIVABLE COMMUNITIES AND ELDERLY NUTRITION, **P.A. 14-73, HB 5227**

By January 1, 2015, requires the Aging Commission, as part of the livable community initiative, to recognize communities that have implemented such initiatives allowing people to age in place and remain in the home setting they choose. The initiatives must include (1) affordable and accessible housing, (2) community and social services, (3) planning and zoning regulations, (4) walkability, and (5) transportation-related infrastructure.

The bill also requires the Aging and Social Services departments to hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services; (2) establish quality control benchmarks; and (3) help move toward greater quality, efficiency, and transparency in the elderly nutrition program. Stakeholders include the Aging Commission, area agencies on aging, access agencies, nutrition providers, representatives of food security programs and contractors, nutrition host site representatives, and consumers.

AN ACT CONCERNING NOTICE OF A PATIENT'S OBSERVATION STATUS, **HB 5535**

Requires hospitals to provide oral and written notice informing patients when the hospital has placed them in observation status, no later than 24 hours after the placement. The requirement does not apply if the patient was discharged or left the hospital prior to the end of that 24-hour period. The bill specifies certain information that must be included with the notice and requires the patient or patient's authorized representative to sign the written notice. In general, observation status refers to patients who are being treated in a hospital but are classified as outpatients rather than as being admitted to the hospital. Under the bill, the required notices concerning a patient's placement in observation status must include: 1. a statement that the patient is not admitted to the hospital but is under observation status; 2. a statement that this status may affect coverage under Medicare, Medicaid, or private insurance for (a) hospital services, including medications and pharmaceutical supplies, or (b) home or community-based care or care at a skilled nursing facility, upon the patient's discharge; and 3. a recommendation that the patient contact his or her health insurance provider or the Office of the Healthcare Advocate to better understand

the implications of being placed in observation status. The bill requires the written notice to be signed and dated by the patient or his or her legal guardian, conservator, or other authorized representative.

***AN ACT REQUIRING CERTAIN DISCLOSURES FOR LONG-TERM CARE INSURANCE POLICIES,* SB 9, P.A. 14-8**

Requires certain disclosures to be provided to applicants at the time of application for the purchase of a long-term care policy.

***AN ACT CONCERNING LONG-TERM CARE INSURANCE PREMIUM RATE INCREASES,* SB 199, P.A. 14-10**

Requires long-term care (LTC) insurance policy issuers (carriers) to spread premium rate increases of 20% or more over at least three years. It also requires LTC carriers to notify individual policyholders and group certificate holders of (1) a premium rate increase and (2) the option of reducing benefits to reduce the premium rate.

***AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE,* P.A. 14-12, SB 36**

Implements the Governor's recommendations concerning advanced nursing practice. Allows advanced practice registered nurses (APRNs) who have been licensed in Connecticut for at least three years to practice independently without needing to collaborate with physicians. Current law requires APRNs to work in collaboration with a physician, including having a written agreement regarding the APRN's prescriptive authority.

***State Run Retirement Plan,* HB 5596, Section 40, and HB 5597, Section 181**

The budget includes the groundwork for a state-run retirement plan in which individuals who are not offered pensions or 401 (k) s through work could open savings accounts. A new board will be established to develop a proposal for such a plan, which will allow people to open the accounts in a state-run trust. The state would manage but not fund the retirement plans. Employers would not be required to contribute. $400,000 is allotted to study the plan.

***AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND PERSONS WITH ALZHEIMER'S DISEASE* , Special Act, 14-6, HB 5222**

The Commission on Aging shall study (1) private sources of funding available to elderly persons and persons with Alzheimer's disease in need of home or community-based care, (2) the availability of programs funded by the state that provide home or community-based care to elderly persons and persons with Alzheimer's disease in need of home or community-based care, and (3) the cost effectiveness of such programs funded by the state. Not later than January 1, 2015, the commission shall submit a report on such study, including recommendations on which state programs should be expanded, to the joint standing committee of the General Assembly having cognizance of matters relating to aging in accordance with the provisions of section 11-4a of the general statutes.

***Mental Illness Training for Police officers,* HB 5597, Section 46**

Requires each basic and review training program for police officers conducted by the Department of Emergency Services and Public Protection (DESPP) or a municipal police department to include a course on handling incidents involving an individual affected by a serious mental illness. Funding of $50,000 is included in HB 5596 for this purpose.

***Renters' Rebate Program,* Section 48-54, and 258**

Sections 48 - 54 and 258 transfers the administration and funding of $28.5 million of the Renters' Rebate Program from the Department of Housing (DOH) to the Office of Policy Management (OPM). HB 5596 implements this provision. **Section 49** re-opens eligibility for the Renters' Rebate Program. This results in an annualized cost of $6.5 million in FY 15. HB 5596 includes the $6.5 million necessary to re-open the program.

***AN ACT CONCERNING THE EXPANSION OF A SMALL HOUSE NURSING HOME PILOT PROGRAM,* HB 5229**

Allows the social services commissioner to expand, within available appropriations, the "small house nursing home" pilot program, which is currently capped at one such home. The homes are modeled after private homes and afford residents more privacy, increased support staff, and individualized care.

Removes the cap on the number of homes and allows one of them to be a facility at the Masonicare health facilities in Wallingford. It also increases the cap on the number of program beds from 280 to 380 at all the facilities.

***AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION AND OTHER PURPOSES,* SB 29**

Authorizes Department of Housing $1,000,000 for grants-in-aid for accessibility modifications for persons transitioning from institutions to homes under the Money Follows the Person program.

***AN ACT CONCERNING MEDICAID COST SAVINGS,* SB 321**

Adds six members to the Council on Medical Assistance Program Oversight, one each appointed by the six legislative leaders, who must work solely on a new standing subcommittee of the council created by the bill. The subcommittee must study and make annual recommendations to the council on evidence-based best practices concerning Medicaid cost savings. The subcommittee must choose its chairpersons from among its members and must file its first report to the council by January 1, 2015. 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, the sufficiency of Medicaid provider rates, and the benefits package for each of the affected programs.

***AN ACT CONCERNING SENIOR SAFETY ZONES,* SB 178**

Establishes a task force to study the establishment of senior safety zones to protect senior citizens from sexual offenders who are required to register. The task force shall examine: (1) Best practices nationwide for protecting senior citizens in their homes, at senior centers and at long-term nursing facilities from interaction with sexual offenders; (2) legal considerations related to identifying persons convicted of sexual offenses and preventing them from entering public facilities where senior citizens may live or congregate; (3) data regarding the percentage of sexual offenders whose victims are elderly persons; and (4) the most effective means to identify sexual offenders and limit their movements without affecting their constitutional rights.

***AN ACT CONCERNING THE PURCHASE OF MEDICARE SUPPLEMENT POLICIES BY QUALIFIED MEDICARE BENEFICIARIES,* SB 176**

Allows certain insurers and other specified private entities to deliver or issue policies supplementing Medicare health insurance to low-income Medicare recipients who are already receiving state assistance to help pay Medicare deductibles, coinsurance, and co pays (i.e., Qualified Medicare Beneficiaries (QMBs)). An entity may only issue or

deliver policies that supplement Medicare plans A, B, or C, or any combination of these plans. This option is available to insurers, fraternal benefit societies, hospitals, medical service corporations, and HMOs only to the extent federal law allows. But federal law specifies conditions that appear to prohibit these entities from selling supplemental policies to QMBs in Connecticut. Federal law allows an insurer to sell or issue supplemental insurance to a person eligible for Medicaid Part A or enrolled in Medicare Part B only if that person provides a statement outlining their health insurance policies and any Medicare benefits to which they are entitled. If the person is Medicaid-eligible, the insurer may sell or issue supplemental insurance only if that eligibility is limited to payments of Part B premiums. In Connecticut, QMB recipients are entitled to assistance for co pays and deductibles in addition to Part B premium payments. As a result, selling or issuing supplemental policies to these recipients appears to violate federal law.

***AN ACT CONCERNING REQUIREMENTS FOR INSURERS' USE OF STEP THERAPY,* SB 394**

Places certain requirements on insurers for the use of step therapy for prescription drugs and bars certain health insurers that use prescription drug step therapy regimens from requiring their use for more than 60 days. Under the bill, "step therapy" is a protocol or program that establishes the specific sequence for prescribing drugs for a specified medical condition.

At the end of the step therapy period, the bill allows an insured's treating health care provider to determine that the step therapy regimen is clinically ineffective for the insured. At that point, the insurer must authorize dispensation of and coverage for the drug prescribed by the provider, if it is covered under the insurance policy or contract. The bill also requires insurers to establish and disclose to its providers a process by which they may request, at any time, an authorization to override any step therapy regimen. It prescribes the conditions under which the insurer must grant the override. If the provider does not consider the step therapy regimen to be ineffective or does not request an override, the drug regimen may be continued.

***AN ACT CONCERNING NOTICE OF ACQUISITIONS, JOINT VENTURES AND AFFILIATIONS OF GROUP MEDICAL PRACTICES AND HOSPITAL ADMISSIONS, MEDICAL FOUNDATIONS AND CERTIFICATES OF NEED,* SB 35**

Implements the Governor's recommendations concerning notice of acquisitions, joint ventures and affiliations of group medical practices. The bill also makes changes in three areas: Removes a barrier to existing law that makes it difficult for for-profit hospitals to operate in Connecticut; expands oversight on the sale of nonprofit hospitals; gives the state significantly more oversight over transactions involving physician practices.

***AN ACT CONCERNING WAIVERS FOR MEDICAID-FINANCED, HOME AND COMMUNITY-BASED PROGRAMS FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURY,* HB 5402**

Requires the Department of Social Services (DSS) to continuously operate the current Medicaid acquired brain injury (ABI) waiver. It further specifies that services under this waiver not be phased out and that no individuals receiving services be institutionalized in order to meet federal cost neutrality requirements. Requires the DSS commissioner to seek federal approval for a second ABI waiver.

The bill also establishes an advisory committee for the ABI waiver. The committee consists of the chairpersons and ranking members (or designees) of the Human Services, Appropriations and Public Health committees, as well as the commissioners of Social Services and Mental Health and Addiction Services. The committee must meet no less than four times per year. The committee must submit to the General Assembly an initial report concerning the impact of the individual cost cap in the proposed second ABI waiver by February 1, 2015.

***AN ACT CONCERNING EMPLOYERS AND HOME CARE WORKERS,* HB 5453**

Allows a "sleep-time" exclusion from overtime pay requirements for certain employees employed by third-party providers (e.g., home care agencies) to provide "companionship services" as defined by federal regulations. In general, these regulations define "companionship services" to mean fellowship, protection, and limited care for an elderly person or person with an illness, injury, or disability. The bill's sleep-time exclusion aligns state law with changes in federal regulations effective January 1, 2015.

Specifically, the bill allows such an employee and third-party provider to agree to exclude a regularly scheduled sleep period of up to eight hours from the work hours used to determine the employee's overtime pay if (1) the employee is required to be present at a worksite for at least 24 consecutive hours, (2) adequate on-site sleeping facilities are provided to the employee, and (3) the employee receives at least five hours of sleep-time.

Under the bill, the employer cannot exclude more than eight hours from the employee's work hours even if the sleep period is scheduled for longer than eight hours. If the sleep period is interrupted by a work assignment, the interruption must be counted as hours worked. If the employee receives less than five hours of sleep time during the scheduled sleep period, the entire sleep period must be considered hours worked.

***Miscellaneous provisions,* HB 5597**

Section 78, Requires DSS to submit a report to the General Assembly, on or before January 1, 2015, on the cost of providing services under the Connecticut Home Care Program for the Elderly and the pilot program for person with disabilities.

Section 159, Approves the provisions of the collective bargaining agreements between the Personal Care Attendant Workforce Council and the District 1199, SEIU. Funding is included in HB 5596 to support such agreements.

Section 217, Makes the transfer of $500,000 in each year (FY 14 and FY 15) from the Biomedical Research Trust Fund to the General Fund in FY 15 effective from passage and conforms to HB 5596.

***AN ACT IMPROVING TRANSPARENCY OF NURSING HOME OPERATIONS,* HB 5051**

Requires every for-profit chronic and convalescent nursing home that receives state funding to include with its cost report to the Department of Social Services (DSS) the most recent finalized annual profit and loss statement from any related party that receives $50,000 or more for providing goods, fees, and services to the nursing home. By law, DSS pays nursing homes per diem rates for caring for their Medicaid-eligible residents. Rates are set prospectively based on cost reports the homes submit annually.

Under the bill, "related party" includes companies related to the nursing home through a family association (i.e., a relationship by birth, marriage, or domestic partnership) or through common ownership, control, or business association with any of the owners, operators, or officials of the nursing home.

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