

**Assembly Committee on  
Aging and Long-Term Care**  
Assemblymember Ash Kalra, Chair

**2017–2018 Legislative Summary**



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# 2017-2018 Legislative Summary

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# Assembly Committee on Aging and Long-Term Care

## 2017-2018 LEGISLATIVE SUMMARY

The following is a summary of legislation referred to, and heard by the Assembly Committee on Aging and Long-Term Care during the first year of the 2017-2018 Legislative Session. Informational Hearings conducted by the committee are listed at the end of this summary.

### ASSEMBLY BILLS

#### **AB 275 (Wood) - Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents.**

Extends the timeline and notice periods that long-term care (LTC) facilities are required to give residents, their families, the Department of Public Health (DPH), the Department of Health Care Services (DHCS) and the Office of the State LTC Ombudsman when they are planning to close. Clarifies and strengthens requirements to medically and socially assess residents in order to prevent and reduce transfer trauma. Requires LTC facilities, as part of their relocation plans, to provide specific information regarding the number of residents who do not have the capacity to make decisions for themselves, the availability of alternative LTC beds in the community, and the reason for the proposed closure, among other things.

According to the author, last year, Rockport Healthcare Services (Rockport), the owner of the only skilled nursing facilities in the Eureka area of Assembly District 2, announced that it was closing three of its five facilities, which would have displaced more than 100 residents, moving them far from their families. The author notes that only after an outpouring of support for the residents from the community, many meetings with stakeholders, and a lot of media coverage did Rockport relent and change plans, ultimately closing only one facility.

The author states that during those many months, residents and their families were in a state of limbo and it became clear that new, stronger protections need to be put in place to help prevent this from happening to others in the future.

The author concludes that this bill provides longer notice periods to help residents and their families find alternative care, clarifies and strengthens the requirements around medical assessments for residents prior to transfer, and provides specific authority to DPH to reject a closure plan that does not provide adequate protections for residents.

**Status: Chaptered by Secretary of State - Chapter 185, Statutes of 2017.**

### **AB 329 (Cervantes) - Elder and dependent adult abuse.**

This bill would make it a felony for a person to commit those acts against a resident of an unlicensed residential care facility for the elderly while operating or an adult resident of an unlicensed community care facility, while owning, managing, or helping to operate that facility. By creating a new crime, this bill would impose a state-mandated local program.

It would additionally make the above specified crime applicable to a person who has a business relationship with an elder or dependent adult. If in the commission of the above-specified offense, the elder or dependent adult is transported from one residential location to another residential location in furtherance of the offense, the bill would make the offense punishable by a fine not exceeding \$20,000, or by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, or by imprisonment in the state prison for 2, 3, or 4 years. By increasing the punishment for a crime, this bill would impose a state-mandated local program.

**Status: Held in the Assembly Aging and Long Term Care Committee at the request of the author.**

### **AB 502 (Waldron) - Crime victim compensation: elder or dependent adult financial abuse.**

Creates a pilot program in San Diego County permitting the Victims of Crime Program (CalVCP) to reimburse victims of elder and dependent adult financial abuse for costs of financial and mental-health counseling, or supportive services, as specified.

According to the author, Assembly Bill 502 would establish a pilot program for victims of elder and dependent adult financial abuse in San Diego County to be eligible for financial

assistance through the California Victims' Compensation program. Elder and dependent adult financial abuse can lead to large costs to victims, families, and society. In 2014-2015, San Diego County's Adult Protective Services confirmed a total of 1,148 unique cases of elder and dependent adult financial abuse.

The San Diego District Attorney estimates approximately 600 elderly and dependent adult victims are served annually, averaging about 50 clients per month.

This bill also gives the state the opportunity to gather essential data for the use of mental health and financial counseling by elderly and dependent adult victims of financial abuse.

**Status: Held under submission in the Assembly Appropriations Committee.**

**AB 519 (Levine, Ridley-Thomas) - Personal income tax: California Senior Citizen Advocacy Voluntary Tax Contribution Fund.**

Authorizes the addition of the California Senior Citizen Advocacy Fund as a voluntary contribution fund on the personal income tax return form to serve as the principal source of funding for the California Senior Legislature.

The author states, that the California Senior Legislature has been an effective tool for senior citizens in California to create meaningful change in their government and their communities. This model of civic education gives individuals a lesson in the legislative process, while also providing a forum to advocate for policy issues to the state and federal government.

The author also acknowledges that participation is imperative to our democracy, and as our population ages, the California Senior Legislature must be able to continue their role of advising the state legislature on policies that affect them.

**Status: Chaptered by Secretary of State - Chapter 443, Statutes of 2017.**

**AB-550 (Reyes) - State Long-Term Care Ombudsman Program: funding.**

This bill increases the base allocation for local ombudsman programs from \$35,000 to \$100,000 per fiscal year in any year in which funds are made available for allocation.

According to the author, the current funding allocation for the LTC Ombudsman organization was established in 1989, and the existing formula has not been updated for

inflation in 27 years. It does not reflect the growing cost of conducting business in California.

In order to serve the current need and to increase services for the growing population of seniors in long-term care, it is critical that a realistic base funding allocation be put in place.

**Status: Referred to the Senate Human Services Committee with no further action.**

**AB 611 (Dababneh) - Mandated reporters of suspected financial abuse of an elder or dependent adult: powers of attorney.**

Authorizes a mandated reporter of elder financial abuse (an officer or employee of a financial institution) to refuse to honor a power of attorney as to an attorney-in-fact if the mandated reporter has made a report that the principal may be subject to elder financial abuse by the person exercising the power of attorney.

According to the author, this bill provides additional protection for elders and dependent adults by preventing financial abuse before it occurs.

Officers and employees of financial institutions can stop financial transactions if they have filed, or know of anyone else that has filed, a financial abuse report on an individual, even if that individual has a power of attorney. The individual with the power of attorney may appeal the action to a Judge.

**Status: Chaptered by Secretary of State - Chapter 408, Statutes of 2017.**

**AB 614 (Limón) - Area agency on aging: Alzheimer's disease and dementia: training and services.**

This bill requires each Area Agencies on Aging (AAA) to maintain an Alzheimer's and dementia specialist to provide information, assistance, referrals, and options counseling to families.

The author states, Area Agencies on Aging (AAAs) are on the front line to connect constituents with services. Since AAAs are already the experts on local community resources it's a natural fit for them to provide assistance and referrals as well as options counseling. Information, assistance, as well as counseling about Alzheimer's services will fill a much needed gap for family members and caregivers and help individuals with Alzheimer's disease and related dementia to live in the community.

Alzheimer's is the 5th leading cause of death in California and the only one in the top ten without a proven cause, preventative action or cure. According to the Alzheimer's Association, the number of Alzheimer's cases is growing rapidly across the entire United States population, and could nearly triple by 2050 to 13.8 million.

**Status: Held under submission in the Senate Appropriations Committee.**

**AB 713 (Chu) - Continuing care retirement facilities: transfers of residents.**

Allows a resident of a Continuing Care Retirement Community (CCRC) to dispute a transfer decision, and requires the Continuing Care Contracts Branch of the Department of Social Services (DSS) to review a disputed transfer and determine if the transfer was appropriate and necessary.

According to the author's office, CCRCs provide an attractive "age in place" model for seniors, guaranteeing a long-term care contract that provides housing, residential services, and nursing care in one location and usually for the resident's lifetime. In return, residents pay an entry fee and an adjustable monthly fee based on the services used that month. California's aging population, and the attractiveness of the CCRC model, has led to a high demand in retirement living and a growth in the CCRC industry. This bill ensures that high demand and financial interests of the retirement community are not putting pressure on providers to accelerate the transfer process for current residents.

Without a requirement for the CCRC to conduct an assessment of the resident, prior to an involuntary transfer, there is no documented justification for the necessity and appropriateness of that transfer. An assessment ensures that the provider is putting the resident's wellbeing and health ahead of any other consideration for the involuntary transfer. If disputed, it is essential that the department is able to consider all of the factors weighing the provider's decision for the transfer, including whether or not the residents physical or cognitive condition warrants an involuntary transfer that will result in reduced independence and higher fees to the resident.

**Status: Chaptered by Secretary of State - Chapter 613, Statutes of 2017.**



### **AB 853 (Choi) - Continuing care retirement communities.**

This bill would expand the definition of a “repayable contract” to include a promise to repay all or a portion of an entrance fee that is based on the sequential order of termination of all repayable contracts at the facility previously occupied by the resident.

This bill would also add the available and unused portion of a surety bond to the list of qualifying assets a provider may use to satisfy its liquid reserve obligation.

According to the author, as California’s senior population grows larger the demand for senior housing will also grow and Continuing Care Retirement Communities (CCRCs) will play an increasing role in accommodating the demand for senior housing that at the same time provides for their medical needs.

AB 853 authorizes CCRCs to offer their residents an alternative form of “repayable contract”, called a “pooling contract”, which provides that designated beneficiaries of residents are placed into a pool in a sequential order for subsequent payment of the entry fee as any unit within the same CCRC is resold, rather than the actual unit in which the resident lived is resold. This method of paying designated beneficiaries eliminates the potential for a long delay in that payment if there is a delay in the resale of that unit. The pooling method smooths out that variation between the time it takes to resell units and thus the time it takes to make the entry fee payment to the designated beneficiary.

**Status: Held in the Assembly Aging and Long Term Care Committee at the request of the author.**

### **AB 940 (Weber) - Long-term health care facilities: notice.**

If a resident is notified in writing of a facility initiated transfer or discharge from a long-term health care facility, other than an emergency transfer to a hospital, the facility must also send a copy of the notice to the local long-term care ombudsman at the same time.

According to the author, complaint investigations conducted by Local Long-Term Care Ombudsman Programs for improper, unsafe and illegal discharges are a recently growing problem all across the state. In 2016 local programs investigated 1,504 complaints regarding discharge and evictions, a 68% increase since 2012.

Many residents when faced with discharge are not aware of their options. AB 940 ensures California residents of skilled nursing facilities will be afforded a greater opportunity for timely intervention from their local Long-Term Care Ombudsman Program.

**Status: Chaptered by Secretary of State - Chapter 274, Statutes of 2017.**

## **AB 1200 (Cervantes) - Aging and Disability Resource Connection program.**

Establishes an Aging and Disability Resource Center (ADRC) program to provide information to consumers and their families on available long-term services and supports (LTSS) programs, and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level.

California's long-term services and supports (LTSS) system is plagued by fragmentation of programs at the state, regional, and local levels. In many communities, multiple agencies administer LTSS and have complex, splintered, and often duplicative intake, assessment, and eligibility functions. This results in a lack of access to coordinated services. As a result, consumers and their families struggle to identify and access necessary home and community-based services, resulting in increased likelihood of hospitalization and institutional placements.

In 2003, the Federal Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) established the ADRC initiative to streamline access to long-term services and supports to assist older adults, persons with disabilities, families, and caregivers. ADRCs build on the strength of existing community agencies, such as Area Agencies on Aging (AAA) and Independent Living Centers (ILC), to provide a single coordinated system of information and access for all persons seeking long-term services and support. ADRC programs provide objective information, advice, counseling and assistance, and ensure that individuals are able to make informed decisions about their services.

The ADRC initiative focuses on delivering person centered planning by improving access to LTSS so that an individual can receive the right services at the right time and in the right place. Initially, CMS provided small grants to fund the development of four ADRCs in California with minimal dollars for operations. With a lack of continuous funding only two of the four are functional today. Through local efforts and resources other ARDCs have come into existence. There are currently seven in existence including the two initially funded by CMS grants. They are located in San Diego, Riverside, Orange County, Ventura, Nevada, San Francisco, and Alameda.

Although federal and state agencies encourage local networks to collaborate on developing ADRCs, there is no statutory authority to do so.

**Status: Chaptered by Secretary of State - Chapter 618, Statutes of 2017.**

**AB 1335 (Kalra Bonta) - ~~Long-term health facilities~~. Sugar-sweetened beverages: safety warnings.**

AB 1335 was amended in the Senate Health Committee to replace Assemblymember Kalra as the author and amend the Health and Safety Code, relating to public health, and subsequently not re-referred to the Assembly Aging and Long-Term Care Committee.

**Status: Referred to Senate Appropriations suspense file.**

**AB 1437 (Patterson) - Care facilities: criminal record clearances.**

This bill creates a process by which licensees of community care facilities, residential care facilities for persons with chronic life-threatening illness, residential care facilities for the elderly (RCFEs), and child day care facilities may transfer the current criminal record clearance of an individual associated with the facility, with the exception of individuals associated to a certified family home or resource family of a foster family agency, to multiple facilities of the same facility type operated by the same licensee.

According to the author's office, currently, the criminal background clearance provisions of the Health and Safety Code are interpreted in such a way that an employee of a 6-bed assisted living facility can only be cleared for one facility at a time. This is problematic for operators of multiple facilities who have employees that shift from one facility to another to fill in for absences. Under current law, such an employee who is found working at another of the same licensee's facilities without being associated to that facility is treated as if the employee does not have a criminal background clearance. This results in a civil penalty for the owner of \$100/day (up to \$500). This bill avoids this exposure while fully protecting the public.

**Status: Vetoed on September 29, 2018.**

*GOVERNOR'S VETO MESSAGE:*

*To the Members of the California State Assembly:*

*I am returning Assembly Bill 1437 without my signature.*

*This bill would create a new process to centralize criminal record clearances for employees of an owner of multiple licensed residential facilities.*

*The Department of Social Services has two simple processes for transferring employee criminal record clearances among facilities run by the same owner, one of which is nearly identical to this bill. A third process is unnecessary.*

*Sincerely,*

*Edmund G. Brown Jr.*

**AB 1500 (Maienschein) - Elders Living with Dignity, Empathy, Respect, and Support (ELDERS) Bond Act.**

This bill would provide for submission to the voters of the Elders Living with Dignity, Empathy, Respect, and Support (ELDERS) Bond Act of 2020. The bill would provide that, if enacted by the people, the state would be authorized to issue and sell general obligation bonds in the aggregate amount of \$200,000,000. The proceeds of these bonds would be placed in a fund, which would be appropriated to the Controller, without regard to fiscal years, for allocation, at the request of the Treasurer.

It would provide that money in the fund would be allocated to public or private nonprofit agencies or organizations for the purpose of acquiring, renovating, constructing, or purchasing equipment for, specialized day services centers for adults with complex chronic medical, cognitive, or behavioral health conditions, including, but not limited to, Alzheimer's disease or related dementias, funding startup costs of eligible facilities, or program expansion of eligible facilities, as specified. The bill would make legislative findings and declarations relating to California's senior population.

This bill would provide for submission of the bond act to the voters at the general statewide election occurring on November 3, 2020.

This measure would also declare that it is to take effect immediately as an urgency statute.

According to the author, the Department of Finance and the Legislative Analyst Office both project significant growth in California's older adult population by the year 2025. With that growth comes increased rates of individual disability and cognitive impairment, as well as negative impacts on family caregivers and stress on fragile systems of care.

In anticipation of this unprecedented demographic shift, California needs to plan now to expand capacity and build infrastructure to meet the consumer demand. Not only will advance planning benefit thousands of individuals and families, but also the State General Fund by offering more low-cost, community based options as alternatives to high cost institutional care.

Note: See also AB 2025.

**Status: Held under submission in the Assembly Appropriations Committee.**

**AB 1946 (Cervantes) - Public safety: mentally disordered individuals: diversion.**

This bill would, among other things, revise those provisions to require the county board of supervisors to adopt a plan to create a diversion program in that county before diversion

may be requested or granted for individuals charged with felonies and would authorize the board of supervisors to adopt additional criteria for an individual's participation in the diversion program. These requirements would not apply to an individual who was granted diversion prior to the effective date of the bill.

The bill would also make defendants who have committed certain crimes, including murder, voluntary manslaughter, and rape, ineligible for the diversion program. The bill would authorize a court to grant a one-year extension of the diversion period and would establish a process and criteria for granting that extension.

This measure would prohibit a person granted diversion under the program or other law, as specified, from purchasing or receiving a firearm, or having in his or her possession, custody, or control, a firearm during the period of diversion and for a period of 5 years from the date of dismissal of the charges upon successful completion of the program and would require the defendant to be advised of that prohibition. The bill would authorize a person who is granted diversion to file a petition for an order permitting him or her to own, possess, control, receive, or purchase a firearm.

AB 1946 would also require a court to conduct a hearing to determine whether restitution is owed to any victim as a result of the diverted offense and, if owed, to order its payment during the period of diversion.

**Status: Held in the Assembly Aging and Long Term Care Committee at the request of the author.**

### **AB 1955 (Limón) - Alzheimer's disease and dementia: public awareness campaign.**

This bill requires the Department of Aging to implement a public awareness campaign, as specified, to reduce stigma and raise public awareness of the warning signs of Alzheimer's disease and dementia in order to promote early detection and accurate diagnosis.

The author states that Alzheimer's disease is the 3rd leading cause of death in California, and the only disease in the top ten causes of death without a proven cause, preventative action or cure. Although the onset of Alzheimer's disease cannot yet be stopped or reversed, an early diagnosis allows people with dementia and their families a better chance of benefiting from treatment and research, an opportunity to participate in care and other end of life decisions, time to develop relationships with doctors and care partners and better management of co-occurring medical conditions.

AB 1955 would implement a public awareness campaign to reduce stigma and raise public awareness of the warning signs of Alzheimer's disease and dementia in order to promote early detection and accurate diagnosis. Early detection and diagnosis is a critical step

towards improving health outcomes, lowering healthcare costs and ensuring access to beneficial interventions.

**Status: Held under submission in the Assembly Appropriations Committee.**

**AB 2025 (Maienschein) - Elders Living with Dignity, Empathy, Respect, and Support (ELDERS) Bond Act.**

This bill would provide for submission to the voters of the Elders Living with Dignity, Empathy, Respect, and Support (ELDERS) Bond Act of 2020. The bill would provide that, if enacted by the people, the state would be authorized to issue and sell general obligation bonds in the aggregate amount of \$200,000,000.

The proceeds of these bonds would be placed in a fund, which would be appropriated to the Controller, without regard to fiscal years, for allocation, at the request of the Treasurer. The bill would provide that money in the fund would be awarded by the California Health Facilities Financing Authority to public or private nonprofit agencies or organizations for the purpose of acquiring, renovating, constructing, or purchasing equipment for specialized day services centers for adults with chronic medical, cognitive, or behavioral health conditions, including, but not limited to, Alzheimer's disease or related dementia, funding startup costs of eligible facilities, or program expansion of eligible facilities, as specified.

AB 2025 would make legislative findings and declarations relating to California's senior population.

According to the author's office, the Department of Finance and the Legislative Analyst Office both project significant growth in California's older adult population by the year 2025. With that growth comes increased rates of individual disability and cognitive impairment, as well as negative impacts on family caregivers and stress on fragile systems of care.

In anticipation of this unprecedented demographic shift, California needs to plan now to expand capacity and build infrastructure to meet consumer demand. Not only will advance planning benefit thousands of individuals and families, but also the State General Fund by offering more low-cost, community-based options as alternatives to high cost institutional care.

**Status: Held under submission in the Assembly Appropriations Committee.**

**AB 2033 (Choi) - Continuing care contracts: repayable contracts.**

This bill would, for contracts entered into or amended on or after January 1, 2019, revise the definition of a “repayable contract” to also include a contract that includes a promise to repay all or a portion of an entrance fee on a sequential basis from an entrance fee repayment pool that is funded by the resale of units in the pool at the facility, as they become available, would set forth conditions for repayment of these amounts, and would declare that these contracts are subject to the same legal requirements as other repayable contracts.

**Status: Held in the Assembly Aging and Long Term Care Committee at the request of the author.**

**AB 2101 (Acosta and Eduardo Garcia) - Caregiver resource centers: volunteer workforce.**

This bill would establish, until January 1, 2024, a pilot program, administered by the director, pursuant to which the CRCs would select, train, and place volunteers to provide care to persons who are at least 65 years of age or who have a cognitive impairment and meet specified criteria.

This measure would establish selection criteria for prospective volunteers and specified training requirements. The bill would require the CRCs to provide a stipend and an educational award, as specified, to volunteers.

AB 2101 would require the director to appoint an advisory council and would require the director and the advisory council to evaluate the program, as specified.

According to the author, California is not prepared for our growing aging population. AB 2101 creates a pilot care corps to address the healthcare workforce shortage specifically within the field of aging. This bill will incentivize and empower young adults to care for elderly Californians by offering them training and educational benefits. In-home care is cheaper as well as much more beneficial to those in need, but often places an enormous amount of strain on caregivers, many of whom are family members. Utilizing the existing structure of the Caregiver Resource Centers, this bill incentivizes more young adults to go into healthcare fields, driving down the cost of healthcare, as well as helping those in need of respite care to avoid costly institutions and be able to remain in the comfort of their own home. Additionally, it will serve to generate a link between young healthcare professionals and elderly Californians.

**Status: Held under submission in the Assembly Appropriations Committee.**

**AB 2159 (Chu) - Financial abuse.**

This bill would require a money transmitter to provide a consumer fraud warning on all money transmittal forms used by consumers to send money to an individual, to provide consumer fraud prevention training for its agents' to monitor its agents, activities relating to consumer transmittals, and to establish a toll-free number for consumers to call to report fraud or suspected fraud.

The measure would make a failure to implement the fraud prevention measures established by the bill subject to a civil penalty not to exceed \$1,000, or if the violation is willful, a civil penalty not to exceed \$5,000.

According to the author, AB 2159 is a sound approach to protect seniors from falling victim to financial fraud by requiring money transmitters to report suspicious activity to law enforcement or an adult protective services agency. The author points out that while existing law requires financial institutions to act as mandated reporters, money transmitters are not required to provide information related to suspected fraud targeting seniors.

Filling this gap, the author believes, will add a layer of protection for seniors during the occasions in which business transactions are conducted through money wiring services. With California's senior population set to increase by four million by the year 2030, it is imperative to take legislative action and strengthen law to protect this growing segment in the state.

**Status: Referred to the Assembly Appropriations Committee with no further action.**

**AB 2324 (Rubio) - Elder or dependent adult abuse: disorderly conduct: mandated reporters.**

This bill would require mandated reporters of elder or dependent adult abuse to report the crime of invasion of privacy.

According to the author, AB 2324 was introduced to ensure elder and dependent adults no longer have to be subject to cruel and inhuman behavior at the hands of the people entrusted to take care of them.

The author further states that there has been an increase in complaints of long-term care facility staff taking unauthorized photographs and video of residents in degrading situations and uploading them to the internet.

**Status: Held in the Assembly Appropriations Committee at the request of the author.**



### **AB 2719 (Irwin) - Aging.**

This bill expands the definition of “greatest social need,” as used by the California Department of Aging (CDA) in their allocation of state and federal funds to programs for older individuals, to include cultural and social isolation caused by sexual orientation, gender identity, or gender expression.

According to the author, a 2013 report by the National Gay and Lesbian Task Force identified several unique barriers to service and discrimination experienced by the older Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. Specifically, LGBTQ individuals may face employment discrimination that can contribute to their risk of economic insecurity and lack of adequate health care.

The author further states that California has moved toward recognizing the unique needs of elderly LGBTQ individuals, and AB 2719 continues this effort by ensuring that this community is included as part of the population of “greatest social need” to secure priority for programs and services administered through the California Department of Aging.

**Status: Chaptered by Secretary of State - Chapter 202, Statutes of 2018.**

### **AB 2744 (Reyes) - Residential care facilities for the elderly: referral agencies.**

This bill requires referral agencies providing referrals to residential care facilities for the elderly (RCFEs) to register with the Department of Social Services (DSS), and sets forth a number of requirements for these referral agencies.

According to the author, as a result of the growing scope of elder care in California, the law needs to ensure that referral agencies, who are working with our most vulnerable populations, are providing services that meet reasonable and ethical standards. Additionally, it is critical that they have knowledge of both the needs of the person being referred and the conditions and capabilities of the assisted living facility.

**Status: Held under submission in the Assembly Appropriations Committee.**

### **AB 3088 (Chu) - Continuing care contracts: retirement communities.**

Requires all Continuing Care Retirement Communities (CCRCs) to file an actuary’s opinion with the Department of Social Services (DSS) at least once every five years, and requires

each CCRC to conduct a study of the facility at least once every five years for purposes of estimating maintenance costs.

According to the author, when CCRCs do not properly evaluate financial risks and plan to ensure sustainability of their communities, senior residents living in those facilities bear a significant burden.

The author further states that moving into a CCRC is a costly decision, requiring advanced planning for residents and their families. CCRCs require a substantial entrance fee and a contract, along with the promise of future benefits in return similar to an insurance promise. Like any insurance policy, there are elements of risk. Existing law only requires a handful of CCRCs to conduct a formal study primarily on risk assessment.

It is only logical for these studies to be required for all CCRCs to protect owners and operators as well as minimize the need to increase monthly fees residents would have to pay to cover unforeseen costs. Ultimately, AB 3088 promotes sensible business practices and protects seniors ready to enter into retirement.

**Status: Vetoed on September 18, 2018.**

*GOVERNOR'S VETO MESSAGE:*

*To the Members of the California State Assembly:*

*I am returning Assembly Bill 3088 without my signature.*

*This bill requires all Continuing Care Retirement Communities to obtain an actuarial study every five years.*

*These communities, which combine housing with long term health care services and supports, have a wide range of ownership interests, business models and facilities. An actuarial study may be one indication of financial viability, but the Department of Social Services uses a variety of methods to monitor the long term fiscal health of these communities.*

*Instead of mandating an actuarial study be done by every Continuing Care Retirement Community, the department will continue to work with residents and management to determine appropriate means to measure fiscal viability.*

*Sincerely,  
Edmund G. Brown Jr.*

**AB 3098 (Friedman) - Residential care facilities for the elderly: emergency and disaster plans.**

This bill makes updates to the required content for a Residential Care Facility for the Elderly's (RCFE) emergency and disaster plan and requires the California Department of Social Services (CDSS) to confirm that the plan is on file and includes the required content.

The measure also encourages RCFEs to have the emergency plan reviewed by local emergency authorities, requires RCFEs to conduct quarterly disaster drills and establishes other requirements related to emergency and disaster plans.

According to the author, California's residential care facilities for the elderly serve tens of thousands of older adults and adults with disabilities in communities across the state. While every facility is required to have a general disaster plan whether they serve 6 or 600 residents, that plan is only effective if staff and residents know what to do during an emergency.

AB 3098 is a straightforward bill that requires all facilities have detailed disaster plans in place and to hold drills on a regular basis to ensure that, when disaster strikes, whether it's a wildfire, earthquake, or a flood, everyone is ready.

**Status: Chaptered by Secretary of State - Chapter 348, Statutes of 2018.**

## SENATE BILLS

**SB 219 (Wiener) - Long-term care facilities: rights of residents.**

This bill enacts the Lesbian, Gay, Bisexual and Transgender (LGBT) Long-Term Care Facility Resident's Bill of Rights and makes it unlawful for any long-term care facility to take specified actions on the basis of a person's actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status.

According to the author, SB 219 would help protect LGBT seniors in long-term care facilities from discrimination, and will make these seniors more aware of their rights. LGBT seniors have a heightened need for care provided by long-term care facilities, and often lack traditional family support networks available to non-LGBT seniors.

While California has sought to protect the rights and dignity of its LGBT senior population, the State has not detailed specific actions deemed discriminatory nor made residents fully aware of their rights in order to hold long-term care facilities more accountable.

**Status: Chaptered by Secretary of State - Chapter 483, Statutes of 2017.**

### **SB 255 (Mendoza) - California Partnership for Long-Term Care Program.**

This bill would require a policy, certificate, or rider as described, to instead be called a home care, community-based services, and residential care facility only policy, certificate, or rider. SB 255 clarifies the type of coverage provided in a new form of long-term care insurance (LTCI) offered through the Partnership for Long-Term Care Program (Partnership).

According to the author, the Legislature authorized a new form of Long Term Care Insurance (LTCI) last year that may be offered through the Partnership as one way to increase affordable LTCI options for middle-income consumers. The Partnership is housed at the California Department of Health Care Services and certifies special LTCI policies that coordinate with Medi-Cal's long-term care program. SB 255 builds on last year's efforts by clarifying the services covered in these new types of policies and eliminating unnecessary and confusing statutory language.

This bill would declare that it is to take effect immediately as an urgency statute.

**Status: Referred to the Assembly Insurance Committee with no further action.**

### **SB 413 (Morrell) - Dementia: major neurocognitive disorder.**

This bill replaces references to the term "dementia" with the term "major neurocognitive disorders" in existing law with regard to licensure and operation of residential care facilities for the elderly and conservatorships. This bill also makes technical, non-substantive changes to these provisions.

According to the author, in 2013, the American Psychiatric Association replaced the term "dementia" with "major neurocognitive disorder" in the latest published edition of the Diagnostic and Statistical Manual of Mental Disorders, also known as the DSM-5.

Because numerous California statutes continue to refer to "dementia," and "dementia as defined in the latest published edition of the DSM-5," it is important that terminology in statute align with the manual itself, otherwise, those turning to the manual will not find clear diagnostic support when interpreting statutes at issue. SB 413 addresses this problem by updating these Health and Safety and Probate Code sections to replace dementia with major neurocognitive disorder.

**Status: Chaptered by Secretary of State - Chapter 122, Statutes of 2017.**

**SB 1026 (Jackson) - Older adults and persons with disabilities: fall prevention.**

This bill repeals obsolete statutes that establish programs within the California Department of Aging (CDA) and instead establishes the Dignity at Home and Fall Prevention Program, which requires CDA to provide grants to area agencies on aging (AAAs) for injury prevention services, as specified.

The author states, for elder and disabled Californians, the risk of fall at home is very real and can have long-lasting repercussions. For too many, the difference between aging in place and institutionalization may be simple home modifications to prevent falls and ease access.

The author continued, SB 1026 creates the Dignity at Home and Fall Prevention Program, which tasks the state's Department of Aging with making grants to area Agencies on Aging for injury prevention information, education and services to enable older adults and those with disabilities to live independently in their own homes, with modifications. The program will provide funding for injury prevention equipment, activities and labor costs, and asks the Agencies on Aging to partner with local public and private agencies with experience in injury prevention – medical providers and hospital systems, fire departments, independent living centers, and home modification providers – in the provision of these services. Studies show that basic home modifications can improve safety and make it easier to maneuver about the home – all while forestalling hospitalizations and nursing home placements.

**Status: Held under submission in the Assembly Appropriations Committee.**

**SB 1191 (Hueso) - Crimes: elder and dependent adult abuse: investigations.**

This bill requires local law enforcement and long-term care ombudsman programs to revise their policy manuals to include references to existing elder and dependent adult abuse laws. Assembly Amendments remove adult protective service agencies from the requirements for revising and including elder abuse in their manuals and add technical changes.

The author states that the measure mandates that all law enforcement training and policy manuals include references to California Penal Codes 368 and 368.5 in order to help ensure that law enforcement jurisdictions enforce existing elder abuse laws. This would allow officers to better identify instances of elder abuse as crimes. This issue arises as a result of the frequent outsourcing of the task of writing officer policy manuals to private organizations such as Lexipol, LLC; that are contracted by law enforcement to draft training policies and manuals. Often these private organizations omit the above mentioned California Penal Codes entirely from law enforcement training and policy manuals; these omissions undermine the legislature's intent.

**Status: Chaptered by Secretary of State - Chapter 513, Statutes of 2018.**

## **SB 1248 (Gaines and Glazer) - California Partnership for Long-Term Care Program.**

This bill permits the Department of Health Care Services (DHCS) to certify a California Partnership for Long-Term Care policy with a reduced per diem benefit of at least \$100 per day for a nursing facility, residential care facility, and home care and community-based services, if the policy provides a lifetime maximum benefit of not less than \$73,000. Permits an insurer to offer a Partnership policy with these reduced benefits only if the insurer also offers the applicant policy benefits that provide at least a lifetime maximum benefit that, at the time of purchase, is equivalent in dollars to at least 365 times 70% of the average daily private pay rate for a nursing facility and a nursing facility per diem benefit of no less than 70% of the average daily private pay rate for a nursing facility.

Assembly Amendments additionally require insurers and agents to provide a DHCS-prepared illustration of the differences in benefits between the Partnership policies described in this bill, with a description of the available lower-cost options and the advantages and disadvantages of each option.

According to the author, the Partnership within DHCS certifies special Long Term Care (LTC) insurance policies intended for middle-income consumers who may need long-term services and supports provided through the Medi-Cal program when they exhaust their policy benefits. The program brings together private insurers and state agencies to offer LTC insurance products with benefits that coordinate with Medi-Cal's LTC and offer a unique "asset protection" feature. For every dollar of benefit received under a Partnership policy, a dollar is disregarded for the purposes of determining Medi-Cal eligibility and protected from Medi-Cal's estate recovery program. The insured is able to enroll in Medi-Cal's LTC program and keep some assets that would normally be "spent down." But Partnership standards, adopted in 1993, have not kept up with market trends and the policies have grown too expensive for its target population. This bill gives middle-income consumers more affordable options and greater access to Partnership policies.

**Status: Chaptered by Secretary of State - Chapter 565, Statutes of 2018.**

# **2017-2018 Informational Hearings**

## **Reimagining the Older Californians Act: Changing the Paradigms of Service Delivery**

Wednesday, November 7, 2018  
Sheraton Gateway Los Angeles Hotel  
Grand Ballroom A & F  
6101 West Century Boulevard, Los Angeles, CA

## **The Final Report of the California Task Force on Family Caregiving: Picking Up the Pace of Change for California's Caregivers**

Thursday, July 19, 2018  
University of Southern California  
Leonard Davis School of Gerontology Building  
Andrus Gerontology Center Auditorium  
3715 McClintock Avenue, Los Angeles, CA

## **Consequences of Federal Policy Changes on California's Seniors**

Wednesday, November 15, 2017  
Sheraton Gateway Los Angeles Hotel  
Grand Ballroom Salon D and E  
6101 West Century Boulevard, Los Angeles, CA

## **Services for Seniors to Age at Home**

October 25, 2017  
Talmadge Gateway  
Community Room  
4422 Euclid Avenue, San Diego, CA

## **Financing Long-Term Care Services and Supports**

September 21, 2017  
Santa Clara County Board of Supervisors Chambers  
70 West Hedding Street, San Jose, CA