



NEW YORK STATE ASSEMBLY • SHELDON SILVER, SPEAKER

2007  
*Annual Report*

COMMITTEE ON  
**AGING**  
JEFFREY DINOWITZ, CHAIR

December 15, 2007

Honorable Sheldon Silver  
Speaker of the Assembly  
State Capitol, Room 349  
Albany, New York 12248

Dear Speaker Silver:

It is my pleasure to forward to you the 2007 Annual Report of the Assembly Standing Committee on Aging.

The work accomplished during the 2007 Legislative Session reflects the Committee's dedication to and concern for seniors' quality of life, health and safety, independence, and other interests. This year the Committee advanced legislation addressing a wide range of issues. Several of these initiatives have been enacted, including the Alzheimer's Coordinating Council, a bill that was passed by the Assembly in previous years and was part of the 2007-2008 enacted budget. The Council is charged with improving the State's effectiveness in assisting individuals who have Alzheimer's disease and other dementias and their caregivers, as well as developing a state plan for improving and coordinating care.

Several other laws were enacted this year to protect seniors' interests and ensure seniors' independence. Chapter 358 of the Laws of 2007 will permanently extend authorization of the Naturally Occurring Retirement Communities (NORCs) program. This program has proven its effectiveness in the lives of the seniors who live in these communities through the services they provide. Chapter 188 of the Laws of 2008 will add the Director of the New York State Office for the Aging (SOFA) to the New York State Office for the Prevention of Domestic Violence. This will enable SOFA to be more involved in discussions of how to reduce domestic violence by recognizing that seniors are a uniquely vulnerable population. Health problems are often used to cover evidence of abuse and seniors are often unwilling to report domestic violence, especially if the perpetrator is a family member and/or the primary caregiver.

I would like to take this opportunity to thank the Committee members for their continued contributions to this past year's achievements. I would also like to express my appreciation for the assistance that the Committee received from the Committee staff in the course of our work. Finally, Mr. Speaker, I commend you for your continued leadership and support of our legislative initiatives to better protect New York State seniors.

Sincerely,

Jeffrey Dinowitz  
Chair, Committee on Aging

**2007 ANNUAL REPORT**  
**OF THE**  
**NEW YORK STATE ASSEMBLY**  
**STANDING COMMITTEE ON AGING**  
  
**JEFFREY DINOWITZ, CHAIR**

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## **I. Committee Responsibilities and Goals**

The New York State Assembly Standing Committee on Aging has jurisdiction over legislation affecting the quality of life of New York's senior citizen population. The Committee also reviews certain legislation providing real property tax relief for those over the age of sixty-five. The Committee works closely with, and has legislative and budgetary oversight for programs administered by, the New York State Office for the Aging. The Committee works to ensure services are available so that seniors enjoy a high quality of life in their later years. This includes programs such as the Expanded In-home Services for the Elderly Program (EISEP), Caregiver Resource Centers, Long-Term Care Ombudsman Program, Retired and Senior Volunteer Program (RSVP), Senior Respite Programs, Social Adult Day Programs, Naturally Occurring Retirement Communities (NORC), Neighborhood Naturally Occurring Retirement Communities (NNORC), Foster Grandparent Programs, Elder Abuse Education and Outreach Program, and Meals-on-Wheels Programs. Furthermore, the Committee has legislative and budgetary oversight of the Elderly Pharmaceutical Insurance Coverage (EPIC) Program, which is administered by the New York State Department of Health.

During the 2007 Session, the Committee reviewed 131 bills and addressed numerous issues aimed at reducing the real property tax burden among low income seniors, providing low income seniors relief from rent increases in the City of New York, enhancing benefits provided under EPIC, ensuring that seniors are able to safely remain in their homes and communities for as long as possible with the supports they deserve, providing supports and resources to individuals diagnosed with Alzheimer's disease and other dementias and their caregivers, as well as providing civic, volunteer, and paid opportunities to newly retired seniors who still have much to give to their communities and to New York State. Furthermore, this Committee held hearings to gather information on the Long-Term Care Compact, the allocation of funding for the Home Energy Assistance Program (HEAP), and the need for substance abuse and chemical dependency services for our seniors.

This report describes the Committee's major legislative activities during the 2007 Legislative Session.

## **II. 2008 COMMITTEE ACCOMPLISHMENTS**

### **A. Real Property Tax**

Property taxes in New York State are the tenth highest in the nation and are twenty-five percent above the national average. Property taxes are based on the value of the home, not on income or the ability to pay. This often creates a burden for low-income seniors who may rely on Social Security as their only source of income. It is the goal of this Committee to enable seniors to remain in their homes and out of costly institutions for as long as possible. One way this can be done is by providing real property tax relief through the Senior Citizen Rent Increase Exemption (SCRIE) program, the Circuit Breaker program, and the Enhanced Star program, as well as other senior exemptions.

#### **1. Large Print Tax Forms**

A. 574 (Cahill); Chapter 66 of the Laws of 2007

This chapter authorizes real property tax forms that are used solely or typically by seniors to be prepared in large print. This bill acknowledges and enhances New York's responsibility to provide our elders with every available option to make sure they benefit from New York's many programs for the aging and receive the quality assistance they deserve.

#### **2. Expands SCRIE Eligibility**

A. 1249 (Bing); Passed Assembly

This bill would give localities the option, upon a public hearing and the adoption of a local law, ordinance, or resolution, to exempt income received from social security benefits or supplemental security income payments when determining eligibility for the Senior Citizen Rent Increase Exemption (SCRIE) program. The SCRIE program is currently being utilized in New York City where the cost of housing is burdensome to seniors on a fixed income. This bill would allow more seniors to qualify for an exemption in increases in rent, thus providing relief from the high costs of housing.

#### **3. Medical Expense Exemption for SCRIE Eligibility**

A. 1379 (Englebright) Passed the Assembly

This bill would exempt certain medical and prescription expenses not reimbursed by third-party insurance from the definition of income when determining eligibility for SCRIE. Like A.1249, the goal of this bill is to increase the number of seniors eligible for the SCRIE program. Seniors with high medical and prescription drug costs may be forced to apply for Medicaid, leave their homes, and enter institutions because they cannot afford the cost of rising rents. This bill would enable seniors to remain in their homes longer and decrease their reliance on more intrusive and costly health care.

#### **4. SCRIE for Two Contiguous Dwellings**

A. 2604-A (Englebright); Passed Assembly

This bill would allow a senior who lives in two apartments as if they are one apartment for at least two years and is eligible for SCRIE to receive the rent exemption for both units. This bill would impact a small number of seniors who have been living in contiguous dwellings for a number of years. Currently, when the senior is eligible for SCRIE, they are exempt from increases in rent on only one of the dwellings; this has placed them at risk for financial instability due to large increases in rental payments on the other dwelling. This bill would ensure that seniors who live in contiguous dwellings and are eligible for SCRIE receive the exemption from rent increases on both apartments.

#### **5. Third Party Designation**

A. 7051 (DelMonte); Chapter 434 of the Laws of 2007

This chapter allows a senior who is eligible for a real property tax exemption to request that notices of application, renewal, or possible removal be sent to a designated third party within set time frames. Currently, there is a third party notification process for STAR (School Tax Relief program) to protect home owners who are ill or infirm. This bill creates the same protective process for seniors regarding the senior tax exemption.

#### **6. Eligibility Simplification for DRIE**

A. 7244/A. 9267 (Bing); Passed the Assembly

This bill would streamline the eligibility process for the Disability Rent Increase Exemption (DRIE) program to mirror that which currently exists for SCRIE. Eligibility for the SCRIE program is straight forward; you must be a senior who has an annual income less than \$25,000. Eligibility for the DRIE program is less simple; it involves a complex formula and requires many forms of documentation. This complex eligibility standard severely limits the number of individuals with disabilities who can take advantage of this program. This bill seeks to streamline the eligibility process enabling more individuals with disabilities to utilize this benefit.

### **B. Safety/Health and Well-Being**

As we age we become more vulnerable to hazards such as falls, drug interactions, and victimization. Seniors are more likely to become injured and suffer more severe consequences because of that injury than young adults. It is the responsibility of this Committee and of New York State to ensure that we are actively trying to preventing hazards and are responding appropriately.



### **1. Senior Pedestrian Surveys**

A. 31 (Clark); Passed Assembly

This bill would require the Department of Transportation to do a state-wide survey to determine the safety of senior pedestrians, and to study the feasibility of suggested methods to enhance the safety of such pedestrians. Every year senior citizens have a disproportionately high representation of those killed or injured in pedestrian incidents. Preventive pedestrian safety measures have been implemented outside New York State, and it is reasonable and prudent that these measures receive scrutiny and consideration for use in New York State.

### **2. Fall and Injury Prevention Coordinating Council**

A. 5740 (Englebright); Passed Assembly

This bill would establish a fall and injury prevention program and create a Fall and Injury Prevention Coordinating Council. In 2003, falls among older adults accounted for 12,900 deaths, 1,800,000 emergency department visits, and 421,000 hospitalizations. Among older adults who fall, 20-30 percent suffer moderate to severe injuries such as hip fractures or head trauma that reduces mobility and independence, increases the risk of premature death, and leads to serious health problems. The total cost of all fall injuries for people age 65 and older was calculated in 1994 to be \$27.3 billion. By 2020, the cost is expected to reach \$43.8 billion. Prevention of falls in homes, in public places, and in long-term care facilities can increase the quality of many seniors' lives as well as lead to a cost savings for the state.

### **3. Senior Drug Guide**

A. 6278 (Benjamin); Passed Assembly

This bill would require the New York State Office for the Aging to publish a guide explaining the purpose, function, and potential drug interactions of drugs commonly used by persons over the age of 62. The creation of a prescription drug guide for seniors would make seniors aware of the specific effects of the drugs seniors commonly use. Often, seniors are prescribed multiple medications and/or self-medicate with over-the-counter medicines. Certain drug interactions can be life threatening. Seniors need to be made aware of the likely contraindications of certain commonly prescribed drugs and over-the-counter medications.

### **4. Financial Exploitation Prevention Outreach, Education and Training Program**

A. 6519-A (Englebright); Passed Assembly

This bill would create a Financial Exploitation, Outreach, Education, and Training Program within the New York State Office for the Aging. Seniors are often an attractive target of financial exploitation for a number of reasons. Seniors control over 70 percent of the nation's wealth. They may not realize the value of their assets, and often do not know what action to take when they are

the victims of financial abuse. This bill would ensure that seniors receive the education and support they need to ensure they are not victims of financial abuse.

## **5. Continuous EPIC eligibility**

A. 7923 (Brennan); Passed Assembly

This bill would allow a senior who is currently receiving EPIC to continue to receive EPIC when an increase in public or private pensions or social security benefits, which does not exceed the consumer price index, would have led them to be ineligible. Small increases in pensions or social security benefits do not make up for the dramatically increased costs of health care and prescription drug costs. Seniors continue to need the assistance received through the EPIC program, which enables them to have access to their medications. Without such assistance, seniors on fixed incomes often have to choose between their medications and other necessary expenses, such as food or utilities.

## **C. Housing and Services**

Housing is one of the largest unmet needs of seniors. Most seniors want to stay in the houses or apartments that they have called their own for most of their adult life. When retirement or changes in medical status cause them to leave their homes it is often difficult for seniors to find the right combination of housing and services to meet their needs. It is the goal of the committee to increase available housing options and services for seniors to enable them to remain as independent as possible for as long as possible.

### **1. Senior Vision Services Program**

A. 897 (Englebright); Chapter 573 of the Laws of 2007

This Chapter created a Senior Vision Services Program to be developed by the New York State Office for the Aging. The program would establish grants to provide assessments, information and referrals, counseling, screening, and technical assistance and training to human services personnel. Currently, there is no comprehensive mechanism for referring and providing services for individuals who are visually impaired but do not meet the definition of legally blind. Furthermore, studies find age-related visual impairments to be second only to arthritis and rheumatism as a cause of disability.

### **2. Grandparent Caregiver Support Program**

A. 965-A (Englebright); Passed Assembly

This bill would require the New York State Office for the Aging to establish a Grandparent Caregiver Support Program to develop resources centers and to provide technical assistance and training, information and referrals, counseling, printed materials, and assistance in gaining services to grandparents or other senior relatives who are providing primary care to children. There are

over 240,000 children being raised in grandparent-headed households in New York State. However, grandparents and other senior caregivers are often unaware of services available to them. The Grandparent Caregiver Support program proposed by this legislation would provide grandparents and other senior caregivers with the resources and assistance they need to care for children.

### **3. Authorizes the LTC Ombudsman in Assisted Living Residences**

A. 1452-A (Englebright); Passed Assembly

This bill would include assisted living residences within the definition of “Long Term Care Facilities” for the purposes of the Long Term Care Ombudsman program. There has been some concern that the Long-Term Care Ombudsman program has been refused entrance into assisted living residences because of some ambiguity in the State law. This bill cures any such ambiguity by requiring that all assisted living residences allow long-term care ombudsmen access in their facilities.

### **4. Geriatric Chemical Dependence Act**

A. 1453-A (Englebright); Veto Message 11

This bill would create a Geriatric Chemical Dependence Demonstration Program administered by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to provide grants to providers of chemical dependency services to enhance services provided to seniors. An Interagency Council on Geriatric Chemical Dependency Services would also be developed to formulate recommendations regarding the chemical dependency needs of New York State’s seniors. It has been found that in this state nearly one half million seniors suffer from some form of substance abuse or misuse; however, many are not diagnosed and most are not receiving treatment. Multiple barriers exist that hinder appropriate identification and treatment of these illnesses. This bill would increase the opportunity for screening, education, diagnosis, treatment, and sober living in a format that meets the unique needs of those over the age of sixty.

### **5. Companion Pets for Seniors**

A. 1839 (Lentol); Chapter 48 of the Laws of 2007

This chapter enacted the Senior Pet Companionship Program established and operated by the New York State Office for the Aging. This program matches seniors who have limited social contact with pets, such as cats and dogs, to improve the senior’s quality of life. Studies have shown that an individual’s emotional and mental well-being can be greatly enhanced by the companionship of a loyal and loving pet.

### **6. College-Linked Senior Community**

A. 4725 (Lifton); Veto Message 158

This bill would create the College-Linked Senior Living Community Project, which would

establish an intergenerational model of delivering long-term care services to seniors. The program would include independent living apartments, an adult care facility, and a residential health care facility in association with a local college that would provide cost-effective and efficient long-term care through teaching, training, clinical affiliation, and shared resources.

**7. Expansion of Adult Day Health Slots**

A. 5972 (Magee); Veto Message 43

This bill would allow an Adult Day Health Program located in Otsego County, which currently has a waiting list, to increase the number of adult day health slots by up to twelve for a limited time frame. This bill is in response to a moratorium placed on Adult Day Health slots by the Department of Health, which has led to waiting lists across the state. Many adults with medical needs cannot be served by home care or by Social Adult Day Programs and are left with inadequate care due to the shortage of Adult Day Health slots.

**8. Enhanced Model Adult Day Services Demonstration Program**

A. 6477 (Englebright); Passed Assembly

This bill would establish the Enhanced Model Adult Day Services Demonstration Program, which would allow Social Adult Day Programs and Home Care Programs to contract with each other to enhance their existing programming. Currently, Social Adult Day Programs are forbidden to provide even the basic medical needs of their participants. In the case of a short-term illness or injury, a participant must transfer to an Adult Day Health Program or obtain Home Care Services, even if their medical needs do not warrant that level of care. This bill would enable Social Adult Day Programs to meet the needs of their participants in a cost-effective way without any disruption of service.

**9. Makes NORC/NNORC Provisions Permanent**

A. 8542 (Englebright); Chapter 358 of the Laws of 2007

This chapter ensured that Naturally Occurring Retirement Communities (NORCs) and Neighborhood Naturally Occurring Retirement Communities (NNORCs) remain a resource for seniors across this state. This law makes permanent the statutory provisions that authorized NORCs and NNORCs. These programs enable seniors to remain in their homes for as long as possible while receiving the services they need in a very cost effective way.

**10. Expansion of Adult Day Health Slots**

A. 8784 (Lifton) Veto Message 59

This bill would allow an Adult Day Health Program located in Cortland County, which currently has a waiting list, to increase the number of adult day health slots by up to sixteen for a limited time frame. This bill is in response to a moratorium placed on Adult Day Health slots by the Department of Health, which has led to waiting lists across the state. Many adults with medical

needs cannot be served by home care or by Social Adult Day Programs and are left with inadequate care due to the shortage of Adult Day Health slots.

#### **D. Alzheimer's Disease**

Alzheimer's disease is the seventh leading cause of death in the United States, and if you factor in age, it is the fifth leading cause of death for those over the age of sixty-five. Seventy percent of those diagnosed with Alzheimer's disease are cared for at home by family and friends. One out of eight adults over the age of sixty-five and one out of two over the age of eighty-five is diagnosed with Alzheimer's disease; however, it is estimated that Alzheimer's disease is severely under-reported. It is the goal of this Committee to bring more focus to the needs of patients diagnosed with Alzheimer's disease, to provide education and supports to their caregivers, and to increase the state-wide infrastructure to prevent and treat this devastating disease.

##### **1. Coordinating Council for Alzheimer's Disease**

A. 4148-B (Englebright); Chapter 290 of the Laws of 2007

This chapter enhanced the responsibilities of the Coordinating Council for Services Related to Alzheimer's Disease and other Dementia by requiring the Council to make recommendations regarding screening and early identification tools to be used in health care settings. Many seniors are seen in health care settings with symptoms that may be cognitive impairments. However the lack of appropriate screening tools and guidelines leads to misdiagnosis. It is commonly understood that treatment outcomes improve upon early identification.

#### **E. Civic Engagement**

Many older adults who retire often continue to work either due to financial necessity or because of desire. Likewise, many employers recognize the great loss to their organization when older adults retire. It is the goal of this committee to maximize opportunities for older adults either by providing them volunteer opportunities they will enjoy that will utilize their skills or by providing them alternative employment opportunities to supplement their income.

##### **1. Mature Worker Training Program**

A. 5566 (Englebright); Passed Assembly

This bill would create the Mature Worker Employment Training Program administered by the New York State Office for the Aging. This program would provide grants to existing employment programs to develop or expand services to adults over the age of 55 who are looking to remain in the work force or who would like to re-enter the work force. As the baby boomer generation looks forward to retirement, many may not be able to retire or may want to continue working.

Furthermore, the economic value of this labor force necessitates efforts to keep older workers engaged in the labor market.

## **F. Other**

### **1. Financial Statements by Adult Care Facilities**

A. 4707 (Destito); Veto Message 128

This bill would modify the process by which adult homes can file their annual financial statements. Currently, adult homes and adult residences must spend thousands of dollars to contract with a licensed accountant to review the annual financial statements even though most adult homes have no history of financial impropriety. This bill would allow the adult home director to attest to the truth and accuracy of the annual financial statements and would authorize the New York State Department of Health to demand a licensed accountant certification when financial mismanagement or fraud is suspected.

### **2. Model Zoning and Planning Guidelines**

A. 4989 (Englebright); Passed Assembly

This bill would require the New York State Office for the Aging to develop model zoning and planning guidelines that foster age-integrated communities including the incorporation of senior units in areas currently zoned for single family residences and for mixed-use development. These model zoning and planning guidelines would be made available to cities, towns, and villages that would like to develop their communities, to control sprawl, to revitalize downtown areas, or to redesign certain neighborhoods to meet their communities' needs. The provisions of this bill were enacted as part of the 2007-2008 Budget.

### **3. Adds NYSOFA to the State Consumer Protection Board**

A. 6198 (Englebright); Passed Assembly

This bill would add the Director of the New York State Office for the Aging to the New York State Consumer Protection Board. Many seniors have become the victims of consumer fraud and, as the demographics of the state and nation change, it is important that the New York State Consumer Protection Board takes the needs of seniors into consideration when planning and responding to consumer protection issues.

### **4. Adds NYSOFA to the Upstate and the Downstate Tourism Councils**

A. 6201 (Englebright); Chapter 189 of the Laws of 2007

This Chapter added the Director of the New York State Office for the Aging to the New York State Upstate Tourism Council and the New York State Downstate Tourism Council to encourage tourism opportunities that appeal to older New Yorkers.

**5. Adds NYSOFA to the Emergency Services Council**

A. 6202 (Englebright); Passed Assembly

This bill would add the Director of the New York State Office for the Aging to the New York State Emergency Services Council. Natural disasters, man made disasters and other emergency situations require that the special needs of seniors be taken into consideration when the State develops strategies and responses. Therefore, it is imperative that this Council has representation from the aging community.

**6. Schedule of Fees for the Use of Air Conditioners in Adult Homes**

A. 7069-A (Brennan); Passed Assembly

This bill would require that the New York State Department of Health establish a schedule of fees for the use, maintenance, and repair of air conditioners by residents of adult homes, enriched housing programs, and residences for adults. Due to deaths in adult homes from extreme temperatures, two million dollars was added to the 2006-2007 Budget to enable residents of adult homes to purchase air conditioners. Since then, many residents have enjoyed air conditioning, but have also seen dramatic increases in payments to the adult home operator for the use, maintenance, and repair of such air conditioners. It is the goal of this bill to set fair limits on the amount that an adult home operator can charge each resident who chooses to take advantage of the air conditioners purchased by the state.

**7. Adds NYSOFA to the NYS Office for the Prevention of Domestic Violence**

A. 8762 (Young); Chapter 188 of the Laws of 2007

This Chapter added a representative from the New York State Office for the Aging to the State Advisory Council on Domestic Violence to enhance prevention and coordination of the state-wide response to domestic violence among seniors. Domestic violence is a state-wide problem, and the Advisory Council has been very helpful in assisting New York State set policy directives. Domestic violence does not end when adults turn sixty-five, and as more New Yorkers live longer, the incidence of domestic violence among those over the age of sixty-five will increase. It is important that state-wide policy directives reflect this change in demographics and strategies are developed to counteract this trend.

### **III. BUDGET**

#### **New York State Office for the Aging**

The 2007-2008 Budget was very productive for the Committee on Aging. Not only were there no cuts to the New York State Office for the Aging budget, but the Executive added new initiatives, such as the Family Caregiver Council, and provided monies in the Executive proposal that in the past the Legislature has had to provide. This enabled the Assembly and the Senate to enhance existing programs, such as Social Adult Day programs and transportation services, and provide funding for pioneering initiatives. New programming includes the Alzheimer's Advisory Coordinating Council, Mature Worker Task Force, and the Geriatric In-home Medical Care Initiative, just to name a few.

#### **A. Naturally Occurring Retirement Communities (NORC) and Neighborhood Naturally Occurring Retirement Communities (NNORC) \$ 175,000**

Naturally Occurring Retirement Communities (NORC) were developed in 1994 in response to seniors who were aging in the apartment buildings or housing complexes in which they had been living most of their adult life. They had expressed interest in continuing to stay in their home; it was realized that with the right support services many of these seniors would be able to "age in place." In 2005, Neighborhood Naturally Occurring Retirement Communities (NNORC) were developed to provide services to seniors who desire to "age in place" in the homes that they own, in multi-family homes, or in low-rise buildings located in a defined neighborhood. Currently there are twenty NORCs and seventeen NNORCs serving over fifteen thousand people over the age of sixty. The 2007-2008 budget added \$85,000 for additional staffing for oversight of these programs as well as \$90,000 for the first year of the New York NORC Health Indicators Project conducted by the United Hospital Fund.

#### **B. Family Caregiver Council \$ 200,000**

The Family Caregiver Council is a new initiative that will focus on the caregiving needs and issues faced by the informal caregivers of children and adults of any age and grandparents raising grandchildren. The Council will include caregivers, as well as academic and other stakeholders. The intent of the Family Caregiver Council is to develop a policy agenda and recommendations to support caregivers and avert caregiving "burnout."

#### **C. Alzheimer's Advisory Coordinating Council \$ 225,000**

The Alzheimer's Advisory Coordinating Council is a new initiative that was developed to address the growing needs of Alzheimer's patients and the families that care for them in New York State. The Council will make recommendations and ensure the coordination of public-private efforts to meet the needs of persons with dementia, their families and loved ones, and the professionals and services that support them. The council will facilitate interagency planning and policy for dementia, review specific



agency initiatives, and provide a forum to develop state policy on dementia that would enhance access to appropriate services.

**D. Mature Worker Taskforce** **\$ 100,000**

The Mature Worker Taskforce is a new initiative that will develop recommendations for mature worker employment and training, mature worker business initiatives, best practices in the private sector for hiring, training, and retraining, and retaining mature workers, as well as strategies for the State to hire, retain, and retrain mature workers. This will enable New York to have a plan for meeting the demands of the labor force and to plan for future labor needs. It will provide an avenue for older people to continue to work, either full-time, flex-time, or part-time, especially if the worker is financially unable to retire.

**E. Model Zoning and Planning Guidelines** **\$ 100,000**

The development of Model Zoning and Planning Guidelines is a new initiative that will encourage the creation of mixed-use, age-integrated communities that integrate businesses, services, and multiple generations of people. These Guidelines will help address the issues of sprawl, revitalize downtown and other areas, and communities that would like to redesign to meet their changing senior demographic needs.

**F. Caregiving in New York Study** **\$ 10,000**

The Caregiving in New York Study is a new initiative that would be conducted by the United Hospital Fund and would gather information about caregiving across New York including: the implications for the health care system, the economic value of informal caregiving, and the factors that drive individuals and families to seek institutional or public support for caregiving.

**G. Supplemental Nutrition Assistance Program (SNAP)** **\$1,000,000**

The Supplemental Nutrition Assistance Program provides funding primarily for home-delivered meals to seniors who are most often home-bound and unable to prepare meals for themselves. There was an increase of one million dollars in the 2007-2008 Budget to offset an increase in the number of seniors in need of home-delivered meals, as well as the increased costs of delivering such meals.

**H. New Providers of Social Model Adult Day Services** **\$ 500,000**

Social Model Adult Day Services provide functionally impaired adults with socialization, transportation, information and assistance, supervision and monitoring, personal care, and nutrition in a protective setting. Day programming provides a secure environment and therapeutic activities to improve quality of life by reducing social isolation and enhancing activities of daily living. Currently, more than half of the designated agencies provide Social Adult Day Services. Furthermore, there are eighteen social adult day programs funded separately through the budget. This budget add of one half million is to provide

start up funds for between five and fourteen new social adult day programs in addition to the existing eighteen.

**I. Transportation services** **\$1,000,000**

Transportation continues to be a significant unmet need across New York State. Research shows that on average there is a ten year gap between the time that a senior is no longer able to drive and when they need institutional care. This places a great burden on family and neighbors and often leaves the senior isolated and unable to get to doctor's appointments or the grocery store. Transportation needs are exacerbated in rural districts where residential areas are often miles away from business and commercial areas. The fifty-nine designated area agencies on aging provide transportation services to seniors. This budget add of one million dollars is intended to enhance those services.

**J. Geriatric In-home Medical Care Initiatives** **\$1,750,000**

The Geriatric In-home Medical Care Initiatives consist of three separate budget items. The goal of all three items is to ensure that home bound seniors have access to doctors and other medical professionals who are able to provide medical care in their homes and to reduce emergency room visits. All three items are new initiatives and consist of: one million for in-home visits and consultations by physicians, six hundred thousand for social workers to provide gerontological care coordination in conjunction with the medical care, and one hundred and fifty thousand for a study to be conducted by the School of Social Welfare at Stony Brook University to evaluate the Geriatric In-home Medical Care pilot program and the role of the social workers.

**K. End of Life Care Initiatives** **\$ 200,000**

The End of Life Care Initiatives are new initiatives that will enhance the care given at the end of life in at least four separate counties.

**L. Pilot Project in Kings County** **\$2,030,000**

This pilot project in Kings County and in a portion of Suffolk County will convert existing structures or existing property and make them available for development as affordable independent living senior housing by not-for-profit corporations.

## **Elderly Pharmaceutical Insurance Coverage (EPIC) Program – New York State Department of Health**

EPIC was enacted in 1986 to assist low and moderate income seniors with the purchase of their prescription drugs. There are two ways a senior can enroll in EPIC. The Fee Plan, or comprehensive coverage, allows low income seniors to pay an annual fee to participate and then pay low-cost co-payments for each prescription they fill. To be eligible for the Fee Plan, one must have an annual income of less than \$20,000 if single and \$26,000 for a couple. The second plan is called the Deductible Plan, or catastrophic coverage. This plan is for seniors who have annual incomes of between \$20,000 and \$35,000 if single and between \$26,000 and \$50,000 for a couple. It creates a schedule, based on annual income, of the amount that a senior must pay out of pocket for their medication expenses before EPIC will provide coverage. Once this deductible is reached the senior is not charged an annual fee, but is responsible for the same low-cost co-payments as those participating in the Fee Plan.

Last budget year, EPIC enrollees were encouraged to voluntarily enroll in the Medicare Part D program if qualified. This budget cycle, beginning July 1, 2007, seniors enrolled in EPIC who qualify for Medicare Part D will be mandated to enroll. The EPIC program will facilitate the enrollment and will cover or will provide credits to cover Medicare Part D premiums. EPIC will continue to cover medications not covered by the individuals Medicare Part D prescription plan. This is a significant change for EPIC participants, and it is unclear the impact it will have. A cost savings to the state is anticipated as more of the prescription drug costs of seniors will be paid for by the Federal budget.

## **IV. HEARINGS AND ROUNDTABLES**

### **A. Hearing on the New York State Compact**

At the end of 2006, in New York City, the Committee on Aging, along with the Committee on Health and the Committee on Insurance, held a public hearing to gather information about A.10634 (Englebright), the Long-Term Care Compact. This Compact is a legislative initiative focused on enabling individuals, who do not qualify for Medicaid and do not have a substantial amount of income, to pay for their long-term care needs without becoming impoverished. Currently, seniors or others with long-term care needs “spend down” their assets until they qualify for Medicaid. Long-term care insurance is often very expensive, and many people do not qualify for coverage due to very detailed underwriting. This is deeply troubling.

The Long-Term Care Compact would provide an alternative to this unfortunate situation. The Compact would allow seniors or other persons in need of long-term care to pledge a certain amount of their assets to pay for their long-term care, while providing protections for certain assets such as their family homes. Then, when they have reached their pledge amount, Medicaid would pay for their long-term care. This enables the individual receiving long-term care to remain financially stable, to allow their spouses or other family members to remain out of poverty, and to minimize the amount of Medicaid dollars they are spending. Under the compact, Medicaid would only pay for the long-term care; without the compact Medicaid would pay for all of the health needs of the long-term care participant and qualifying spouse.

The Compact is a controversial construct and raised many questions. The public hearing was held to gather information about concerns. Over seventeen professionals presented testimony, including representatives from Med America, the Elder Law Section of the New York State Bar Association, the Long Term Care Community Coalition, the Home Care Association of New York, Inc., New York Association for Homes and Services for the Aging, AARP, Coalition for the New York State Alzheimer’s Association Chapters, Genworth Financial, and the Long Island Minority AIDS Coalition.

The hearing provided the Committees with much needed feedback and the discussion will continue as the session progresses. Some of the areas of concern that were identified at the hearing are: the definition of countable income and assets; federal Medicaid eligibility; state and federal rules and regulations; the transition process between being a pledge participant and a Medicaid beneficiary; and general implementation and administration of the initiative.

This hearing proved invaluable and the Committee on Aging looks forward to working with the Committee on Health, the Committee on Insurance, the New York State Senate, the Executive, as well as many of the groups that testified at this hearing to ensure that this initiative provides the best possible benefit to those in need of affordable long-term care.

## **B. Hearing on Home Energy Assistance Program (HEAP)**

At the end of 2006, in Albany, New York, the Committee on Aging and the Committee on Energy held a public hearing to review the disbursement of the Low Income Home Energy Assistance Program (HEAP) funds for the SFY 2006-2007. It has been determined that during the winter of 2005-2006, home heating oil prices in New York State rose by twenty-one percent from last year and sixty percent over two years. However, HEAP grant awards remained flat for the millions of households who received grants, and many eligible applicants were unable to receive any assistance. Seniors make up a large percentage of those in need. To address this problem, an additional one-hundred million dollars in State funds were appropriated to supplement federal HEAP funds in January 2006. This hearing was held to examine how the Office of Temporary and Disability Assistance (OTDA) disbursed the Federal and Supplemental State HEAP funds, including the number and makeup of the households in need of such assistance, the number of senior citizens in need of and receiving assistance and their percentage of the total HEAP population, and the growth of the number of households in need of assistance from HEAP.

The hearing consisted of testimony from seven individuals, including the Commissioner of OTDA, Deputy Commissioner and the HEAP Program Director of OTDA, and representatives from the New York State Energy Research and Development Authority, the Public Utility Law Project of New York, Inc., the New York State Weatherization Directors' Association, and the Albany County Comptroller.

The hearing provided much needed information about federal projections regarding the anticipated increase in home heating costs over the next year, as well as the estimated number of households that will be in need of HEAP across the State. It was determined that while the Federal budget may include an increased allocation to the HEAP program that will increase the amount allotted to New York State, the State must increase its commitment or many households, including those with seniors, will struggle to keep up with the costs of keeping warm this winter.

## **C. Hearing on the Geriatric Chemical Dependency Act**

In the fall of 2007, in New York City, the Committee on Aging and the Committee on Alcoholism and Drug Abuse held a public hearing to gather information about the substance use, abuse, and dependence needs of older adults. The purpose of the hearing was to review innovative programs currently offered or are being proposed or developed, and to review statewide initiatives and strategies. This hearing was held in response to the veto of the Geriatric Chemical Dependency Act in both 2006 and 2007. It was determined by both Governor Pataki and Governor Spitzer that the New York State Office of Alcoholism and Substance Abuse Services (OASAS) was currently authorized to establish programs to meet the needs of seniors with substance abuse needs and legislation was unnecessary to accomplish the goals of the Act.

The substance abuse needs of seniors are well documented. Project 2015, a statewide initiative launched in 2000 to broaden public awareness of the changing landscape of the population of New York

State and to encourage discussion and input in planning for the future aging population, identified substance abuse services and other addictive behaviors of seniors as a growing concern that warranted a response. In 2004, OASAS held six community forums entitled “Substance Abuse Prevention and Treatment Senior Forums” which lead to a report and recommendations in 2005. It is not clear what, if anything, has been done to implement any of the recommendations identified in either Project 2015 or the report published in 2005. If OASAS has the authority to accomplish the goals of the Geriatric Chemical Dependency Act, it is clear that this authority is being underutilized.

This hearing was held to gather information about the status of the substance abuse needs of our aging population, to review innovative programs currently offered, the implementation status of programs in local communities, and to examine what efforts OASAS and SOFA have taken to address this important issue. The Committee would like to gain a comprehensive view of our community needs, current available resources, future initiatives, and to enact legislation to assist and enhance these initiatives to ensure that our graying population maintains the maximum quality of life as they age. It is well established and understood that a comprehensive, coordinated approach to recognizing and effectively treating chemical dependence among seniors is essential.

The testimony of eleven individuals was provided at this important hearing including representatives from OASAS, SOFA, the Geriatric Mental Health Alliance of New York, Lifespan of Greater Rochester, Advance Human Services, Queens Hospital Center, Sheehan Memorial Hospital, and Odyssey House. The testimony allowed the state agencies to express to the Committees what activities have already taken place to address this issue and what initiatives are currently being planned. Likewise, programs that currently provide substance abuse and chemical dependency services to seniors were able to showcase their programs. The Committees were excited to see so many creative and well-run programs already in existence. It continues to be the goal of the Committees to increase the infrastructure and funding streams for existing programs, for the expansion of such programs and for the creation of new initiatives. The Committee on Aging looks forward to working with the Committee on Alcoholism and Drug Abuse, the State Senate, and the Executive, as well as the agencies and providers who testified at this hearing to ensure that seniors receive appropriate substance abuse and chemical dependency services across the State.

#### **IV. OUTLOOK AND GOALS FOR 2008**

The Committee on Aging is looking forward to continuing to work with the New York State Senate Committee on Aging, as well as the Governor's office, to enhance the services and resources available to aging New Yorkers. The committee will continue to promote policies that uphold the quality of life of seniors and that enhance the safety, well-being, and civic engagement of seniors. The committee will seek opportunities to increase housing and service options for seniors. The Committee will also promote the health of those New Yorkers suffering from Alzheimer's disease, and their caregivers. Furthermore, the committee will look for ways to decrease the financial burden of real property taxes and increasing rents.

An issue of great concern to the committee is that of elder abuse. The committee will be holding a series of hearings to gather information about elder abuse in New York State. Concerns exist regarding the abuse of seniors who rely on caregivers either in a formal or informal setting. The committee will be committing available staff time and future resources to address this issue.

**APPENDIX A**

**CHAPTERS OF 2007**

<b>CHAPTER #</b>	<b>ASSEMBLY BILL #</b>	<b>ASSEMBLY SPONSOR</b>	<b>DESCRIPTION</b>
48	A. 1839	Lentol	Companion pets for seniors.
66	A.574	Cahill	Authorizes certain tax forms used by seniors to be provided in larger print.
188	A.8762	Young	Adds NYSOFA to the NYS Office for the Prevention of Domestic Violence.
189	A. 6201	Englebright	Adds NYSOFA to the Upstate and Downstate Tourism Council.
290	A. 4148	Englebright	Expands the Coordinating Council for Services Related to Alzheimer's Disease and other Dementia to include the development of a screening tool to be used in health care settings.
358	A.8542	Englebright	Makes NORC/NNORC provisions permanent.
434	A. 7051	DelMonte	Allows for third party designations for notices and recertification's regarding a senior's Real Property Taxes.
573	A. 897	Englebright	Senior Vision Services Program.



**APPENDIX B**

**VETOES of 2007**

<b>Veto #</b>	<b>ASSEMBLY BILL #</b>	<b>ASSEMBLY SPONSOR</b>	<b>DESCRIPTION</b>
11	A.1453	Englebright	The Geriatric Chemical Dependence Act.
43	A. 5972	Magee	Expansion of Adult Day Health Slots.
59	A. 8784	Lifton	Expansion of Adult Day Health Slots.
128	A. 4707	Destito	Filing of Financial Statements by Adult Care Facilities.
158	A. 4725	Lifton	College-Linked Senior Community.

**APPENDIX C**

**BILLS PASSED ASSEMBLY**

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>DESCRIPTION</b>
A.31 (Clark)	S. 2446 (Diaz)	Passed Assembly	Authorizes DOT to survey areas with high incidences of senior pedestrian accidents.
A. 965-A (Englebright)	N/A	Passed Assembly	Caregiver Support Program.
A. 1249 (Bing)	S. 1326 (Maltese)	Passed Assembly	Expands income definition for the SCRIE program.
A. 1379 (Englebright)	N/A	Passed Assembly	Exclusion of non-reimbursed medical and prescription drug costs from income as defined related to real property tax exemption.
A. 1452-A (Englebright)	N/A	Passed Assembly	Clarifies that Assisted Living Residences are Long Term Care Facilities for certain purposes.
A. 2604-A (Englebright)	S. 4221 (Smith)	Passed Assembly	Clarification of SCRIE eligibility for seniors who occupy two contiguous dwelling units.
A. 4989 (Englebright)	S. 3720 (Golden)	Passed Assembly	Model zoning and planning guidelines. (This was enacted in the 2007-2008 Budget)
A. 5566 (Englebright)	S. 3060 (Golden)	Passed Assembly	Establishes the Mature Worker training program within SOFA.
A. 5740 (Englebright)	S. 5465 (Golden)	Passed Assembly	Fall and Injury Prevention Program Coordinating Council.
A. 6198 (Englebright)	S. 3727 (Golden)	Passed Assembly	Adds the Director of SOFA to the State Consumer Protection Board.
A. 6202 (Englebright)	S. 3730 (Golden)	Passed Assembly	Adds the Director of SOFA to the Emergency Services Council.
A. 6278 (Benjamin)	N/A	Passed Assembly	Creates a Drug Guide for seniors.

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>DESCRIPTION</b>
A. 6477 (Englebright)	S. 4063-A (Golden)	Passed Assembly	Enhanced Model Adult Day Services Demonstration Program.
A. 6519-A (Englebright)	S. 3127-B (DeFrancisco)	Passed Assembly	Financial Exploitation Prevention Outreach, Education, and Training Program.
A. 7069-A (Brennan)	N/A	Passed Assembly	Fee schedule for the use, maintenance, and repair of air conditioners used in adult homes.
A. 7244 (Bing)	S. 1681 (Golden)	Passed Assembly	Includes persons with disabilities as eligible for SCRIE.
A. 7923 (Brennan)	S. 511 Maziarz	Passed Assembly	Ensures continues EPIC eligibility for seniors who may receive small increases in Social Security or pension benefits.
A. 9267 (Bing)	S. 6348 (Golden)	Passed Assembly	Includes persons with disabilities as eligible for SCRIE.

**APPENDIX D**

**2008 SUMMARY OF ACTION ON ALL BILLS REFERRED TO  
THE ASSEMBLY COMMITTEE ON AGING**

<b><u>Final Disposition of Bills</u></b>	<b>Assembly Bills</b>	<b>Senate Bills</b>	<b>Total</b>
<b><u>Bills Reported With or Without Amendment</u></b>			
To Floor; Not Returning to Committee	4	0	4
To Floor; Recommitted and Died	0	0	0
To Ways and Means	49	0	49
To Codes	5	0	5
To Rules	4	0	4
To Judiciary	0	0	0
Total	62	0	62
<b><u>Bills Having Committee Reference Changed</u></b>	0	0	0
<b><u>Senate Bills Substituted or Recalled</u></b>			
Substituted	0	4	4
Recalled	0	0	0
Total	0	4	4
<b><u>Bills Defeated in Committee</u></b>			
Bills Never Reported, Held in Committee	61	2	61
Bills Never Reported, Died in Committee	0	0	0
Bills Having Enacting Clause Stricken	6	0	6
Motions to Discharge Lost	2	0	2
Total	69	2	69
Total Bills in Committee	131	6	137
<b>Total Number of Committee Meetings Held</b>	9		

