

AN ACT to amend the elder law, in relation to developing guidelines for identifying and reporting elder abuse in healthcare settings

Became a law September 13, 2017, with the approval of the Governor.
Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The elder law is amended by adding a new article 3 to read as follows:

ARTICLE 3

IDENTIFYING AND REPORTING SELF NEGLECT, ABUSE AND MALTREATMENT IN HEALTHCARE SETTINGS

Section 260. Definitions.

261. Guidelines for identifying and reporting suspected self neglect, abuse and maltreatment.

262. Publishing and distribution of guidelines.

§ 260. Definitions. For purposes of this article:

1. "Abuse and maltreatment" shall mean actions as defined in paragraphs (a), (b), (c), (d), (e) and (g) of subdivision six of section four hundred seventy-three of the social services law.

2. "Self neglect" shall have the same meaning as defined in paragraph (f) of subdivision six of section four hundred seventy-three of the social services law.

3. "Older adult" shall mean an individual aged sixty years of age or older.

4. "Director" shall mean the director of the office for the aging.

§ 261. Guidelines for identifying and reporting suspected self neglect, abuse and maltreatment. The director, in conjunction with the commissioner of the department of health and the commissioner of the office of children and family services, shall develop guidelines to assist healthcare providers and others working in healthcare settings to identify suspected self neglect, abuse and maltreatment of an older adult. Such guidelines may be tailored to specific healthcare providers or industries and shall include, but shall not be limited to:

1. Common signs and symptoms of self neglect, abuse and maltreatment;

2. Screening questions and tools that can be used during a visit to help detect whether self neglect or abuse and maltreatment may be occurring;

3. Training materials for distribution to healthcare providers and others working in healthcare settings regarding appropriate interventions and suggestions for discussing the possibility of self neglect, abuse and maltreatment with older adults; and

4. Information regarding options for reporting suspected cases of self neglect or abuse and maltreatment and available resources for older adult victims.

§ 262. Publishing and distribution of guidelines. The office for the aging, the department of health, and the office of children and family

EXPLANATION--Matter in italics is new; matter in brackets [-] is old law to be omitted.

services shall make the guidelines and materials developed in accordance with this article available on their respective websites and provide such materials upon request to healthcare providers and facilities.

§ 2. This act shall take effect immediately.

The Legislature of the STATE OF NEW YORK **ss:**

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction and, in accordance with such section, is entitled to be read into evidence.

JOHN J. FLANAGAN

Temporary President of the Senate

CARL E. HEASTIE

Speaker of the Assembly

A8258-A LUPARDO, SEPULVEDA, GOTTFRIED, BARRON, SIMON, HARRIS, WILLIAMS, MONTESANO, D'URSO, ROSENTHAL, ABBATE, MCDONALD; M-S: Crespo, Lopez

Add Art 3 §§260 - 262, Eld L

Relates to developing guidelines for the identification and reporting of suspected self-neglect, elder abuse and maltreatment in healthcare settings; requires the director of the office for the aging, the commissioner of the department of health, and the commissioner of the office of children and family services to publish such guidelines and materials on their websites and provide them to healthcare providers and facilities upon request.

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Add Art 3 §§260 - 262, Eld L

Relates to developing guidelines for the identification and reporting of suspected self-neglect, elder abuse and maltreatment in healthcare settings; requires the director of the office for the aging, the commissioner of the department of health, and the commissioner of the office of children and family services to publish such guidelines and materials on their websites and provide them to healthcare providers and facilities upon request.

EFF. DATE 09/13/2017

**NEW YORK STATE ASSEMBLY
MEMORANDUM IN SUPPORT OF LEGISLATION
submitted in accordance with Assembly Rule III, Sec 1(f)**

BILL NUMBER: A8258A

SPONSOR: Lupardo

TITLE OF BILL: An act to amend the elder law, in relation to developing guidelines for identifying and reporting elder abuse in healthcare settings

PURPOSE:

To establish guidelines for identifying and reporting suspected self-neglect, abuse and maltreatment.

SUMMARY OF PROVISIONS:

Section 1: Amends the elder law by adding a new Article 3, which directs the Office for the Aging, in conjunction with the Department of Health and the Office of Children and Family Services to develop guidelines to assist healthcare providers and others in healthcare settings to identify suspected self-neglect, abuse and maltreatment of individuals aged 60 years or older.

Such guidelines shall include, but not be limited to, common signs and symptoms, screening tools and questions that can be used during visits for detection, training materials for distribution to health care providers and others in healthcare settings, and information regarding options for reporting suspected cases of self-neglect or abuse and maltreatment and available resources for older adult victims.

The Office for the Aging, Department of Health and the Office for Children and Family Services are required to make the guidelines and materials developed in accordance with this article available on their respective websites and to provide such materials upon request to healthcare providers and facilities.

Section 2: Establishes the effective date.

JUSTIFICATION:

Elder abuse has emerged nationally as one of the most underreported crimes. It has been noted that elderly victims who are experiencing abuse from loved ones, friends, or neighbors will often refuse help out of fear, embarrassment, or the desire to protect their abuser. Often this will lead to the continuation of cases that compromise the financial, physical, and mental health of victims. It cannot be overstated that these cases have very real impacts and can lead to tragic consequences. In fact, it has been noted that elders who experience abuse, even moderate in severity, have a 300% percent higher risk of death when compared to those who have not been abused. In fact, there are high correlations between elder abuse and maltreatment with hospitalization rates, readmissions, and as aforementioned, the mortality of victims. Because health care practitioners are in the unique position of seeing patients at regular intervals, as well as developing long-term relationships of trust, they have significant opportunities to help identify elder abuse and maltreatment.

Given the trust and rapport developed through the relationship between provider and patient, national healthcare agencies, including the Centers for Medicare and Medicaid Services (CMS) have begun implementing measures that will increase identification and reporting of suspected abuse across settings and provider types. In 2004, the U.S. Preventive Services Task Force found that there were no reliable screening tools available to identify abuse of elderly or vulnerable adults in the primary care setting. As a result, CMS began to review its physician quality reporting system measure, and introduced an Elder Maltreatment Screen and Follow-up Plan.

As national entities continue to refine intervention techniques and tools for providers to recognize abuse and maltreatment in the elderly community, the state must begin to explore these issues and provide proper guidance to our healthcare community as well. This legislation will require the Director of the State Office for the Aging, in conjunction with the Commissioner of Health and the Commissioner of the Office for Children and Family Services, to develop guidelines to assist

healthcare providers and others working in healthcare settings to identify suspected self-neglect, abuse and maltreatment of older adults. These guidelines will include common signs and symptoms, screening tools and questions that can be used during visits for detection, training materials for distribution to health care providers and others in healthcare settings, and information regarding options for reporting suspected cases of self-neglect or abuse and maltreatment and available resources for older adult victims.

Health care providers play an integral role in our communities, particularly with respect to their ability to identify important changes in the life conditions of their patients and their quality of life. As the aging population continues to grow, we must support this vital relationship between provider and patient with support and information.

LEGISLATIVE HISTORY:

New bill.

FISCAL IMPLICATIONS:

None.

EFFECTIVE DATE:

This act shall take effect immediately.