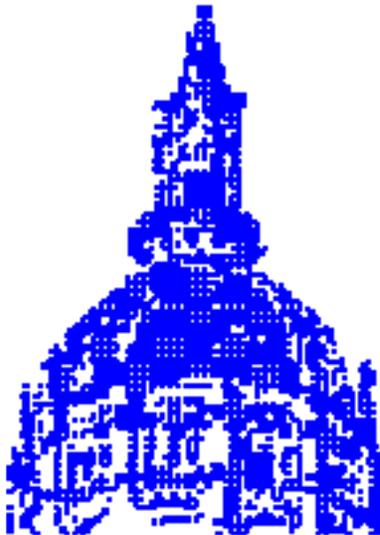


Office of Legislative Research
Connecticut General Assembly



OLR ACTS AFFECTING

SENIORS



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NOTICE TO READERS

This report provides brief highlights of public and special acts affecting seniors enacted during both the regular session and the May 9 Special Session. For separate descriptions of the acts that passed by session, see OLR Reports [2002-R-0513](#) for the regular session and [2002-R-0732](#) for the Special Session.

Not all provisions of the acts are included here. Complete summaries of all public acts passed in the 2002 sessions 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.state.ct.us/olr/publicactsummaries.asp>).

Readers may 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.state.ct.us/default.asp>).

Unless otherwise indicated, the acts take effect on October 1, 2002.

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PRESCRIPTION DRUGS

ConnPACE

The Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled (ConnPACE) program helps low-income seniors and people with disabilities who do not qualify for Medicaid pay for prescription drugs.

A new law increases the \$12 per-prescription copayment for some people who enter the ConnPACE program on or after September 1, 2002, based on their annual incomes, marital status, and the date they first become eligible. Generally, it retains the \$12 copayment for existing and future participants with low incomes. But someone who is in the program before September 1, 2002 and then reapplies after a period of ineligibility will have to pay the same copayments as those who first join the program on or after September 1, 2002. Table 1 shows the new copayments for all participants.

Table 1: New ConnPACE Copayments

<i>Eligibility Start Date:</i>	<i>Annual Income</i>	<i>Copayment</i>	
		<i>Single</i>	<i>Married</i>
Before 9/1/02	Under \$20,000	Under \$27,100	\$12
On or after 9/1/02	Under \$15,900	Under \$21,500	\$12
	\$15,900 - \$20,000	\$21,500 to \$27,100	\$15
Upon federal waiver approval*	Over \$20,000	Over \$27,100	\$20

*On April 1, 2002, the ConnPACE income limits increased to \$20,000 and \$27,100 for single and married people, respectively, as a result of 2001 legislation. That act also requires these income caps to rise to \$25,800 and \$34,800 if DSS receives federal approval for a Medicaid waiver. (*PA 01-2, June Special Session*). (However, the department's waiver request asks for an income cap of 300% of the federal poverty level (FPL), which at this point is higher than the caps the act sets). The federal government has not yet approved the waiver.

The income ranges used to set the copayment level will increase annually by the Social Security inflation adjustment. (*PA 02-7, May 9 Special Session, §§ 15 and 16, effective September 1, 2002*)

Another act, further discussed below, exempts Anthem-Blue Cross demutualization payments and stock distributions which many seniors recently received from being counted as income for ConnPACE (*SA 02-1, effective upon passage*).

Other Changes in Prescription Assistance Programs

Unless otherwise indicated, the following changes affect prescription drug assistance under Medicaid, ConnPACE, State-Administered General Assistance (SAGA), town general assistance (GA, which applies only to Norwich), and Connecticut AIDS drug assistance.

Prescription Drug Prior Authorization. By law, DSS must establish a prior authorization plan for prescription drugs dispensed under its pharmacy programs. Prior authorization is required for initial prescriptions for (1) brand-name drugs for which a chemically-equivalent generic is available, (2) drugs costing more than \$500 per month, and (3) early refills. As required by law, DSS submitted its plan to the three legislative committees of cognizance. Although one committee rejected the plan, it is considered approved and is scheduled to go into effect later this year or early next year.

A new law, passed in the May 9 Special Session, specifically requires the DSS commissioner to implement the recently approved prior authorization plan, but some of its provisions differ from the approved plan or are not entirely clear. The new law requires prior authorization for less than a 15-day supply of any initial brand name

maintenance drug for which there is a chemically equivalent generic substitute, while the approved plan had exempted these smaller quantities. The new law seems to exempt atypical antipsychotic drugs that the patient is already taking when the pharmacist receives the prescription. (PA 02-7, § 50, May 9 Special Session, effective upon passage) And another law passed in the special session (described in more detail below) appears to exempt mental-health related and anti-retroviral (HIV and AIDS) drugs that are not on the to-be developed preferred drug list from prior authorization (PA 02-1, § 121, May 9 Special Session, effective July 1, 2002). DSS is currently reviewing how to implement the provisions of the prior authorization plan and the new legislation.

Preferred Drug List: Medicaid Pharmaceutical And Therapeutics Committee. A new law establishes an 11-member Medicaid Pharmaceutical and Therapeutics Committee in DSS and requires DSS to adopt a preferred drug list when this committee recommends one. The committee must review all drugs on the list at least every 12 months, to the extent possible. It can recommend that drugs be added or taken off the list.

Any drug not on the preferred drug list will require prior authorization, apparently except for mental health-related and antiretroviral (HIV and AIDS)

drugs. The committee can make recommendations to DSS regarding prior authorization of any Medicaid-covered drugs. Medicaid recipients can appeal the preferred drug list determinations through a department fair hearing.

The committee must ensure that drug manufacturers who agree to provide supplemental rebates to the state are given the opportunity to present evidence that supports adding their product to the list. *(PA 02-1, § 121, May 9 Special Session, effective July 1, 2002)* Another new law, however, makes that particular provision void if a court of competent jurisdiction, in a final decision, decides that the federal Secretary of Health and Human Services does not have authority to allow such rebates. But it specifies that the inability to use these supplemental rebates does not impair the committee's ability to maintain a preferred drug list. *(PA 02-7, § 52, May 9 Special Session, effective upon passage)*

Voluntary Mail Order

Option. The DSS commissioner can establish a voluntary mail order option for maintenance prescription drugs covered under DSS drug assistance programs. Maintenance drugs are those that the patient must take for long periods of time. *(PA 02-1, § 120, May 9 Special Session, effective July 1, 2002)*

Pharmaceutical Purchasing Initiative. The legislature gave the DSS commissioner authority to implement a "pharmaceutical purchasing initiative" by contracting with an established entity for the lowest pricing available for these assistance programs. Any entity with which the commissioner contracts must have an established pharmaceutical network and demonstrate its ability to process the anticipated prescription volume. *(PA 02-1, § 123, May 9 Special Session, effective July 1, 2002)* DSS must report annually on the initiative's status to the legislature's Appropriations Committee. *(PA 02-7 § 56, May 9 Special Session, effective upon passage)*

Pharmacies' Dispensing

Fees. The DSS commissioner must reduce the dispensing fee paid to pharmacies from \$4.10 to \$3.85 per prescription, starting September 1, 2002. *(PA 02-1, § 122, May 9 Special Session, effective July 1, 2002)*

Pharmacies will also no longer receive an additional fee of 50 cents from DSS for substituting a generic product for a brand name drug prescribed under the Medicaid program (known as the generic incentive dispensing fee). *(PA 02-7, §§ 50 and 88, May 9 Special Session, effective upon passage)*

Generic Drug

Reimbursement Ceilings. A new law allows the DSS commissioner to set payment ceilings known as “maximum allowable costs” (MAC) for generic prescription drug reimbursement to pharmacies. It allows the commissioner to base the MAC on actual acquisition costs, but does not limit her to this method. *(PA 02-1, § 118, May 9 Special Session, effective July 1, 2002)* Another new law requires DSS to (1) implement and maintain a procedure to review and update the MAC list at least annually and (2) annually report its activities under this provision to the legislature’s Appropriations Committee. *(PA 02-7, § 53, May 9 Special Session, effective upon passage)*

Prescription Error Reporting

Pharmacies have to establish quality assurance programs to detect and prevent prescription errors. A “prescription error” is an act or omission of clinical significance related to drug dispensing that results or may reasonably be expected to result in a patient’s injury or death. Each pharmacy must (1) post signs and include notices on receipts or in packaging informing consumers how to report errors and (2) keep records about prescription errors. *(PA 02-48)*

ASSISTED LIVING PILOTS

Under a new law, some seniors living in private assisted living facilities who are in danger of running out of money may not have to move to a nursing home. The legislature authorized DSS, on or after January 1, 2003 and within available appropriations, to start two new pilot programs: a Medicaid waiver pilot for up to 50 people and a purely state-funded pilot for another 25 people. The pilots will pay for assisted living services for these seniors if their assets and income otherwise qualify them for the Connecticut Home Care Program for Elders (CHCPE) (which also consists of a Medicaid waiver portion and a state-funded portion for people with somewhat higher assets). DSS will use Medicaid asset transfer rules in determining eligibility for both pilots.

Applicants for either pilot must reside in a managed residential community (MRC) where the assisted living services are provided by a licensed assisted living services agency. They must also be ineligible to receive these services under any other assisted living services pilot program established by the General Assembly. *(PA 02-7, §§ 27-28, May 9 Special Session, effective upon passage)*

LONG-TERM CARE PLANNING

Long-Term Care Advisory Council

A new law requires the Long-Term Care Advisory Council (LTCAC) to seek recommendations from people with disabilities or people receiving long-term care services who reflect the state's socioeconomic diversity.

It adds eight new members to the 19-member LTCAC. They are (1) a personal care attendant appointed by the House speaker; (2) the president of the Family Support Council or his designee; (3) someone who, in a home setting, cares for a person with a disability, appointed by the Senate president pro tempore; (4) three people with disabilities, one each appointed by the House and Senate majority leaders and the House minority leader; (5) a legislator who is a member of the Long-Term Care Planning Committee; and (6) a nonunion home health aide appointed by the Senate minority leader.

The LTCAC, composed of long-term care providers and consumer advocates, advises the interagency Long-Term Care (LTC) Planning Committee, which is composed of representatives from executive agencies and legislators. The LTC Planning Committee's charge is to exchange information on long-term care issues, coordinate long-term care policy

development, establish a statewide long-term care plan for the elderly and others in need of long-term care, revise it every three years, and study related issues. *(PA 02-100, effective October 1, 2002)*

Long-Term Care Website

The Office of Policy and Management (OPM), within existing budgetary resources, must develop a single, consumer-oriented Internet website that provides comprehensive information on long-term care options in Connecticut. The website must include direct links and referral information on long-term care resources, including private and nonprofit organizations offering advice, counseling, and legal services. OPM must consult with the Select Committee on Aging, the Commission on Aging, and the Long-Term Care Advisory Council when developing the site. *(PA 02-7, § 51, May 9 Special Session, effective upon passage)*

Comprehensive Needs Assessment

OPM must conduct a comprehensive needs assessment of the unmet long-term care needs in the state and project future demand for such services. The assessment must include a review of DMR's waiting list. *(SA 02-7, effective July 1, 2002)*

OTHER MEDICAID ISSUES

Optional Services

A new law requires DSS to amend the Medicaid state plan in order to implement the Medicaid optional services provisions in PA 02-1, May 9 Special Session. It specifies that the state plan amendment will supersede any existing regulations concerning these services. With this change, Medicaid could potentially no longer pay for the services of naturopaths, chiropractors, psychologists, physical therapists, occupational therapists, speech therapists, and podiatrists. How this provision will finally be implemented is not entirely clear. DSS is currently analyzing the situation and we are awaiting clarification from them. *(PA 02-7, § 104, May 9 Special Session, effective upon passage)*

Nonemergency Medical Transportation

A new law allows DSS, by June 30, 2003, in consultation with OPM, to submit an amendment to the Medicaid state plan or implement changes needed to reduce Medicaid nonemergency medical transportation expenditures. But it prohibits eliminating any “category of eligible need” (e.g., livery, wheelchair vans, ambulances) other than reimbursement for personal

vehicle use.

It also allows a competitively bid contract for nonemergency medical transportation that the state enters into to include services provided by another state agency and to supersede any conflicting state regulations that affect medical transportation.

Finally, DSS will be the sole state agency that sets both emergency and nonemergency medical transportation fees or fee schedules for any transportation services the department reimburses under Medicaid, SAGA, and other medical assistance programs it runs. *(PA 02-7, § 60-61, May 9 Special Session, effective upon passage)*

Physician Reimbursement for Medicare-Medicaid Dually Eligible Patients

Starting April 1, 2003 and within available Medicaid appropriations, DSS must grant a rate increase to physicians providing services to clients who are eligible for both Medicare and Medicaid (“dually-eligible” clients). *(PA 02-7, § 54, May 9 Special Session, effective upon passage)*

Payment for Used Durable Medicaid Equipment

A new law allows the DSS commissioner to pay for used, durable medical equipment supplied by a vendor or supplier enrolled as a medical equipment,

devices, and supplies provider under the Medicaid program. It eliminates the requirement under prior law (*PA 01-2, June Special Session*) for the commissioner to seek a federal waiver for the purpose. The covered equipment includes items such as wheelchairs, hospital beds, walkers, crutches, or canes. (*PA 02-7, § 48, May 9 Special Session, effective upon passage*)

Home Health Service Claims - Dually Eligible

A new law sets special requirements for paying claims during a federal demonstration project to improve the efficiency of the payment process for home health services provided to Medicare-Medicaid dually eligible clients (Medicaid is always the payer of last resort). It allows DSS to (1) impose a sanction of up to \$50,000 on a home health provider for each failure to appropriately file Medicare claims or medical records under the project and (2) recoup the sanction amount from ongoing Medicaid payments to the provider. During the project, no eligible recipient can be held liable for reimbursement to the state for the cost of these Medicare services paid for by Medicaid.

It also allows DSS, under an agreement with the federal Centers for Medicare and Medicaid Services, to waive liability for reimbursement for otherwise liable people (i.e.,

people for whom Medicaid paid when Medicare should have) who received the services between October 1, 1997 and September 30, 2000. (*PA 02-7, § 98, May 9 Special Session, effective upon passage*)

STATE AND TOWN MEDICAL ASSISTANCE

A new law eliminates coverage for eye care, optical hardware, optometry care, podiatry, chiropractic, naturopathy, and home health care under SAGA and town GA. It also permits DSS to contract with a consortium of federally qualified community health centers (FQHC) to provide medical assistance to these recipients. (*PA 02-7, §§ 19, 20 & 62, May 9 Special Session, effective upon passage*)

IMMIGRANTS

A new law delays, from June 30, 2002 to June 30, 2003, the cutoff date for legal immigrants who are barred from federal programs to apply for state-funded programs. These programs include the Connecticut Home Care Program for Elders (CHCPE), food stamps, cash assistance under Temporary Family Assistance (TFA) and SAGA, state-funded medical assistance equivalent to Medicaid, SAGA medical aid, and HUSKY B. (*PA 02-7, §§ 22 - 25, May 9 Special Session, effective upon passage*)

STATE SUPPLEMENT

A new law increases the personal needs allowance for the State Supplement Program by one-half the percentage increase in the January 2003 annual cost-of-living increase, if any, in the federal Supplemental Security Income (SSI) program. *(PA 02-7, § 55, May 9 Special Session, effective upon passage)* The budget appropriates \$1 million for this purpose.

NURSING HOMES

Designees and Nursing Home Patients' Bill Of Rights

A new law requires people to honor documents executed by one adult designating another adult to make certain decisions on the maker's behalf in nursing homes, residential care homes, chronic disease hospitals, psychiatric hospitals, other health care settings, and certain other situations.

The act includes these designees in certain portions of the nursing home patients' bill of rights and authorizes them to (1) receive between 30 and 60 days advance notice of involuntary, non-emergency room transfers, including moving Medicaid patients from private to non-private rooms; (2) be included in the pre-transfer consultative process (the law requires notice to, and consultation with, certain relatives, conservators and

guardians, or other representatives); (3) visit them in private (prior law applied to spouses only); and (4) meet with other patients' families at the facility (prior law was limited to family members). See below for a discussion of the act's other provisions affecting seniors. *(PA 02-105)*

Flu and Pneumonia Vaccinations

The public health commissioner has to adopt regulations to prevent influenza and pneumococcal disease in nursing homes. The regulations must assure that each nursing home patient is immunized annually against influenza, and against pneumonia according to recommendations of the National Advisory Committee on Immunization. The regulations must also provide appropriate exemptions for patients (1) for whom immunization is medically contraindicated or (2) who object on religious grounds. *(PA 02-10)*

Rate Increase Delay

The legislature delayed by six months the statutorily scheduled 2% Medicaid nursing home rate increase from July 1, 2002 to January 1, 2003. But any facility whose rate would have dropped on July 1, 2002 due to an interim rate status or agreement with DSS will be paid the lower rate, which will then be increased by 2% on January 1,

2003. (PA 02-7, § 17, May 9 Special Session, effective upon passage)

Nursing Home Staffing Funding

Originally, \$7 million was allocated in FY 03 to enhance staffing. Only \$2 million was finally approved in the budget bill. (PA 02-1, § 17, May 9 Special Session, effective upon passage)

Medicare Distinct Part Certification

New legislation requires all nursing homes (except those solely for AIDS patients), chronic disease hospitals associated with nursing homes, and rest homes with nursing supervision that participate in Medicaid to participate equally in Medicare. It does this by eliminating their ability to ask the DSS commissioner to have a smaller number of beds certified for Medicare under certain conditions. (PA 02-7, § 46, May 9 Special Session, effective upon passage)

Drug Return Program Penalties

Nursing homes must already return certain unused prescriptions (individually packaged unit dose medications for about 50 of the most commonly used drugs) for their Medicaid residents to the

pharmacies that dispense them. The pharmacies may return the drugs to stock (in new packages) and re-sell them before they expire. This act subjects facilities to a \$30,000 fine for each incident of noncompliance. It allows DSS to offset a facility's Medicaid reimbursement to collect the penalty. (PA 02-1, § 119, May 9 Special Session, effective July 1, 2002)

Nursing Home Closure Notice and Public Hearing

A new law requires any nursing home, intermediate care facility for the mentally retarded, rest home, or residential care home submitting any kind of letter of intent or certificate of need (CON) application to DSS to simultaneously notify the Office of the Long-Term Care Ombudsman.

The act requires facilities submitting a letter of intent to terminate a service or decrease their bed capacity substantially (e. g., close a facility) to also (1) concurrently notify in writing all residents, guardians or conservators, legally liable relatives, or other responsible parties, if known, and (2) post a notice in a conspicuous location at the facility. The act specifies the notice's contents.

The act permits DSS to hold a public hearing on such applications, as well as those involving capital expenditures. Under prior law, hearings for capital expenditures were

mandatory, with a waiver allowed in emergencies. There was no hearing option for the other type of CON. The act allows a simultaneous hearing on more than one application if they are similar.

Under existing law, a facility must file a CON application with DSS, beginning with a letter of intent (a notice of its intention to apply for a CON), whenever it (1) transfers ownership or control prior to licensure, (2) adds a new function or service or expands an existing one, (3) ends a service or substantially reduces its total bed capacity, or (4) proposes certain capital expenditures. If DSS approves the application, the CON is granted. *(PA 02-135)*

Exception to Nursing Home Moratorium

Under a new law, DSS can approve one CON request for up to 20 beds to provide lifetime nursing home services from a licensed nursing home that does not participate Medicaid or Medicare. The home must (1) admit residents without regard to income or assets and (2) show that it is financially able to provide such care without Medicaid participation. Currently, there is a moratorium on new nursing home beds until 2007, with certain exceptions. *(PA 02-135)*

TAXES

Gift Tax Phase-Out Delay

The legislature delayed a scheduled phase-out of the tax on gifts of \$1 million or less. The tax on gifts of \$25,000 or less was already eliminated as of January 1, 2001. The new law freezes the gift tax at 2001 rates for the 2002 and 2003 calendar years and delays each subsequent scheduled reduction by two years, postponing the end of the phase-out from 2006 to 2008. *(PA 02-1, May 9 Special Session, effective upon passage and applicable to income years starting on or after January 1, 2002)*

FOOD STAMP PROGRAM CHANGE

Food stamp recipients can keep a car valued up to \$9,500. The prior limit was \$4,650. *(PA 02-37, effective July 1, 2002)*

ANTHEM DEMUTUALIZATION PAYMENTS

Recent one-time cash payments and the value of stock distributed to individuals in connection with Anthem, Inc.'s conversion to a stockholder-owned company will not count as income in determining eligibility for the following programs:

1. ConnPACE,
2. state-reimbursed additional property tax exemption for veterans,
3. elderly property tax freeze,
4. rental rebates for elderly and totally disabled people,
5. property tax credits for elderly and totally disabled homeowners (circuit breaker),
6. local-option additional property tax exemptions for veterans and totally disabled and blind people, and
7. local-option property tax relief for elderly and disabled people.

For stock distributions to be excluded, the recipient must sell these in the tax year in which they are distributed or the two following tax years. The exclusion is limited to the stock's value on the distribution date and does not cover any gains accrued between the distribution date and the sale date. *(SA 02-1, effective upon passage and applicable to property tax assessment years starting on or after October 1, 2001 and taxable years for individuals starting on or after January 1, 2001.)*

INSURANCE

Designation of Third Party to Receive Certain Cancellation Notices

A new law requires automobile and homeowner insurers to include a conspicuous statement with each policy informing policyholders age 55 and older that they may designate a third party to receive cancellation or nonrenewal notices. The statement must include a designation form and an address to which to mail the completed form. The designation form must include a written acceptance by the designee. Policyholders and third-party designees may each end the designation by sending the insurer and the other party written notice. The insurer may require these termination notices to be sent by certified mail, return receipt requested.

The act requires the insurers to use the same method to provide a copy of the notice to any third-party designee as they do for sending cancellation or nonrenewal notices to the policyholder. *(PA 02-60)*

MOTOR VEHICLE TRANSFER UPON DEATH OPTION

A new law allows a natural person who is the sole owner of a motor vehicle to designate on the registration certificate a beneficiary to assume ownership

of the vehicle on his death. (PA 02-105, effective January 1, 2003)

DESIGNEES FOR HEALTH CARE AND OTHER DECISION-MAKING

A new law requires people to honor documents executed by one adult designating another adult to make certain decisions on the maker's behalf and giving the designee limited rights or responsibilities. The act applies to documents used in:

1. psychiatric hospitals, when informed consent for medical treatment is required from someone other than the patient;
2. nursing homes, residential care homes, chronic disease hospitals, and rest homes with nursing supervision, when private visitation and room transfer decisions are made;
3. health care settings, when medical personnel (a) need information about a patient's wishes from people other than the patient or (b) plan to withdraw life support;
4. the workplace, when an employee receives an emergency phone call; and
5. court and administrative proceedings involving crime victims.

The act includes these designees in certain portions of the nursing home patients' bill of rights. It authorizes them to receive certain room transfer notices and be consulted in the transfer process, visit privately with the patient, and meet with other patients' families at the facility. (PA 02-105)

Life Support and Anatomical Gift Decisions

By law, a physician treating an incapacitated person in a terminal or permanently unconscious condition must consider the patient's wishes concerning the withholding or withdrawal of life support. When the doctor does not have a patient's living will in his possession, he must determine those wishes by asking the patient's health care agent, next of kin, legal guardian or conservator, or anyone else he knows has talked with the patient about his wishes, where this is possible. He must also make reasonable efforts to give advance notice to a person's health care agent, legal guardian, or conservator before withdrawing life support.

The act adds a patient's designee to the list of people the doctor must consult about a patient's wishes and notify before removing life support. It also requires health care providers to include in a patient's medical record reported communications the patient made to his designee,

in addition to the people listed above, about any aspect of his health care preferences, including the withholding or withdrawal of life support.

A deceased person's designee will have priority in anatomical gift decisions over his guardian, health care agent, conservator, and all family members except the surviving spouse. As under existing law, no one can override the deceased's earlier unrevoked decision not to make the gift. *(PA 02-105)*

MISCELLANEOUS

Segways

A new law allows certain people with disabilities to use an "electric personal assistive mobility device" (a Segway) on sidewalks and to cross certain highways without an operator's license or a vehicle registration. A Segway is a self-balancing device for transporting one person that has an electric propulsion system and two nontandem wheels, can go at speeds up to 15 miles per hour, and is unsuitable for public highways. This act applies only to people sixteen or older who have disabilities that limit or impair their ability to walk, and who have been issued a handicapped parking placard by the motor vehicle commissioner. *(PA 02-7, §§ 73 and 74, May 9 Special Session, effective upon passage)*

Exclusions From Bank Account Executions

By law, a creditor may obtain a court-ordered judgment against someone who owes him money (the debtor). The creditor can serve this order on any bank where the debtor has an account, but cannot seize certain types of exempt funds. This act increases, from \$800 to \$1,000, the amount the bank must leave in the account if the debtor recently received "readily identifiable" exempt federal veterans' or Social Security benefits by direct deposit. *(PA 02-93, effective January 1, 2003)*

Hospice Extension

New legislation extends until October 1, 2006 a pilot program that allows hospices to establish residences for offering home care and related services to terminally ill people. Authority to operate the pilot lapsed in 2001. *(PA 02-7, § 96, May 9 Special Session, effective upon passage)*

Health Care Quality Program

A new law requires DPH to establish a quality of care program for health care facilities that includes a health care quality performance measurement and reporting system. The program will initially apply to hospitals and, in later years, to other health care facilities. DPH must produce a report comparing hospitals based

on quality performance measures. Beginning June 30, 2003, all hospitals must implement performance improvement plans and submit them annually to DPH.

The act also requires hospitals and outpatient surgical facilities to report adverse events to DPH. An "adverse event" is an injury caused by or associated with medical management and results in death or measurable disability. *(PA 02-125, October 1, 2002, except July 1, 2002 for the adverse event reports)*

Hospital Patient Rights Pamphlet

DPH must study the need for a pamphlet outlining hospital patients' rights under federal or state law or regulations and report on the study to the Public Health Committee by January 1, 2003. *SA 02-11, effective upon passage)*

Elderly Express and Geriatric Assessment

New appropriations in the budget for seniors include \$80,000 for Elderly Express in New Haven and Eastern Region (a community dial-a-ride service that takes seniors to medical appointments) and \$30,000 for geriatric assessment in Norwich. *(PA 02-1, May 9 Special Session, effective July 1, 2002)*

OTHER BUDGET CHANGES AFFECTING SENIOR PROGRAMS

There were also some generalized cuts across many accounts, some of which may affect the elderly. The impact will not be fully known until DSS decides exactly how to implement them. The legislature further gave the governor authority to make certain additional cuts in the budget, if needed. *(PA 02-1, § 52, May 9 Special Session, effective July 1, 2002)*

HN:ts