The original documents are located in Box 2, folder "Aging - General (1)" of the Sarah C. Massengale Files at the Gerald R. Ford Presidential Library.

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THE WHITE HOUSE
WASHINGTON

Date 11/15

TO: Sarah Massengale

FROM: BOBBIE GREENE KILBERG

✓ For Your Information

_____ For Your Comments/Recommendations

_____ Per Your Request

_____ Per Our Conversation

REMARKS:

GERALD R. FORD LIBRARY

557 Seventh Street
Brooklyn, N.Y. 11215
November 9, 1976

President Gerald R. Ford
The White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear Mr. President:

The enclosed was given in at the Mayor's Office yesterday and the accompanying letter sent to the Daily News today.

I believe that had the true plight of our elderly been given priority over "contract language" funding would have been approved. The mention of 401.6 million being the "highest level in history" in the Memorandum from Senator Church's Committee should have been made to envision that this, the first time in 199 years, spread over that same 199 years would not have apppeared to be so large. The plight of our elderly would not have been what it was revealed to be by Government appointed COmmittees and Commissions had appropriations been made at a much earlier date than the Bicentennial year.

Its sad that it took Government representation to be appointed to such as the Commissions/Committees before the initial steps could be taken to rectify that which took 1999 years to unveil.

Trusting that brighter days are ahead for our elderly and, the Nation.

GERALD R. FORD LIBRARY

Respectfully yours

Rhona Smith

Rhona Smith

ENCL: 2

557 Seventh Street
Brooklyn, N.Y. 11215
November 7, 1976

The Editor
The Daily News
220 East 42nd. Street
New York, N.Y. 10017

GERALD R. FORD LIBRARY

Sir:

The enclosed is in gratitude for the Headline afforded our elderly in your October 30 th.edition of your Newspaper which read "War Declared On Vultures Who Prey on Elderly.

Withput doubt you very possibly can see where anapology may be due the Nation's President due to the fact as the enclosed example shows that funding could not be justified for "transportation" while our elderly lay rotting and the Nation or its REpresentatives could not be informed as the enclosed will attest.

The like of this in truth was yet to be revealed by then yet-to-be-appointed Committees and Commissions such as the Commission on Living Costs, the Moreland Act Commission, The Subcommitte on Long-Term Care and the various Committees Select and otherwise on the U.S.Senate level together with those which followed suit on the Congressional, State Senate and, Assembly levels and the most important voices of all our elderly at "PUBLIC HEARINGS."

The enclosed should be ample enough evidence that a public apology to The President is in order when the true need for funding the various programs in New York City remained buried such as did the plight of our incarcerated dehydrated, emaciated,exanguinated moribund elderly. It remained for Representatives alone to enter into that field, a totally alien one to the United States as Government DOcumentation verifies today. This after 199 years as the 1975 Session of the Legislature will verify when the first laws were entered on the books of these United States for the protections of the elderly. Need one say more. Government, and not, "agencies" took the initiative and as

the most recent volume "FRAUD AND ABUSE AMONG PRACTITIONERS PARTICIPATING IN THE MEDICAID PROGRAM" A STAFF REPORT PREPARED FOR THE SUBCOMMITTEE ON LONG-TERM CARE OF THE SPECIAL COMMITTE ON AGING UNITED STAEES SENATE an acceptable voice on behalf of the Nation should attest.

In truth the voice of the people was locked out. The only voice that could be heard like that of Robert Kennedy's on Willowbrook was that of Government.It should be obvious that only Covernment acceptable voices could be and weree heard. Then, and not until then,could the true plight of our elderly be readied to come to light. And your Newspaper helped in the coverage of the 1976 unveilings. Truly, the greatest gift the NAtion could possibly receive in its Bicentennial.

COPY

Respectfully yours

Rhona Smith

DELIVERED TO MAYOR'S OFFICE NOVEMBER 9, 1976 for First Deputy Mayor.

THE DAY THAT SENIOR CENTRES CAME INTO BEING IS THE DAY THAT "WAR WAS DECLARED" ON THOSE WHO PREY ON THE ELDERLY.

THE PLIGHT OF OUR HOME/ROOM/BEDBOUND ELDERLY, LIKE THAT OF THE INCARCERATED ELDERLY NEEDS SOMETHING LIKE THE COMMISSION ON LIVING COSTS/THE MORELAND ACT COMMISSION/ THE SUBCOMMITTEE ON LONG-TERM CARE BEFORE THE VOICE OF THE DEHYDRATING, EXANGUINATING ELDERLY IS HEARD. IT NEEDS FORTHWITH A ROBERT KENNEDY OF WILLOWBROOK.

THE ENCLOSURE SHOULD ATTEST TO THE TRUTH,OR SOME OF IT, WHY NEW YORK DID NOT AND COULD NOT GET ASSISTANCE. IF THIS HAPPENED THROUGHOUT ALL EXISTING AGENCIES IT IS POSSIBLE TO CONCEIVE OF NEW YORK BEING ABORTED FROM THE UNION. SOME SENSE OF VALUES! SEEKING FOR TRANSPORTATION FOR OUR ELDERLY WHEN IT WAS YET TO BE VERIFIED BY VERIFIABLE AUTHORITY SUCH AS WAS DISCLOSED BY THE VARIOUS COMMITTEES/ COMMISSIONS ET AL. NO MAN AND NO NATION COULD ELICIT THAT SUCH INSTANT ASSISTANCE WAS OF SUCH AN IMMINENT NATURE FROM THE SOLE VOICE FOR OUR ELDERLY SO HOW COULD ANY CITY MUCH LESS NEW YORK EXPECT THE NECESSARY ASSISTANCE?

THE MOST RECENT GOVERNMENT ISSUE FROM THE SUBCOMMITTEE ON LONG-TERM CARE SHOULD BE MORE THAN AMPLE EVIDENCE TO SUPPORT THAT WHICH IS A MUST.

OF COURSE ONE MUST TAKE INTO CONSIDERATION THE MOST RECENT ALBATROSS ..... THE PRIVACY ACT OF 1974. WITHOUT THIS ALL IS AT A STANDSTILL.

THE HOTLINE PERSONNEL AT 1-800-942-9871 CAN ATTEST TO THIS AND THE STRANGULATING EFFECT IT HAS HAD ON ITS EFFORTS TO GAIN ASSISTANCE FOROUR ELDERLY.

MUST OR SHOULD THE CITY EMBARK ON THAT WHICH IS NECESSARY TO PROTECT ITS ELDERLY RESIDENTS BY CREATING A HOTLINE SOMEWHERE IN CITY HALL LEST THE SAME CATASTROPHY AS TOOK PLACE AT THE WHITE HOUSE CONFERENCE ON AGING BE REPEATED? 'TWOULD SEEM SO, NOW THAT IT HAS COME TO LIGHT THAT ANYTHING CALLED INTO THE PRESENT "HOTLINE FOR THE AGED" CAN COME TO BE REGARDED AS "HEARSAY" AS OF LAST WEEK!!!!!

IT IS REGRETTABLE THAT THE CITY HAS BEEN HELD INCOMMUNICADO AND WAS NOT INFORMED BEFORE OCTOBER 30TH. 1976 THAT THE CREATION OF SENIOR CENTRES ARE THE LIVING TESTIMONY TO PREVENTION OF SLAUGHTER OF OUR ELDERLY AND THE CONDUIT TO CUT OFF AN ONGOING SUPPLY TO THAT ATROCITY OF ALL ATROCITIES ..... A MODERN-DAY AUSCHWITZ. NEW YORK EITHER UNKNOWINGLY OR UNWITTINGLY REMEMBERED AS WE ARE WONT TO BE REMINDED AND ONE CAN NOTPOSSIBLY CONCEIVE OF THE MAYOR OF THE CITY BEING HELD IN SUCH A STATE OF INCOMMUNICADO. BUT THE OLD ADAGE COMES TO MIND "THE FIRST SHALL BE LAST AND THE LAST SHALL BE FIRST" WHICH IS IN TRUTH WHAT HAPPENED AS NEW YORK LED THE WAY INTO THAT UNKNOWN ABOMINABLE EXISTENCE (IF THAT IT CAN BE CALLED) OF ELDERLY HUMAN BEINGS"RESIDING" WITHIN THE CONFINES OF A CITY WHOSE PORTALS ARE ADORNED WITH SUCH WORDS AS "GIVE ME YOUR TIRED ETC." WELL, "AGENCIES" "PROGRAMS" OR WHATEVER WERE GIVEN SUCH ASTHETIRED AND THE WEARY AND THE END RESULT WAS DEHYDRATION/EXANGUINATION/STARVATION UNTO DEATH OR A COMBINATION OF ALL. THAT IS UP TO THE JUSTICE SYSTEM TO DECIDE A SYSTEM WHICH HANDED DOWN "RULINGS" ON INSTITUTIONS BEFORE CURRENT INVESTIGATIONS WERE COMPLETE! ENVISIONED/APPOINTED/FUND-APPROPRIATED OR WHATEVER!

EXCERPTED FROM 1971 WHITE HOUSE CONFERENCE ON AGING
TOWARD A NATIONAL POLICY ON AGING
FINAL REPORT VOLUME 1 PAGE 83

SO HOW COULD ONYONE IN OFFICIALDOM KNOW? THE ORACLE HAD SPOKEN. AND WHILE THE ELDERLY ROTTED INCOGNITO THE CITY WONDERED AND WONDERED AND WONDERED! SAD, BUT TRUE NOW THAT SUCH VOICES AS THE APPOINTED COMMITTEES AND COMMISSIONS HAVE HAD THEIR SAY AND EACH CAN SAY IN UNISON:VENI, VIDI, VICI. THANKS BE TO GOD. THE FOUNDATIONS MUST BE LAID BEFORE INITIATING ANY NEW PROGRAMS.

trators in that poll, admitted they had never heard of an ombudsman. When briefed, two-thirds of this latter group wanted a state education ombudsman immediately.

Alice M. Brophy,
Director,
New York City Office for the Aging
New York, New York

New York City has the largest concentration of elderly in the country. One million residents, 5 percent of Americans over 65, live in our five boroughs. 25 percent of the Nation's elderly live below the poverty level, 50 percent of our elderly subsist at that level. Most elderly own their homes mortgage free; 70 percent of our city's elderly are renters without assets. They are poorer today because they have been poor all their lives.

Fifty percent of New York City's poverty stricken elderly spend more than 35 percent of their income on rent. The Federal Government has admitted to its responsibility for tenants in public housing who now pay no more than 25 percent of their income for rent.

But our elderly live in the older rent-controlled housing of the city without subsidy. This year they will pay a 22½ percent increase in rent. This year's Social Security increase has been turned over to the landlords.

A massive Federal rent subsidy program must be endorsed by this White House Conference and passed by Congress.

In New York City's half-fare transit program for the elderly over 600,000 older New Yorkers signed up for their passes, 50 percent "get around more," and 67 percent plan their day to travel in nonrush hours when the fare is reduced. This program means physical mobility and income supplementation.

But New York City is at the breaking point. The program costs 15 million dollars a year of city tax levy monies. There must be Federal subsidies for operating expenses of mass transit programs for senior citizens.

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Ronald H. Wilson
Asbury Methodist Home for the Aged, Inc.
Gaithersburg, Maryland

The American Protestant Hospital Association urges all White House Conference on the Aging Delegates to actively support efforts being made to obtain tax exemptions for all nonprofit homes for the aging.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

WASHINGTON, D.C. 20201

OFFICE OF THE SECRETARY

Office of Human Development
Administration on Aging

October 28, 1976

NOTE TO SARAH MASSENGALE:

I thought you might be interested in the attached National Journal article on "Senior Power" if you'd missed it.

Decker Anstrom
Assistant to the Commissioner

Attachment

GERALD R. FORD LIBRARY

There's a New Kick in the Step of the Senior Citizen Lobbies

GERALD R. FORD LIBRARY

The over-65 group represents a ready-made political force that is gaining power and recognition for the needs of senior citizens.

BY LINDA E. DEMKOVICH

On Nov. 2, more than 60 million voters are expected to turn out at the polls to choose the next President. Of that number, approximately one voter in six will be over the age of 65, the invisible line that confers automatic status as a "senior citizen."

Considering that those in the 65-and-over age bracket account for only slightly more than 10 per cent of the total U.S. population, the elderly would appear to have a claim as a political force that is to be reckoned with. But in spite of gains in recent years, their potential has yet to be fully realized.

For one thing, it is now recognized that older persons generally do not forsake lifetime voting habits simply to reflect their newly acquired status as senior citizens. With the two possible exceptions of social security and medicare, there have been few single issues to unite older voters in the manner of the labor or farm vote, for example.

Second, larger numbers of the over-65 generation live at or below the poverty level or are in ill health or both. Consequently, it makes it more difficult to build a powerful political base there.

Finally, it has only been in the past decade—and more accurately in the past five years, since the White House Conference on Aging in 1971—that the voice of the nation's elderly has begun to be heard and noted in the political process. *(For background on issues prior to the 1971 conference, see Vol. 3, No. 39, p. 1966.)*

Advocates: A large share of the credit for alerting federal policy makers to the special problems of the elderly and for transforming senior citizens into a more astute and active lobbying force must go to the two largest membership organizations: the National Council of Senior Citizens (NCSC), which traces its beginnings to organized labor and the social activism of the 1960s; and the American Association of Retired Persons (AARP), which caters to the needs of retired professionals. (Affiliated with the AARP and served by the same staff is the National Retired Teachers Association.)

Taken together, the two groups purport to represent nearly 14 million persons over the age of 55. (The council says its membership exceeds 3.5 million, while the association has 9.5 million dues-paying members, in addition to the 500,000 members of the affiliated teachers group.)

Although both the council and the association are nonprofit organizations and thus prohibited from employing lobbyists, their memberships, acting at the behest of the two national offices, represent a sizable lobbying force.

Both organizations have flaws, both have experienced failures. But there is little doubt that without their efforts, many federal programs and policies for the elderly would have been allowed to lapse. Their watchdog role has been a useful one.

Other organizations, both private and governmental, have figured importantly in representing the interests of the elderly. The National Council on the Aging Inc., for example, representing professionals in the field of gerontology, has filled much of the gap in research and training, where the membership groups have little expertise. Similarly, the Senate Special Committee on Aging, in existence since 1961, and the Health, Education and Welfare Department's Administration on Aging have played key roles within the federal government. *(For a complete list of organizations, see box, p. 1387.)*

Problems: Probably the single most important issue confronting those over 65 is the lack of an adequate income. For most people, retirement automatically means a reduction in income, sometimes by as much as half, and reliance on private pension or social security benefits. For others, principally those not eligible to draw social security, it means turning to the Supplemental Security Income (SSI) program set up in 1974 to aid the needy aged, blind and disabled.

According to a special survey, *The Myth and Reality of Aging in America,* released in January by Louis Harris and Associates Inc., 23 per cent of the population over the age of 65 have annual incomes of $3,000 or less, compared with 6 per cent of the 18-64 age group. The median household income for those over 65 is $4,800 a year, Harris found, compared to $12,400 for the 18-64 segment of the population.

Rivaling income as the number one issue is the problem of rising health care costs. In spite of medicare, enacted in 1965 in response to groups lobbying for a government-sponsored insurance system, the elderly were forced to pay an average of $392 out of pocket for health care expenditues in 1975. That represents an increase of 65 per cent in the 10 years since medicare took effect.

There is a vast array of other problems that beset the elderly that have yet to be addressed fully: housing, transportation, crime, dwindling job opportunities and health-related concerns such as care facilities and nutrition.

And then there are the unique social and psychological problems—the sense of isolation often stemming from infirmity or insufficient income, for example, or the reality of death—that become all the more critical with advancing age.

Trends: In the past, the interest groups have focused much of their attention and resources at the national level, trying to get Congress and the executive branch to deal with what they view as the most widespread and urgent needs of the elderly.

Congress generally has been responsive to the demands, approving a series of increases in social security benefits and finally in 1972 incorporating into the Social Security Act an automatic cost-of-living escalator; enacting the SSI program in 1974; rescinding the Nixon Administration's moratorium on funds for a much-maligned housing program for the elderly; upgrading the Older Americans Act (79 Stat 218) in 1975, including an expanded daily nutrition program; and enacting new social services legislation in 1975 for the purpose of upgrading services to needy groups, including the elderly.

In spite of the record, critics of the interest groups say that they have spent too much time and effort in advancing the cause of the middle-class elderly—that is, their own membership—and not enough in trying to help the one-quarter of the older population that falls below the poverty line.

The groups now are beginning to turn their efforts to other governmental arenas. State and local officials, until recently largely immune from the pressures of the senior citizens lobby, are thought to be in a better position to deal with specific problems—the need for improving transit facilities to meet community needs is a good example—that affect the daily lives of older persons.

Another area relatively untouched until the last year or two is the federal regulatory structure. The association, in particular, has been devoting more of its time on efforts to influence regulations such as those governing advertising of prescription drugs and eyeglasses that can have substantial economic impact on the elderly consumer.

Thanks to a larger staff armed with more complete data than in the past, more sophisticated members trained in the techniques of artful lobbying, and a greater awareness of the aging movement at all levels of government, some of those efforts are beginning to pay off.

STRENGTHS

On the surface, the aging lobby's constituency would seem to be its greatest strength. Like the flag and apple pie, the nation's 21 million elderly citizens would appear to be a natural cause for any Congress and any President.

But just after the momentum for greater participation by senior citizen groups developed, propelled by the medicare success of 1965, inflation took hold. The human resources budget was cut back, and suddenly the elderly were just another group vying with other interests for their share of the federal dollar.

Expertise: Having effective spokesmen to argue the case of older persons has been an important factor in whatever successes the interest groups have had on Capitol Hill.

Two leaders in particular were singled out by House and Senate committee staff aides and others who work most closely with the groups. One is Nelson H. Cruikshank, the 74-year-old president of the National Council of Senior Citizens. Before he was elected to that position, Cruikshank was director of the AFL-CIO's social security department from 1955-65, and observers say that his testimony has been a key factor in Congress's willingness to continue boosting social security benefits. "He's one of the most knowledgeable people in the country on the subject, well-versed in its intricacies and well-respected," said one HEW official.

The other spokesman singled out as a particularly effective witness was John B. Martin, legislative consultant to the American Association of Retired Persons. Martin, who served as commissioner on aging from 1969-73, "commands respect. He's just a very credible human being," the HEW official said.

Staff work: The staffs of both organizations also rate high marks for their presentations before committees, although that has not always been the case. "Back during the medicare debate, they were heavy on the rhetoric," said an aide to Rep. James C. Corman, who chairs the House Ways and Means Subcommittee on Public Assistance. "Now, they've learned, it's not as easy to do that. The more factual you are, the better off you are. They know they can't make their case by pulling on the heartstrings anymore."

The association's staff, on the other hand, is more critical of the role it plays before Congress. "We seem to spend a lot of time testifying before the Senate and House special committees on aging, which don't have any legislative authority," said one legislative representative for the association. (The House committee was established only in 1975, and is therefore still a relatively unknown quantity.) The aide, noting that 90 cents of every federal dollar spent for health care must be authorized by either the Senate Finance Committee or Ways and Means, suggested that more effort be spent in preparing testimony for those two committees.

Laurence F. Lane, who recently left the association's legislative staff to join the American Association of Homes for Aging, agreed with the aide's assessment. "There is a trade-off, however," he added, "and that is that the special committees, with their ability to excite the media, have in turn had an impact on what Finance and Ways and Means could or could not do."

Lane also described a "research gap," which he said makes the task of preparing technically sound and accurate testimony more difficult. "Technical facts and presentations carry a lot more weight (before the committees) than does any emotional display. We're learning that you can't go into a com-

Looking at the Problems of Aging

As its name might suggest, the National Institute on Aging (NIA), the newest branch of the National Institutes of Health, will be concerned with more than just those people who have passed their 65th birthday.

Established by Congress two years ago, the institute was directed to study all aspects of the aging process—biomedical, social and psychological—as well as the specific needs of the aged population.

The institute's budget for fiscal 1977 is $30 million under an appropriations bill (HR 14232) passed by Congress. When the responsibility for aging research fell to the National Institute of Child Health and Human Development before 1974, only about one-tenth of the institute's annual budget—$16 million out of $142.4 million in fiscal 1975, for example—was spent on aging, compared to nearly 60 per cent for child health research.

On May 1, Dr. Robert N. Butler, a psychiatrist and gerontologist and a 1976 Pulitzer Prize winner, was named as the institute's first director. In a recent interview, Butler outlined some of his plans for the new agency.

Advocating, informing: One role which the institute will try to fill, Butler said, is that of an advocate for the elderly, in much the same way that the National Cancer Institute and National Heart and Lung Institute act on behalf of their special interests.

One way will be to encourage medical schools to establish research centers on aging to help improve the quality of medical care for the elderly. "There are not enough physicians who are trained in the care and diagnosis and treatment of older people," Butler said.

"I used to think that other medical specialties should be capable of dealing with people of all ages," he said. "Now, frankly, I think it's the other way around. At least for the moment, it's quite unfair not to make visible the very special needs and problems of older people."

According to its congressional mandate, the institute also is to take an active role in disseminating information within the medical community and to the public. Butler said the institute plans an active program of publications. One such brochure will deal with senility. "There is such dread, such fear and such uneasiness about what senility is," he said. "There are instances in which very little can be done, but there are also a great many instances in which there's a great deal that can be done. The average person, and unfortunately the average doctor, is not fully aware of that."

Research: By its nature, the institute will be most heavily involved in research activities relating to the aging process.

A key project on the agenda is one started by the institute's predecessor, studying longitudinal age changes in men. Somehow, women were left out of the study and Butler plans to include them, deploying five of his seven new staff positions to complete the project. "Men will benefit, too," he said. "Since women live on an average of eight years longer than men, it might be nice to figure out why."

Other ideas abound. Nutrition is one. While the federal government is providing a meals program under the Older Americans Act (79 Stat 218) to more than 350,000 persons a day, "we don't have the basic knowledge as to the actual nutritional status of older Americans or what their nutritional needs are," Butler said.

Another possible area of study is the effects of drugs on the elderly. "We know that with age, people tend to get into more trouble with (the physiological effects of) drugs. We don't know why, and we've got to find out why. They're 10 per cent of the population but they use 25 per cent of the drugs in this country."

Still another area of possible exploration is improved use of prosthetics. Butler said that many ideas generated by the space program could be transferred to everyday use. "The technology is there to make it possible for a person to cook meals while sitting in a wheel chair, but we haven't figured out as yet how to employ it."

In recent weeks the institute has been putting the finishing touches on its research plan, detailing for Congress the state of knowledge in the aging field and outlining its goals for both the near and long-range future. And just in case anyone has missed the point that the institute is involved with aging, and not just the aged, Butler has titled the report appropriately, *Our Future Selves*.

mittee like Ways and Means or Finance with blind emotionalism."

An information clearinghouse being established by HEW's Administration on Aging could help to remedy at least part of that problem.

Membership: When the organizations do want to evoke an emotional reaction, however, they can draw on a host of effective witnesses from their own membership. The drawback is that the individuals often need to be briefed, a procedure that can be complicated if the hearing is being held outside of Washington. The advantage is that such testimony virtually guarantees some type of media coverage, making it harder for officials to ignore the event.

Using members to testify also helps to accomplish a major goal of both organizations—getting senior citizens to become more involved in the political process. Education is in fact a large part of what each group is about. To that end, each publishes a variety of newsletters and bulletins that go out to members, mostly covering pending legislation, voting records of Senate and House Members and state and local issues of interest to the members. The national council, for example, periodically issues what it calls "seniorgrams," to alert its members when Congress is about to vote on a bill that will have an impact on the lives of older persons.

In terms of local organization, the council appears to be in a better position than the much larger association, which has less than 10 per cent of its members organized into local chapters. The council relies on a network of more than 3,500 separate "clubs" organized around trade unions, churches and recreation programs.

"We've persuaded all those groups that it can't just be entertainment that they're after," said William R. Hutton, executive director of the council, "and that they've got to show an interest in their community, their state and in the federal government."

Mobilizing the troops: One of the biggest victories claimed by both organizations culminated over a two-year period, from 1974 through 1975, against an Administration-imposed moratorium on funds for housing for the elderly. The successful effort makes an interesting case study, not only because it shows how the mass memberships responded to the call but also because it shows how powerful the senior citizen lobby can be when it unites as a coalition.

The program in question was Section 202 of the Housing Act of 1959 (73 Stat 654), providing long-term, low-interest loans to nonprofit developers to build multi-unit homes for the elderly

and handicapped. In 1969, President Nixon shut off funds for the program for the next five years.

In response to the housing freeze, the two groups joined with other organizations, including the National Council on the Aging and the American Association of Homes for the Aging, to form an ad hoc coalition to press for reinstatement of the program. The coalition in turn linked with the Republican Task Force on Aging, a forerunner of the House Select Committee on Aging, headed by Rep. (1971-75) Robert H. Steele, R-Conn., and with the staff of Sen. Harrison A. Williams Jr., D-N.J., who chairs the Aging Subcommittee on Housing.

After losing the first round in a House-Senate conference, the coalition prepared to back a House amendment authorizing $1.5 billion for the program. "The lobby organizations were tooled and ready to go," said James N. Broder, who then was staff director of the Republican task force. Broder, now an attorney with the firm of Richard M. Millman, which serves as counsel on housing matters for the senior citizens council, said it was the flood of letters and telegrams from senior citizens across the country that helped account for the lopsided 274-112 House vote in favor of the amendment resinstating the loan program. "They did a marvelous job. It was refreshing to have a lobby that knew the structure, the issue, and the needs and had no monetary motive," he said.

Setback: A compromise in the next conference brought the authorization level down to $800 million, a figure acceptable to the elderly groups. "The important thing was not the money," said Diana McIver, a legislative aide to the Senate aging committee, "but to keep the program alive."

To perpetuate the moratorium, however, the Housing and Urban Development Department (HUD) refused to issue regulations or release funds for the program. Once again, when an appropriations bill neared a vote in Congress, the coalition went to work. During the summer of 1975, the lobby's presence was felt, this time not in the form of letters or telegrams but in the person of elderly picketers marching around HUD headquarters. "That had a deep impact on the bureaucrats," Broder said. "They saw that all the talk about 202 was backed up by some very angry old people."

Congress appropriated $750 million for the program, including a supplemental request, and, in September 1975, HUD issued its final regulations and invited bids from sponsors.

Since Carla A. Hills took over as HUD Secretary, the 202 loan program has fared rather well. In April, the department accepted applications to begin construction or renovation of 12,600 units. On Sept. 7, bids were accepted to begin work on another 20,000 units.

There could be a snag in the process, however, as the House Aging Subcommittee on Housing and Consumer Interests investigates charges that HUD is discriminating in its selection of nonprofit sponsors. The investigation follows reports that only 3 per cent of the initial bids went to minority sponsors, none of them to the Spanish-speaking community.

Working together: In spite of the coalition's successful fight, there have been few other instances when the two major groups have worked together so closely.

For one thing, the groups tend to represent different segments of the elderly population that often have little in common except being old. The senior citizens' council takes its members primarily from organized labor, while the retired persons' group represents white-collar workers with slightly higher incomes. The difference was accentuated at the time of the HUD picketing, with some in the association expressing the feeling that the action was undignified.

The orientation of the two groups tends also to be different. According to Peter W. Hughes, the association's legislative counsel, the group's role is mostly one of education. It sees no need, he said, to use high-pressure tactics. "Basically, this is not a controversial or political subject. It's really a question of educating Members of Congress, state legislators and administrators and staff people especially as to what the problems are."

Arthur S. Flemming, commissioner on aging: "There is real momentum in the field of aging at the present time."

The council, which takes much of the credit for rallying support behind the medicare bill in 1965, sees its role as more political and policy-oriented.

A number of officials in both groups expressed the feeling that the differences are healthy, that they instill a spirit of competition that fosters greater responsiveness to their memberships while at the same time avoiding staff duplication or overlapping of coverage of important issues. "There is room for plenty of organizations in this country who want to help older people," Hutton said. "There is room for everybody."

Others, however, see strength in numbers. "Some of our most dismal failures come when the two mass membership organizations are at odds and there is no clear articulation of needs from the other groups," Lane said.

"To the extent that we can articulate a common elderly objective, and to the extent that we can work together to achieve that objective, our power increases," Lane said. "And to the extent that the elderly can present a united front with other human resource groups, our power increases even more. It will be a continuing struggle to get the aging groups to realize that we are part of a broader brotherhood."

Regulatory arena: Another area in which the elderly lobby is beginning to show its muscle is in dealing with regulations, both state and federal, that prove more costly and burdensome to the senior citizen consumer.

In 1972, for example, the association carried an article in its bimonthly magazine, *Modern Maturity*, concerning the high cost of dying. "We got from that article more than 16,000 replies, the single largest expression of interest in a subject we've ever received," said David F. Dunning, legislative representative in the consumer area.

As a result of the outpouring from its members, the association touched base with the Federal Trade Commission (FTC), which in late 1975 was beginning hearings on a proposed rule governing the funeral industry. Until the time of the group's involvement, the commission had received less than 100 letters, according to an official in the FTC's special projects division. Subsequently, more than 4,000 letters from the elderly, relating their experiences with funeral home directors, deluged the agency.

In addition to the letter writing campaign, association members turned out in force for a series of regional hearings

conducted by the FTC and, at the commission's request, testified before the House Small Business Committee in favor of the proposed rule governing advertising of funerals and related costs. "They kept the funeral directors' point of view from being the only one heard," the FTC aide said.

The commission's decision on a final rule is expected next spring.

Dunning said the association estimates that consumers could save between $350 and $500 on the cost of a funeral if they were able to make decisions with better information and less pressure.

Another regulatory issue of concern to the elderly is more liberalized advertising for prescription eyeglasses. The FTC currently is considering a proposed rule that would arm consumers with more information and permit them to shop around for a lower price. *(For background, see Vol. 8, No. 33, p. 1144.)*

According to Dunning, an elderly consumer who comparison-shopped in a state that permits advertising—36 states do to some extent—could save up to 18 per cent, or as much as $15, on a pair of prescription glasses.

"Without AARP's participation, it would have been extremely hard to get individual consumer input," said another member of the FTC special projects staff.

The national council has not become as involved in the regulatory arena as has the association, although it has submitted written testimony to the FTC on a number of occasions. That, its staff says, is due more to its list of priorities than to lack of interest.

SHORTCOMINGS

Despite an impressive string of legislative victories and its burgeoning membership, the senior citizen lobby is not without its share of critics. Few of the charges are new.

External influences: One of the most persistent allegations made against the two organizations is that outside influences—the AFL-CIO in the case of the national council and the insurance industry in the case of the association—exert a degree of control over policy decisions. The cloud of suspicion seems to remain, no matter how many times the charges are denied.

Because of its early ties to the labor movement and what are considered its "liberal" positions on national issues, the council often is charged with being in the pocket of organized labor. Hutton said that the charge is unjust.

Only about 15 cents of every dollar of income is derived from contributions from the unions, he said. The largest share, about 50 cents, comes from dues paid by clubs and individual members. The remainder is made up by indirect reimbursements for administering the government's senior aides program, which puts poor people to work, and from publication sales.

Hutton said he is "grateful" for the help organized labor has given in the past and would like to see industry make a similar contribution to support the council's work for the elderly.

The association, on the other hand, has had to deal with constant charges that it is "owned" by insurance interests. The charges stem from the fact that Leonard Davis, its honorary president, is the major stockholder in Colonial Penn Group Inc., the firm that sells insurance to association members.

Hutton said he feels that the group "is using a front organization for older people to do their major business, which is to sell Colonial Penn insurance. Oh, sure, they do a little bit of good stuff on the side, but nothing must interfere with the major business."

According to the association's own financial records, it received $10 million in 1975 from the sale of insurance to its members.

James F. Sullivan, special assistant to the association's executive director, said there has never been an attempt to conceal the relationship with Colonial Penn, adding that the organization is "very proud" of its relationship with its service providers.

"Somehow, it's painted as something *sub rosa*," Sullivan said, "but our skirts are eminently clean on this issue. I imagine that as our visibility grows, there will be more of this."

Issues: Sullivan and others deny that the relationship in any way colors the association's position on major policy issues. Hutton thinks differently, and offered as examples two issues on which the organizations differ.

One is the so-called retirement test for social security beneficiaries. Under the present system, a social security recipient is penalized $1 for every $2 earned over $2,760. Benefits are cut off entirely when the retiree's income level reaches $7,700.

The association would abolish the retirement test because, as Martin said, "it works as a disincentive to the older person. We think the government ought to be encouraging people to work."

According to Hutton, however, wiping out the retirement test would benefit primarily professionals such as doctors who can continue to do part-time work. These are "the very people who need it least," Hutton said, while the test works against the average worker. In addition, he said, it would cost the country $4 billion to eliminate the test. The council favors gradual liberalization of the retirement test, up to a $3,000 level in the present economy.

The Social Security Administration plans to propose increasing the earnings ceiling to $3,000 in 1977 and $4,000 by 1980.

A second issue dividing the groups is the question of how best to reform the medicare system. The council favors national health insurance along the lines of the "cradle to grave" legislation (S 3, HR 21) sponsored by Corman and Sen. Edward M. Kennedy, D-Mass. The association, on the other hand, supports—and in fact helped to draft—the Medicare Reform Act (S 1456) sponsored by Sen. Abraham Ribicoff, D-Conn., which provides catastrophic coverage against illnesses that cost more than $2,000.

The Age of Congress

There exists in Washington one of the most influential and politically savvy centers of "senior power" in the nation. It is known most commonly as the U.S. Senate.

Nationwide, those over the age of 65 make up slightly more than 10 per cent of the total population. In the Senate, the figure is 24 per cent.

The House has a slightly younger profile. Fifty of the 431 Members (there are currently four vacancies) are 65 or older. That means that just under 12 per cent of House Members qualify as senior citizens, roughly comparable to the nation as a whole.

The following chart shows the breakdown by age of the 94th Congress:

	House	Senate
25-34	24	1
35-44	90	11
45-54	157	33
55-64	110	31
65-74	43	18
75-84	7	6
Total	431	100

The median age of the Senate is 56; of the House, 50.

Note: If Gerald Ford is elected to a full term as President in November, he could be considered a senior citizen for more than half the term. The President is 63. Democratic nominee Jimmy Carter, however, could serve a full two terms as President and not fall into the senior citizen age bracket. Carter turned 52 on Oct. 1.

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The Advocates for the Aged in America

Since the first White House Conference on Aging in 1961, the number of groups representing the interests of senior citizens has increased significantly. Brief profiles of the more prominent private and governmental advocacy groups are given below:

PRIVATE

National Council of Senior Citizens (NCSC): A direct outgrowth of the social activism of the time, the council was established in July 1961 to fight for enactment of medicare. Its first president, in fact, was Rep. (1937-39; 1941-61) Aime J. Forand, D-R.I., who introduced the original medicare legislation in 1957.

The council's current membership totals 3.5 million, organized around 3,500 local "clubs" and 23 state affiliates. A majority of its members come from the ranks of organized labor. An activist in the national political arena, the council keeps its members informed of key votes and the voting records of Senate and House Members.

American Association of Retired Persons (AARP): Largest of the nonprofit membership groups, the association has grown to a total of 9.5 million dues-paying members, mostly middle-income professionals, since it was founded in 1958. It is regarded primarily as a service organization, offering its members health insurance, travel benefits, tax assistance and prescription drug discounts.

The association is affiliated with the National Retired Teachers Association, established in 1947 to work for improved teacher pensions. The membership of the teacher association now totals 500,000. The two groups maintain separate identities but share staff and facilities.

National Council on the Aging Inc. (NCOA): Founded in 1950, the council takes its members from professionals involved in the field of aging: gerontologists, social workers, labor and industry officials, and related government professionals. More than 2,200 organizations are affiliates. The council functions primarily as a clearinghouse for information, providing technical assistance and research services to individuals and organizations.

National Caucus on the Black Aged Inc.: The caucus, which lobbies on behalf of its two million members, originated in 1970 to represent the interests of elderly black Americans at the 1971 White House Conference on Aging.

In 1975, the caucus established the National Center on the Black Aged Inc. to administer a model projects grant from the Health, Education and Welfare Department's (HEW) Administration on Aging. The center, which shares offices with the caucus, is involved in improving service delivery through research, training and demonstration and educational programs.

Asociacion Nacional Pro Personas Mayores: Headquartered in Los Angeles, the association was founded in April 1975 to address the needs of the nation's Spanish-speaking elderly. It also has offices in Miami and Albuquerque, a liaison office in Washington, and has plans to open offices in New York City and Chicago.

Funded by a two-year model programs grant from the Administration on Aging, the association claims a membership of just over 500. It estimates that there are upwards of 15 million persons of Hispanic origin—Cuban, Mexican, Puerto Rican, Central and South American and Spanish—not being accounted for in present government programs.

Gray Panthers: At one time the most visible and activist of the groups, the Gray Panthers was founded in 1971 to fight discrimination on the basis of age and raise the level of awareness at the community and national level to the needs of the elderly. Their exposure has declined with the growth of other groups. The organization is based in Philadelphia, with 15 chapters in major cities.

National Alliance of Senior Citizens: The alliance was formed primarily to offset the influence of the labor-oriented policies of the National Council of Senior Citizens. It publishes and distributes to its members its own ratings of congressional voting performance. Founded in 1975, the alliance claims that it represents 20,000 of the nation's elderly.

Gerontological Society: With approximately 2,500 individual members, the society represents academicians—behavioral and social scientists, physicians and psychiatrists, social workers and the like—in the field of aging. The society has been in existence since 1945.

American Association of Homes for the Aging (AAHA): Founded in 1961, two years after Congress enacted the Section 202 program providing long-term, low-interest loans for housing for the elderly and handicapped, the association is designed to represent residents of nonprofit homes run by religious, civic and labor sponsors. Its membership includes 1,400 such homes for the elderly and 200 professionals.

GOVERNMENT

Administration on Aging: Established under the Older Americans Act of 1965 (79 Stat 218), the administration is part of HEW's Office of Human Development. It administers the separate titles of the act, including nutrition and manpower programs, as well as grants to state and local governments. Arthur S. Flemming, who chaired the White House Conference on Aging in 1971, serves as commissioner on aging. Flemming also serves as an ex-officio member of the 15-member Federal Council on Aging, created by Congress in 1973. The council, whose members are appointed by the President and confirmed by the Senate, constitutes a separate agency but is staffed by the administration office.

National Institute on Aging: The 11th and newest branch of the National Institutes of Health, the institute was established by Congress in October 1974 to conduct biomedical, social and behavioral research on the aging process and to identify the special needs of the aged. *(For more on the institute, see box, p. 1384.)*

Senate Special Committee on Aging: An outgrowth of the Senate Labor and Public Welfare Committee, the special committee was formed in 1961 as a temporary committee, but has continued to receive authorizations in each of the following 15 years. Although it has no legislative authority, it assists other committees with jurisdiction over programs affecting the elderly and serves as a forum for special aging interests. Sen. Frank Church, D-Idaho, serves as chairman of the 23-member committee.

House Select Committee on Aging: After many years of debate, the House in 1974 created a companion committee to fulfill much the same role as the Senate Aging Committee. It, too, has no power to initiate legislation but keeps Members informed of issues that effect older Americans and helps to draft legislation for executive branch programs that affect the elderly. The 28-member committee is chaired by Rep. William J. Randall, D-Mo.

William R. Hutton, executive director of the NCSC, denies the charge that his group is in the pocket of organized labor.

"That leaves a whole lovely field for the insurance companies to play in," Hutton said of the catastrophic insurance measure. "They will be able to insure you for that $2,000 and all the other things on the side."

Martin, the association official, said that the bill "in no way would be beneficial to insurance companies" and denied that the association's service ties to the insurance industry in any way influenced its decision to support the bill. He listed a number of other items—no fault automobile insurance, for example, and home health care legislation—that have the retired persons' association's backing but have evoked strong opposition from the American insurance industry.

Artificial constituency: One of the most serious charges leveled against the senior citizen organizations is that they misrepresent themselves before Congress when they purport to speak for all older persons. Left out is the 25 per cent of the elderly population that also is poor.

Chief among the critics is Robert H. Binstock, professor of law and politics at Brandeis University and president of the Gerontological Society, a group representing academicians in the field of aging. In an interview, Binstock said he thinks the membership groups represent an "artificial constituency" because they fail to address the needs of those elderly persons who fall below the poverty line.

"They organize people on the basis of age," Binstock said, "but age is not a common problem per se." He suggested that the groups reorder their priorities and focus on "providing enough money to eat and decent health care." Other issues—improving recreational facilities, for example—can wait a bit, he suggested.

"Who's going to form an organization of the disadvantaged?" he asked. "What's going to be their leverage and over whom? In order to to have power, you've got to be able to swing elections, and the elderly poor bloc just can't do that."

Binstock called for "moral leadership" from the President or Congress to speak out for the elderly poor. "It doesn't call for a messiah. And what's it going to cost politically?"

Corman, too, has expressed concern that the interests of the elderly poor are being overlooked when the social services pie is sliced and served. In March 4 hearings on the Administration's block grant plan for community services programs, he admonished the assembled groups to make certain that the "finite number of dollars we have goes for the part of the population that they were intended to serve."

According to Allen Jensen, counsel to Corman's Public Assistance Subcommittee, there is a "fundamental philosophical difference" between Corman's position and the "trickle-down theory" subscribed to by the senior citizens' organizations.

The groups were successful, for example, in eliminating the individual income and assets test in favor of group eligibility for services at senior centers. The change in the law will eliminate the so-called means test if a state can "reasonably assume" that most of those applying earn less than 90 per cent of the state's median income. Initially, the groups were pushing for a figure of 115 per cent, which would have allowed even higher income persons to qualify for services.

"They just don't accept the idea of a limited amount of dollars and the need to set priorities," Jensen said.

Part of the problem, some suggest, is the concern of the senior citizens' groups with image. In struggling to project an image of self-sufficiency and dignity in old age, they may be unwilling to acknowledge others who are unable to provide for themselves.

Dr. Robert N. Butler, director of the National Institute on Aging, which is part of the National Institute of Health, said it may be unavoidable, not deliberate. "That may be a general, tragic statement about the mass organization function in that it tends to represent those that are already organized, while the more impoverished and disadvantaged tend to be the least effectively organized," he said.

Minorities: If the senior citizen groups have done an inadequate job of representing the poor, their record of speaking out for minority populations also has been questioned.

And since a higher proportion of the minority population also tends to be poor, the needs of an older minority person are doubly complex. To address those needs, two special organizations have been established.

The first, founded in 1970 to represent black senior citizens at the 1971 White House conference, is the National Caucus on the Black Aged Inc. In 1975, the caucus established a nonprofit affiliate to administer a grant from the Administration on Aging, known as the National Center on the Black Aged Inc.

The center's executive director, Dolores J. Davis, said that income and education tend to be the two biggest problems confronting elderly blacks. "Many are just not aware of the benefits that are available," she said, "and those that are aware are often inhibited and discouraged by the bureaucratic red tape."

Davis said it is unlikely that very many blacks would even choose to join an organization such as the retired persons association or the national council. "If you are very, very poor and have been living a socially segregated life, it would not be characteristic to join the groups and socialize with middle-income white seniors."

The second organization, less than a year old, is the Asociacion Nacional Pro Personas Mayores, headquartered in Los Angeles.

Again, income and education are the major problems of the elderly community. But Andres Hernandez, director of the association's Washington office, said that the language barrier and cultural differences pose special problems. A majority of the elderly are monolingual, he said, and as a result "have tremendous difficulties in communicating their needs. They are often isolated from whatever services are available."

Network: One possible way for minority and low-income older persons to gain greater access and recognition will be to integrate themselves on a local and state level into the new "national network on aging" being established by the Administration on Aging.

State and local organizing has been a consistent weak spot of the two major Washington-based senior citizen groups. The network could provide a foot in the door for those groups as well.

The network, mandated by Congress in the 1973 amendments to the Older Americans Act, will consist of 50 state agencies, 600 area agencies and another 800 nutrition project agencies. All but about 100 of the area agencies have been funded and have begun operating, according to the Administration on Aging, providing coverage to 80 per cent of the nation's over-65 population.

The purpose of the network is to allow local governments, with state approval, to determine their priorities for services to the community's elderly citizens. To ensure that the citizens partipate in the process, the law requires that the agencies conduct public hearings prior to adopting an area plan and give consumers a share of the advisory council seats.

Arthur S. Flemming, who serves both as commissioner on aging and as chairman of the U.S. Civil Rights Commission, said the agency is getting "a very positive reaction" to the network plan.

"I'm very enthusiastic about the way in which the concept is taking hold," he said. "It's unquestionably the most significant development that has taken place in the field of aging, aside from the social security system on the income side."

The best thing about the new network, Flemming said, is "the impact of leadership on the life of a community. There are resources there, both in the private and public sector, and when they are pulled together to focus on specific goals and objectives, it creates an enthusiasm that produces other resources at the community level."

OUTLOOK

"There is real momentum in the field of aging at the present time," Flemming said.

"But," warned the chairman of the 1971 White House Conference on Aging, "I do not feel that gives us any reason to feel complacent. We've got to keep working to maintain the momentum and, in some instances, of course, to accelerate the momentum."

Priorities: Much of the strategy for 1977 will hinge on the outcome of the presidential election.

Medicare is a case in point. If Democratic nominee Jimmy Carter wins, the national council can be expected to take the lead among senior citizen interests in linking up with other interest groups to press for comprehensive national health insurance. If President Ford is elected, however, the emphasis is likely to shift back to reforming the medicare system. Despite their different approaches, officials of both the association and the national council say they are dissatisfied with the existing reimbursement structure that burdens many senior citizens with heavy medical expenses.

Another area that may draw some attention, especially if the American Association of Homes for the Aging has its way, is finding a way to provide better long-term care facilities. "The real problem is how to get Congress and HEW to realize that care in a home is not a negative imprisonment, or 'institutional' in a negative sense, but can be a necessary and appropriate place for older people to live out their final years," said David C. Crowley, the association's executive vice president. The association, which played a key role in the HUD confrontation, is hoping to extend its influence to other housing issues and gain recognition as a legitimate advocate of the elderly.

> "Who's going to form an organization of the disadvantaged? What's going to be their leverage and over whom? In order to have power, you've got to be able to swing elections, and the elderly poor bloc just can't do that."—Robert H. Binstock, Gerontological Society

Yet another issue—one that drew a lot of attention but little action in Congress this year—is that of mandatory retirement. Both the association and the national council, together with a sizable number of Members in both chambers, would like to revamp federal law to eliminate the upper age limit of 65 for those who are protected against discrimination in hiring practices.

And food stamp reforms, likely to be debated when Congress takes up the farm bill in the spring of 1977, also will bring the senior citizen lobby out in force, spokesmen for the two groups say.

Senior power: Over the long term, it would appear that the strength of the senior citizen coalition can only increase.

Population projections through the end of the century indicate that the over-65 generation will increase to about 31 million. In less than 50 years, the number will double from its present level, to 40 million, to more than 15 per cent of the total population. Greater political awareness, coupled with a greater societal acceptance of the elderly and increased life expectancy rates could combine to produce a stronger, more unified bloc of senior voters. Senior power may yet become a reality. □

AMERICAN ASSOCIATION

AAHA

OF HOMES FOR THE AGING

The national association of Nonprofit Homes

David C. Crowley, ACSW
Executive Vice-President

October 26, 1976

Ms. Sarah Massengale
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Massengale:

As you requested, I am sending you information on our association. The American Association of Homes for the Aging represents 1400 nonprofit housing, homes, and health-related facilities serving over 200,000 elderly persons throughout the United States. Because a large number of our members have nursing units (or are free-standing nursing homes), I am particularly interested in the President's promise to expand nursing homes and make them more readily available.

You may recall that my purpose in calling you was to learn whether a policy statement on this issue, other than the short remarks made by the President in Miami, was available. I hope you will keep my interest in mind, and let me know when and in what manner the President will implement his promise.

Sincerely,

Lois Wasser

Lois Wasser
Editor
Washington Report

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AMERICAN ASSOCIATION OF HOMES FOR THE AGING

The national organization of **NONPROFIT HOMES**

374 National Press Building, 14th & F Streets, N.W., Washington, D. C. 20045 . Telephone (202) 347-2000

THE AMERICAN ASSOCIATION OF HOMES FOR THE AGING

The American Association of Homes for the Aging (AAHA) represents nonprofit housing, homes for the aging, and health-related facilities serving the elderly throughout the United States. It was founded in 1961 under the auspices of the National Council on the Aging through a grant from the Ford Foundation.

AAHA's member homes vary widely in primary purpose, but they are joined by a shared belief that the community, whether through civic, religious, fraternal, or other sponsorship, has a responsibility for seeing to the delivery of needed services for the elderly.

Included in the membership are homes that provide skilled nursing services; homes offering personal care services, such as help with bathing and eating; residentially oriented facilities with such services as centralized dining and laundry; and specialized housing which may offer no services, but instead simply provide barrier-free living environments for the elderly. Some homes are multi-level and provide more than one type of living style in a single location.

Over 200,000 older Americans live in AAHA member homes. An additional number of elderly living independently in communities benefit from noninstitutional services provided by an increasing number of these homes, such as meals on wheels and other nutrition programs, and adult day care.

Most AAHA member homes are sponsored by religious or fraternal organizations. Others are sponsored by government agencies, civic groups, and unions. Altogether, 1400 homes and 200 professionals and students make up the membership of the association which is headquartered in Washington, D. C.

For Further Information
Contact: Lois Wasser
(202) 347-2000

3/16/76

GERALD R. FORD LIBRARY

An Invitation to NON PROFIT HOMES AND FACILITIES FOR THE ELDERLY

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AAHA,

A non-profit association created to meet the needs of residents and management of non-profit facilities for the elderly, invites membership of interested organizations or individuals.

AAHA,

a national organization, meets the needs of its members because it is directed by its members.

AAHA

The inalienable rights of the residents of facilities for the elderly: self-determination, privacy, personal dignity, fulfilling social roles, good medical and physical care.

AAHA – Its Purposes

Headquartered in Washington, but responsive to its members throughout the country, AAHA helps non-profit member homes meet the needs of their residents in many ways:

AAHA represents the interests of its members in position papers presented to influential government agencies, committees, and individuals.

AAHA informs its members of governmental regulations, interprets their importance, suggests ways to implement them.

AAHA conducts accredited workshops, seminars, and conferences covering new developments in the long term care and housing field. In most cases, local and state agencies allow substantial credits for these courses towards annual licensure requirements.

AAHA serves its members on an individual basis. The staff at its Washington headquarters is always available to answer questions, fill requests, help in every way possible.

AAHA – Its Information Services

Recognizing the need for its members to keep up to date on current information and pending developments, AAHA regularly publishes reports, newsletters, magazines and other materials.

AAHA "Washington Report": At least twice a month, this informative bulletin notifies members of current and pending legislation, suggests how to comply with changes.

AAHA News Scene: An attractive, photograph-filled, timely magazine, the AAHA News Scene covers news-making people and events, including by-lined articles by leaders in the field of care of the aging.

AAHA Executive Memo: Published when special issues warrant, this memo is prepared by the Executive Vice President. Basically a progress report on the Association, it also covers special concerns, new projects, and other information worthy of notice.

AAHA Legal News: Prepared monthly for attorneys and other legally oriented members, the Legal News includes information on legislation, case histories, methods of handling liability problems, etc.

Action Bulletin: When questions or problems requiring immediate action of the members arise, the Action Bulletin is rushed to all members.

Special Mailings: In-depth coverage of new regulations, their significance and implications. Copies of relevant new regulations are sent to members and then are followed by interpretations of the meaning of the acts and suggested methods of abiding by the regulations.

Announcements: Special conferences, seminars, legislative workshops and other meetings are described in detail, giving members ample information on programs they may wish to attend.

AAHA Journal: A bi monthly publication for long term care providers is available on a subscription basis. This timely publication includes by-lined articles by recognized experts on many subjects of great interest to administrators and specialists in the field of aging.

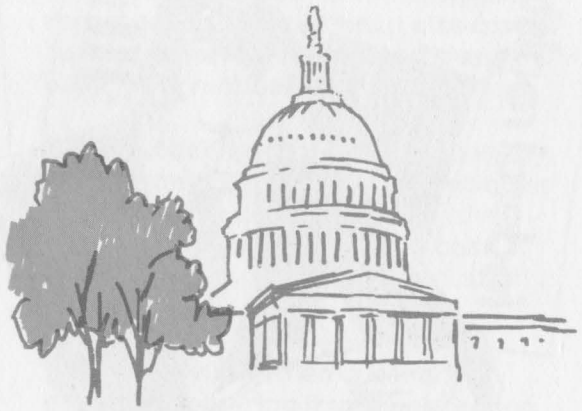
AAHA members are kept current on the latest developments with regular, interesting, informative publications.

AAHA – and The Government

When important policies affecting non-profit facilities for the aging are being — or should be — considered, AAHA prepares position papers representing the interests and concerns of its members. Because of our earned credibility, federal officials respect these well-researched documents and refer to them in studying the possibilities of proposed legislation.

State and federal officials regularly turn to AAHA for information that will be helpful in providing for optimal care and protection for the elderly.

In addition, AAHA notifies its members of all changes in governmental policy and regulations, interprets the meaning of such developments and clearly spells out the steps necessary to comply with regulations and to take advantage of all possible governmental services available to facilities and their residents.



AAHA represents the interests of its members to the government, and, in addition, interprets government policy to its members.

AAHA – Member Meetings

AAHA conducts in-depth conferences, seminars and workshops in different areas of the country, many of them accredited by respective states, allowing those who attend to accumulate credits required for annual licensure.

Annual Meeting and Conference: Held each year in different cities, the meetings with panels and speakers cover federal regulations, housing and environment, recruitment and training of long term care personnel, medical, physical, professional development institutes and more. High-level government officials and top professional and educational leaders in the field attend the conferences as speakers and delegates. The all day conferences also include breakfasts, luncheon meetings, banquets and receptions.

Legislative Workshop: Each spring, a two-day national Legislative Workshop is held in the nation's capital. When appropriate, additional regional workshops are held on issues of specific member interest or concern.

Meetings, conferences and seminars keep members up to date on continuing changes in their field.
LICENSURE CREDIT IS ROUTINELY APPLIED FOR IN THE CASE OF ALL AAHA TRAINING ACTIVITIES.

AAHA – Its Benefits

Headquartered in Washington, AAHA is, in effect, a branch office of every member.

Membership in AAHA provides many important advantages:

Credibility: Potential residents and their families recognize membership in AAHA as an indication of a home's stature in the field, its professionalism, knowledge and interest in a resident's care. Qualified personnel are also attracted to member homes for similar reasons.

A Staff of knowledgeable, efficient, interested people in the Washington office is always available to offer members its professional expertise.

Information: Washington personnel will be glad to answer members' inquiries on governmental policy, resources for equipment or supplies, housing, tax forms, and similar technical assistance.

Convenience: AAHA invites members to visit its office when they are in the area, and offers them all possible courtesies.

Referrals: Although AAHA does not make specific recommendations, all inquiries as to suitable homes in any area of the country are answered with lists of local member homes. In addition, AAHA frequently serves as a clearing house for personnel inquiries, although there is no formal employment referral service at this time.

AAHA – Its Members

Thousands of non-profit homes are sponsored by churches, synagogues, fraternal groups, unions, and government agencies. Because they share so many problems in offering their residents the best in medical, physical and social care, many have joined forces in AAHA to promote their interests and those of their residents.

AAHA offers two categories of membership to assist various groups of professionals interested in improving the care of the elderly in non-profit homes:

1. VOTING MEMBERS

Member homes and facilities: Non-profit, voluntary and governmental institutions caring for the aging which meet licensure standards or operate under community sanction where licensure does not exist. These members alone have voting rights in the association.

2. ASSOCIATE MEMBERS

Qualifying individuals and organizations receiving all the benefits of membership except voting rights include:

a. **Individuals:** accountants, architects, attorneys, medical doctors, psychologists, nurses, members of the Board of Homes/ Facilities, others. (Note: Full time employees of Homes and Facilities may not join as individual members unless the facility itself is a member.)
b. **State Associations** of non-profit Homes for the Aging.
c. **National Organizations**
d. **State and Local Organizations or Agencies**
e. **Business Firms or Suppliers**
f. **Legal Section:** Attorneys and others dealing directly with the legal problems of member homes.

Totally responsive to the views of its members, AAHA's policies are developed by the elected House of Delegates and put into action under the direction of the elected Executive Board.

Action Committees

Much of AAHA's great work comes from the dedicated involvement of members on upwards of eighteen action committees.

Members are invited to serve and provide a wide variety of expertise on such issues as federal regulations, educational endeavors, research, resident's rights, environment, facility planning and design, etc.

Thus AAHA's activities, goals, and directions are truly guided by the members themselves.

AAHA

AMERICAN ASSOCIATION OF
HOMES FOR THE AGING
374 National Press Building
14th & F Streets, N.W.,
Washington, D.C. 20045
(202) 347-2000

David C. Crowley, ACSW
Executive Vice President

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Office of Human Development
Administration on Aging

AUG 27 1976

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MEMORANDUM FOR THE HONORABLE SARAH MASSENGALE

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. This program will be funded at a $750 million level in FY 1977, and support the construction of 30,000 units for the elderly and handicapped. It's very popular in the field of aging. The President could associate himself with it, in view of him signing the FY 1977 appropriations bill for the program.

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. Language from the President's signing of the Older American's Month Proclamation could be used very well for this purpose.

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. Underline continuing support for these programs, i.e. Foster Grandparent, RSVP, Senior Companions.

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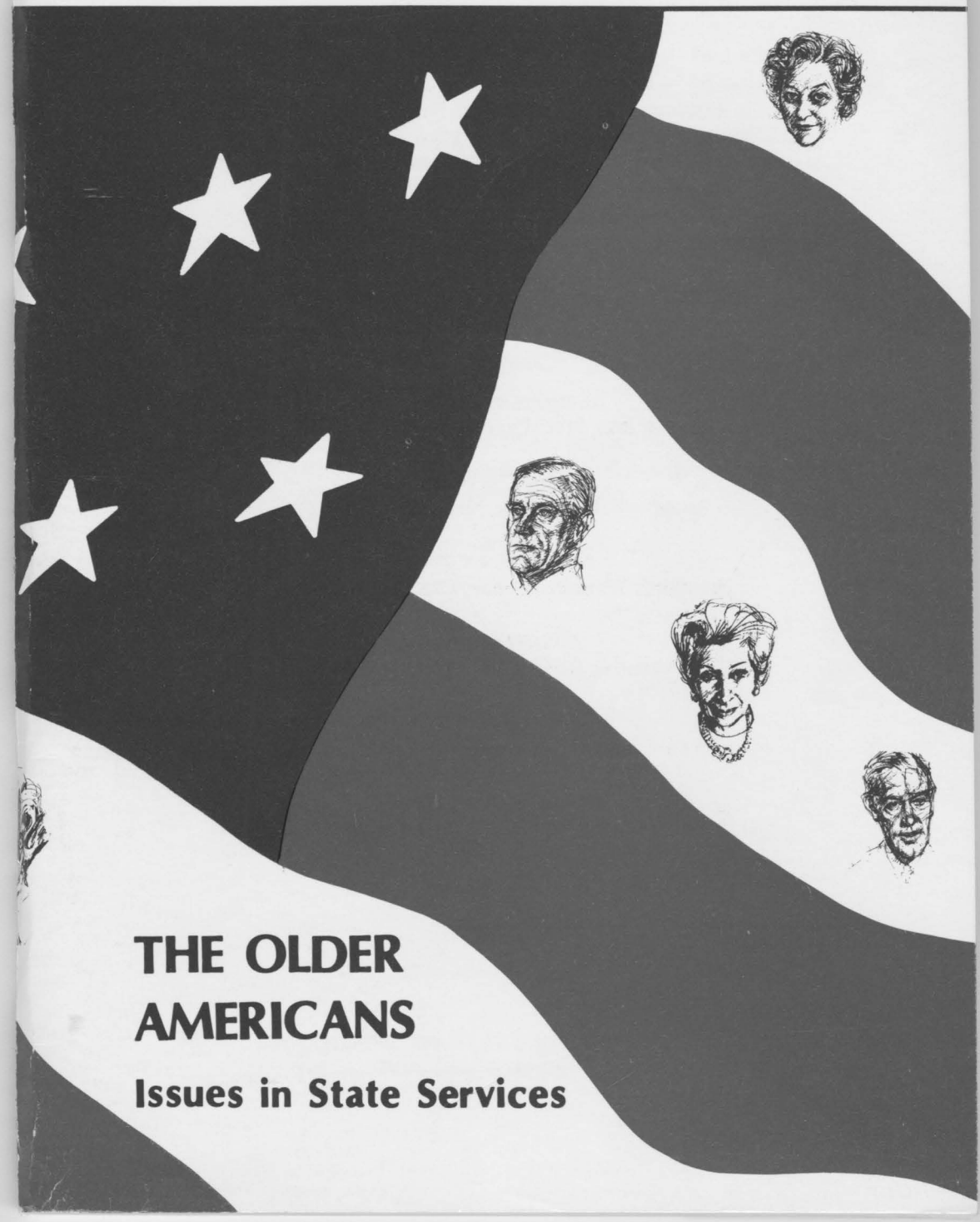

THE OLDER AMERICANS

Issues in State Services

The Council of State Governments

The Council is a joint agency of all the state governments — created, supported and directed by them. It conducts research on state programs and problems; maintains an information service available to state agencies, officials and legislators; issues a variety of publications; assists in state-federal liaison; promotes regional and state-local cooperation and provides staff for affiliated organizations.

HEADQUARTERS OFFICE
Iron Works Pike, Lexington, Kentucky 40511

EASTERN OFFICE
1500 Broadway, 18th Floor, New York, New York 10036

MIDWESTERN OFFICE
203 North Wabash Avenue, Chicago, Illinois 60601

SOUTHERN OFFICE
3384 Peachtree Road, N.E., Atlanta, Georgia 30326

WESTERN OFFICE
85 Post Street, San Francisco, California 94104

WASHINGTON OFFICE
1150 Seventeenth Street, N.W., Washington, D.C. 20036

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Issues in States' Services

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THE COUNCIL OF STATE GOVERNMENTS
Lexington, Kentucky

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Foreword

Americans 65 years of age or older are estimated to make up 10 percent of the population. By the end of the century, it is projected that they will constitute 20 percent. A stereotype of the elderly as individuals in failing health and incompetent is a gross error. The majority of our senior citizens are healthy and vital persons who desire to be active. Yet, one half of them are forced into retirement at 65. How to utilize this wasted talent and honor our commitment to provide support for them when needed are questions that challenge state governments now and will continue to do so in the years to come.

This publication, a sequel to the Council's earlier study *On Growing Old,* analyzes contemporary problems and presents some legislative measures to serve older Americans. It was prepared under the direction of Bill Main, Project Director for the Council of State Governments on suggested state legislation for the elderly. Legislators and advocates alike should find this report a useful tool in addressing the problems confronted by our senior citizens.

Brevard Crihfield
Executive Director
The Council of State Governments

Lexington, Kentucky
August 1976

Introduction

The problems that come with growing old in America have become increasingly acute with the trend toward urbanization and the associated decline of the extended family. The responsibility for assuring the well-being of the elderly has increasingly shifted to government.

Except for provisions to aged veterans, the first major federal program for the elderly was the Social Security Act of 1935. The object of this program was to provide a minimum income to the elderly through Old Age Assistance and Old Age Survivors Insurance. These measures were not perceived as sufficient to provide an adequate income independent of other resources. It was anticipated that they would supplement savings, private pension plans, and family contributions. However, for many elderly persons these other resources do not exist.

The Social Security program has expanded over four decades. Most significantly, the additions of Titles XVIII and XIX (Medicare and Medicaid) extended health insurance to the aged and needy. Medicaid and Supplementary Security Income (SSI) programs brought the States in as partners in the management of Social Security.

The Older Americans Act of 1965 provided more substantive governmental intervention in the problems which affect the aged. This act created the Administration on Aging (AoA), provided financial support for state and community programs (Title III), grants for research and development (Title IV), and grants for training personnel in the field of aging (Title V).

Major amendments to the Older Americans Act in 1973 upgraded the AoA from Social and Rehabilitative Services to the Office of Human Development attached directly to the Office of the Secretary, the Department of Health, Education, and Welfare. New emphasis was directed to state planning and, especially, the concept of area agencies for the aging. Under Title VII of the act, a new nutritional program was initiated in 1972 and funded in 1973 to provide meals for the low-income elderly at strategically located senior centers. A secondary benefit of this program is that isolation would be reduced by bringing the elderly in contact with their peers.

These federal efforts have made incremental strides toward serving the needs of the elderly. During the past decade a proliferation of state activities has served to actualize federal intervention and to address a myriad of problems unaffected or made more complex by federal action.

Brevard Crihfield, Executive Director of the Council of State Governments, was a participant in the 1971 White House Conference on Aging. Largely

through his commitment to the problems of the elderly, the Council sought and obtained a grant from the AoA for the development and implementation of state legislation for the aging.

The initial process employed by the project was to survey the States for recent developments in state provisions for the elderly, particularly legislative action. Letters soliciting information about these developments were sent to the legislative staff office and the office on aging of each of the 50 States. Responses were received from 43 States.

Survey Results

Categories were delineated and survey results were summarized as follows.

State Units on Aging

Massachusetts and Illinois are two of the States in which recent legislation established department-level state units on aging. The Massachusetts legislation established the Department of Elder Affairs, operated under the supervision and control of the Secretary of Elder Affairs appointed by the Governor. This department is the principal agency in Massachusetts to mobilize the human, physical, and financial resources available to plan, develop, and implement innovative programs for the elderly, including a home care program for the elderly in communities throughout Massachusetts. The Secretary may appoint, from time to time, citizen advisory committees. Also, an elder service corps, to be composed of men and women 60 years of age and older, was created to assist in meeting the needs of the State's elderly population and to offer the elderly opportunities for service.

The Illinois legislation established the Department on Aging, headed by the director of the Department on Aging who is required to be a senior citizen with sufficient experience to provide services to the aging. The department has broad powers to make provisions for meeting the needs of Illinois' elderly citizens. A Council on Aging was also established in the legislation, composed of a majority of elderly persons to review and comment on actions by the Department on Aging and to prepare an annual report evaluating the level and quality of all programs, services, and facilities provided to the elderly by state agencies.

Finally, a Technical Advisory Committee on Aging was also established, composed of state officials. The committee serves as a liaison between state agencies to facilitate planning and the effective delivery of all programs and services for the aging.

Public Utilities

In California, legislation was enacted in 1975 to provide all residents with special rates on a lifeline quantity of gas and electricity. Such rates and quantities are to be established by the Public Utilities Commission. In Maine, 1975 legislation called for the Public Utilities Commission to establish demonstration projects for providing elderly residential consumers with special rates on a lifeline

quantity of electricity. In Ohio, legislation was introduced in 1975 to create lifeline electric and gas rates for all of its residents.

Also in 1975, legislation was introduced in Iowa to establish a utility services stamp program through which an eligible senior citizen may purchase gas or electric utility services with coupons issued at a minimal charge. In New Jersey, legislation was introduced preventing discontinuance of utility services to senior citizens or disabled persons, if the local board of health certifies to the utility, within a seven-day period after receipt of a notice of intention to discontinue by the utility, that such discontinuance will endanger the health or safety of any senior citizen or disabled person.

Care Facilities

Connecticut, Maryland, Ohio, Virginia, and Wisconsin were among the States in which legislation containing a nursing home patients' bill of rights was introduced or enacted in 1975 or 1976. Legislation regulating foster homes for adults was introduced recently in South Carolina. California, Massachusetts, New Jersey, and South Carolina were among the States in which recent legislation was introduced or enacted creating the position of nursing home ombudsman as part of various state agencies.

Protective Services

Several States, including Alabama, Hawaii, Kentucky, Nevada, Tennessee, and Virginia, introduced protective services legislation during 1975 and 1976 to provide a variety of preventive, supportive, and sometimes surrogate services to adults with some infirmity or incapacity in order to facilitate their safety and welfare. Several issues are typically dealt with in these statutes, the most important of which are (1) the designation of the agency or agencies empowered to deliver the protective services, their responsibilities, and the scope of their power, including whether or not protective placement is allowed under the act and, if so, procedures related to protective placement; (2) the complaint procedure where there is abuse, neglect, exploitation, or other reason for intervention for protective services purposes; and (3) the procedures relating to emergency intervention.

Housing

Kentucky, Maine, and Wisconsin were among the States in which legislation was introduced or enacted recently to make public buildings accessible to the physically handicapped. In Florida, an Elderly Housing Authority Act was introduced in 1975 to allow localities to create housing authorities to facilitate the construction and expansion of housing facilities that serve the elderly, including health care facilities which are operated by nonprofit corporations. In New Jersey, a Retirement Community Full Disclosure Act was enacted in an attempt to protect retirement community consumers by providing a comprehensive scheme of regulation of retirement communities.

Health Care

In California, legislation was enacted in 1975 establishing a pilot project in preventive health care in three counties. In 1974, legislation was enacted requiring the Office on Aging to provide flu vaccine at minimal costs to all persons 65 years or older. In Rhode Island, a comprehensive health care bill was introduced in 1974, one provision of which was to require the State to pay for the catastrophic costs of eligible health services for eligible persons. In Florida, legislation was introduced in 1975 to regulate home health services.

Employment

In Arizona, California, and Maryland, legislation was introduced in 1975 providing for part-time employment for certain senior citizens. The California legislation directed the State Office on Aging to establish programs through specified entities and agencies in community service work. The Maryland legislation established permanent part-time employment in the state merit system. Arizona legislation provides for part-time employment by counties for community service work, utilizing state funds.

Pharmaceutical Assistance

Arkansas, California, Connecticut, Kentucky, Oregon, and Wisconsin were among the States in which legislation was introduced in 1975 or 1976 to permit the substitution of generic equivalents for brand name drugs in certain situations. In Maine and New Jersey, legislation was introduced in 1974 and 1975 providing for state financial assistance to low-income elderly persons in the purchase of drugs. In Connecticut, legislation was introduced in 1975 which mandated the posting of prescription drug prices.

Education

In Arkansas, California, Hawaii, New York, South Carolina, and Tennessee, legislation was introduced in 1974 and 1975 to allow elderly persons to attend courses in state-supported institutions of higher learning without paying tuition. In Florida, legislation was introduced in 1975 establishing a statewide education program for the elderly.

Mandatory Retirement

Legislation which sought to prohibit mandatory retirement at age 65 in the public and private sectors was introduced in New York in 1976. Florida and California were among the States where legislation was introduced in 1975 to prohibit mandatory retirement at age 65 among some or all public employees. In Virginia, legislation was introduced in 1976 which set up an Employees Retirement Review Board to hear requests for continued employment past age 65 by state employees, teachers, and part-time employees working pursuant to an order of the board under the legislation.

Age Discrimination

In Ohio, legislation was introduced in 1975 to eliminate age discrimination for persons 18 and over in the extension of credit, employment, housing, and the procurement of burial lots. In New York, legislation was enacted in 1974 prohibiting the refusal to issue or renew an automobile insurance policy solely on the basis of advanced age. In Colorado and Florida, age discrimination in employment legislation was also introduced in 1975 which set no upper limit on the age of the persons to be protected. In Montana, legislation was recently enacted to prohibit age discrimination in the extension of credit, employment, apprenticeship programs, and the admission practices of any educational institution, with no upper limit on the age of the persons to be protected.

Establishment of Advisory Committee

An Advisory Committee was selected representing state legislative and executive officials, administrators of aging programs, and independent organizations which serve the interests of the elderly. The committee included:

Mr. Albert J. Abrams
Secretary of the Senate
State of New York

Mr. Cyril F. Brickfield, Legal Counsel
National Retired Teachers Association
American Association of Retired Persons

Ms. Alice M. Brophy, Commissioner
Department for the Aging
State of New York

The Honorable Julian M. Carroll
Governor of Kentucky

Mr. Elias Cohen
Department of Community Medicine
University of Pennsylvania

Dr. Louise Gerrard, Executive Director
West Virginia Commission on Aging

Representative Barry Kutun
State of Florida

Representative Richard P. Lindsay
State of Utah

Mr. David H. Marlin, Director
Legal Research and Services
for the Elderly

Ms. Mary Brugger Murphy
National Association of Counties

Senator William D. Palmer
State of Iowa

The Honorable David H. Pryor
Governor of Arkansas

Mr. Robert B. Robinson, Director
Division of Service for the Aging
Colorado Commission on the Aging

Ms. Margaret S. Seeley
U.S. Conference of Mayors

Dr. John Shier, Executive Director
Lake Michigan Area Agency on
Aging, Inc.
State of Wisconsin

Senator Wilfrid J. Ullrich
State of Indiana

The committee met for the first time on September 27, 1975, at the Sheraton-Park Hotel in Washington, D.C. At that meeting they reviewed the interim results of the survey and defined the areas of highest priority for state action. These areas were health, economic support, housing, transportation, protective services, tax exemptions, and crime against the elderly.

The project staff convened four regional forums in October and November of 1975. These meetings, in Boston, Atlanta, San Francisco, and Chicago, included legislators, administrators of state and local aging programs, and a variety of other interested citizens. Using the Advisory Committee priorities as an outline, the staff developed a list of 53 specific issues for legislation and six topics for policy analysis. The Advisory Committee screened the list and it was determined that suggested legislation should be prepared in 17 areas and policy analysis in three. The state survey had provided a considerable file of statutes, and four collections of model statutes had been submitted to the project. This resource was searched for statutes that with minimal revision could be matched with the 17 areas for needed legislation. Where necessary, statutes were drafted by a legislative draftsman, Fred Karp. Through an agreement with David Marlin of the Legislative Research and Services for the Elderly (LRSE), two statutes recently drafted by Professor John Regan of the University of Maryland Law School for LRSE were included in the package submitted to the Committee on Suggested State Legislation of the Council of State Governments. Five statutes in the package were adopted by that committee for publication in the 1977 annual volume of *Suggested State Legislation.* These statutes are included in Chapter 4.

In addition, the staff, with assistance from consultants, has prepared papers on three areas where a legislative proposal was deemed inadequate or untimely to respond to needs identified during the project. These constitute the first three chapters of this report.

The materials included in this publication were determined by the process of needs assessment described. The wisdom and experience of elected officials and other professionals, as well as lay citizens young and old, have been consulted. It is the hope of the Council of State Governments that we have assembled an array of tools for serving the needs of older Americans.

1. Integrating Services for the Elderly at the Community Level

It has been estimated by health care professionals and aging group spokesmen that between 25 and 80 percent of nursing home residents could have remained in their homes if they had available to them a service providing for periodic visits by a clinician or some minimal assistance in housekeeping or maintenance. In many cases the need would only be for a brief period of illness. The range of estimates cited above leaves much to speculation. If the accuracy of either the smaller figure is assumed or the number most frequently quoted—40 percent—we would still be concerned about a considerable overutilization of nursing home beds. There is general agreement among authorities consulted that services, or service capacities, exist in sufficient quantity to meet the need. The foremost barrier is maldistribution and fragmentation. Maldistribution refers not only to inpatient and ambulatory care configurations of health professionals, but also to resources such as senior citizens who are presently idle but who could be effectively organized to provide services to others.

The concept of integrated services in the community to support independent living is a priority among organizations which represent and serve older Americans. The National Council on Aging has created a program unit, the National Voluntary Organizations for Independent Living for the Aging (NVOILA), whose purpose is to further independent living for the elderly in their own homes or in other noninstitutional settings through coordinated community effort. NVOILA has a membership of 157 national voluntary organizations and is supported by a Title III National Model Project grant from the AoA. Their goal is to deliver services to older persons suffering handicaps in functional capability so they may take care of themselves and not be unnecessarily institutionalized. This includes bringing individuals to community services and services to individuals in their homes.

Several States have made integration of services a priority in their aging programs. Legislation to promote community-based, multiservice agencies has passed in Florida, Illinois, Maryland, Massachusetts, and Washington. Kentucky is currently planning a pilot program to be called Project in Independent Living. The Washington legislation is the most comprehensive in range of services mandated but, as of this writing, it is too early to report on the implementation of that program. The Governor's office in Pennsylvania reached an agreement with the Philadelphia Corporation for Aging to provide these services in the Philadelphia area on a contract basis.

While there is agreement on the end to be attained, the best medium for providing those services has yet to be resolved. Chapter 4, devoted to suggested state legislation, includes a multiservice center statute based on the Florida act. This is a service agency approach. A broker agency approach similar to the Philadelphia Corporation for Aging has also received much attention. Dr. Dale Farabee, a psychiatrist and former Commissioner of Health Services in Kentucky, now a private consultant to health and mental health agencies in several States, designed a model for community services that blends the best features of several approaches presently being implemented. The discussion that follows is a summary of Dr. Farabee's proposal.

A Community Support System for the Aging

In building and utilizing a continuum of services to meet social, health, mental health, housing, and environmental needs of the elderly through community-based systems, all supportive and related services must be encompassed. There is need to create a circle of services for the elderly that is community based and uses any variety of support systems and providers—that of the public sector, both state and local; nonprofit agencies; for-profit firms; and voluntary, church-related, neighborhood, and mutual support groups. Implementation of this support system should make use of all potential assistance, utilizing everyone from adolescents to the elderly themselves.

Historically, natural and planned systems of community support have been available to individuals and have been successfully used. For example, we know from actual statistics that the primary supportive resource for dependent, elderly persons living at home with family today is an adult child, supplemented at times by other family members and, perhaps, neighbors; but family mobility, working wives, and the like, may adversely affect this.

In the past, such neighborhood family support was supplemented by organizations such as the Ladies Aid Society and by other religious-oriented support groups. The potential of the voluntary support groups is not diminishing but actually growing, as one can note in the development of mutual-help associations made up of persons who have suffered through serious illnesses and in the burgeoning of organizations such as Widow to Widow, Parents Without Partners and, historically, in the highly successful Alcoholics Anonymous and related groups. These supporters offer practical information and guidance to the person in need often more effectively than the professional helper, but they may need tangible incentives to enhance their effectiveness.

Planning

To meet the multiple needs of the elderly as this segment of the population mushrooms, multiple supports and varieties of assistance and funding are required and they must be organized in such a way as to facilitate rapid communications, sequenced action, and effective tracking of clients.

The problem is in bringing to bear all services—local, state, and voluntary—

and in providing for each individual the full extent of required assistance available. It is partly a problem of communication, partly one of coordination, and partly one of development of resources.

There have been concerted efforts to plan cohesively for the aging in recent years, but the effectiveness of such efforts is still far from optimum. This is caused partly by the fragmented and self-orbiting approaches to service delivery of the principal systems for the elderly—the social and health services—and by the "worlds-apart" reality perspectives of private industry, voluntary nonprofit agencies, and the public sector.

Obviously, then, a new effort towards a more unified planning approach must be seriously undertaken. At the federal, state, and local levels, a coordinated or even a unified system for planning must be engendered—through consortiums, or coalitions, or through the authority of a governmental agency empowered to disburse funds, if voluntary efforts cannot be effected.

Federal, state, and local responsibilities, possibilities, and current resources must each be clearly defined for coordination, development, financing, and delivery of services, if continuity of both planning and service delivery is to be accomplished.

There are no easy solutions to the building of a community support system to maximize the potential of the elderly and to facilitate as high an attainment of physical and mental health and a quality of life as is possible for each individual. Certainly, however, it is possible to begin with a planning process that is cognizant of other concerted efforts and with a realistic assessment of individual needs, moving from there to an organization focused on coordination and facilitation for the individual.

To have any hope of accomplishing this task, communities, regardless of how urban or rural their geopolitical structure, will be forced to carefully assess their demography and resources with much more detail than ever before. Full consideration of private, proprietary, and voluntary nonprofit roles and resources must be made as an objective overview of the assigned geography (or service area) is undertaken.

If aging populations are carefully located and mapped for proximity to local resources, if due consideration for ethnic and cultural attitudes and backgrounds is made, if proper projection is made of health services availability and utilization, if urban and rural transportation problems are visualized, and if the literally hundreds of other planning factors are recognized and answered, the community can dramatically visualize its problem profile.

In development of such a profile, it is becoming increasingly evident that assessments of individuals must take into account their capabilities—the level of functioning of the individual—rather than labeling and batching the problems of the individuals. Resources to maximize individual capability, as well as to alleviate problems growing out of dysfunction of specific capabilities, can more readily develop from functional rather than diagnostic evaluation.

Ideally, planning should be a step-by-step process moving from (1)

assessment, to (2) development and identification of program models, to (3) seeking approaches to and developing financial support for the plan. In the urgency of the here and now and the zooming problems of the aging, it may not be possible to proceed at a measured, ordered gait.

At a minimum, however, development of a comprehensive community support system for the elderly calls for broad-scale needs assessment and identification of current resources and gaps. This includes development of profiles of the aging individual's capabilities, related in turn to social-cultural-geographic-economic factors, as well as determination of resource availability and accessibility—including social, health, mental health, housing, transportation, legal, employment, education, and personal enrichment services and programs. A necessary component of assessment is to survey the utilization of, and attitudes towards, existing services from the viewpoint of the consumer and the societal institutions of the community (e.g., schools, judiciary, law enforcement, church, government).

While such assessments are being conducted—and this process should involve citizens, working professionals of various disciplines, and trained planners and sociologists—it should be simultaneously possible to examine carefully the identified existing resources and to study various national and international program models for the immediate and long-range future. The entire survey process, properly executed, is in itself a valuable educational, public awareness instrument, as well as an indispensable step in building the community support program for the elderly.

One may expect, furthermore, that such intensive survey/planning efforts will turn up a vast array of people, situations, helpers, providers, and other resources capable and willing to assist in solving the dilemmas of aging.

In States where regionalization has been accomplished as a planning tool, such an undertaking will be markedly simplified, and will be more easily accomplished. Regionalization is highly controversial in some States, but the accomplishments of the States that have implemented it tend to give credibility to the concept—at least for use as a state planning tool.

To implement such a community or regional planning task, it will be necessary for the existing capability of the Administration on Aging to be committed, either directly or through its area organizations, to the intensification of such planning and survey efforts. Senior citizen services planning committees can be formed and funded to carry out the function, or to subcontract for it. Where they are in place, area aging councils may be able to take such responsibility for their communities.

Patterns for such planning, however, should not be generated haphazardly, as many communities have been surveyed or planned into total frustration over the past few years as first one federal or state plan after another has required planning at the community level. For that reason, it is important that a formal mechanism for interfacing planning be mandated for programs receiving any federal support. The basic formats for information gathering should emanate

from the federal level with requirements for coordination and integration of planning efforts built in.

Health planning and Title XX planning have already gathered much data, as have community mental health, alcohol and drugs, and LEAA, to name but a few. Any new planning efforts on the part of aging proponents should be developed through the state aging program authority and progress to the regional or community level only after all available plans submitted for other federal acts or program requirements have been carefully analyzed. The final requirement for formalization of a community support system for the aged will nonetheless require an analysis of factors which reaches more deeply into the sociological structure of the community than has been required by most such plans.

In 1974 there were 21.8 million men and women 65 years of age and over in this country. Projections indicate that we should expect that number to rise to 31 million persons in the year 2000. These are sizable numbers that take on greater meaning when placed into context with the fact that the 65 and over population has escalated by 3.3 million persons since the enactment of the Medicare legislation in 1965.

The present elderly population can be divided into those who are presently receiving help, those who need help, and those who are basically healthy. There are approximately 4 to 5 percent of the aging in institutions and skilled nursing homes. There are approximately 95 percent in the community; this figure includes those in boarding and intermediate care homes.

A study by E. Shanas in the *Journal of Gerontology* in 1971 indicated that 14 percent of those 65 and over living at home are what are called "functionally impaired." That is, they are in need of some assistance to cope with normal demands of living. Of the 14 percent so identified in Shanas' study, only 2 percent were bedfast. Six percent, however, were considered too ill to go out, and 6 percent more could go out, but only with assistance from others. Adding those who are functionally impaired to those who are in nursing homes and institutions, indicates that there are about 20 percent of our elderly population who need significant amounts of help.

This is a percentage significantly high enough to warrant the focusing of attention on meeting the problems of assisting the vulnerable or disadvantaged elderly, with a reminder that this population is based on 1971 figures, with a steadily increasing aging population since that time particularly in the over-75 population. On the other side of the ledger, however, there are about 81 percent, according to the 1971 figures, who are relatively mobile and free from disabling infirmities, a fact which raises the possibility that forced retirement systems are costing our society dearly in lost income and pension payments, not to mention the hastening of the onset of infirmity and depression in the 65 and over age group.

At least 8 percent of the population at home will, however, require a heavy input of services to cope just with their health problems—the 2 percent bedfast

and 6 percent too ill to leave the home. The other 6 percent, as they grow more infirm, will eventually need increased health, social, and living supports in their daily life.

Service Requirements

What are the services required for a comprehensive system of community support? Many of them are now being offered, but their very profusion and fragmentation create instant confusion for the individual, family member, or advocate seeking to locate helping services for the elderly person.

The 1971 White House Conference on Aging identified and categorized problems and needs of the elderly. These included education, employment, social isolation, economic poverty, housing, transportation, health, nutrition, and spiritual well-being.

It is obvious that some of these problems are basic existence concerns—money to live on, medical care, and food. Many, however, are more directed to quality of life—a way to face the inevitability of encroaching age and death without dying each day, a little at a time. It is an essential part of the service or care requirements of the elderly that an adequate, visible quality of life be produced for them.

Services that should be in place for a viable system of resources for the elderly include:

1. *Physical diagnostic and medical treatment services.* Acute inpatient and ambulatory services.

2. *Specialized and extended health services.* Skilled nursing and intermediate care, and a variety of mental health, drug and alcohol abuse treatment, and rehabilitation services.

3. *Health maintenance services.* These are basically outreach and follow-up visits by health care personnel—such as registered nurses, aides, and clinical social workers working in consultation with physicians to provide screening, health counseling, education, and direct therapies to patients in their homes—or in such community settings as senior citizen centers, intermediate care homes, local mental health or health centers, or clinics. Decentralized clinics can offer cancer and diabetes detection, blood pressure checks, flu vaccine, and the like.

4. *Blood bank services.*

5. *Medication.* This can involve both supervision in taking medication and assistance in taking medication (such as insulin shots), and the opportunity to obtain medications at the lowest possible prices through a variety of community pharmacy arrangements.

6. *Day care.* Here medications can be checked, special treatments and medications administered, group and individual therapy, problem solving and counseling provided, along with numerous recreational and supportive services.

7. *Nutrition.* For those able to function alone or living with families, instruction in nutrition can be provided, if wanted. For those who cannot prepare meals, access to home care aides who can prepare meals in the home; or delivery

of meals to the home; or in areas where the resources and transportation are available, community dining at senior citizen, recreation, or day care centers, or through special care arrangements with restaurants to provide discount prices to elderly citizens are some of the alternatives.

In addition to such basic services, numerous other human services are possible and needed if the elderly are to be supported in the community and free of institutionalization. These include:

1. *Homemaker services* (home care aides). These persons houseclean, shop, prepare meals, and provide help with personal care such as bathing and hair washing.

2. *Chore service.* This is for heavier home services, including shoveling snow, yard work, washing windows, and the like.

3. *Transportation.* This is basic for the delivery of most services. Arrangement can be made through the public or private sector for public bus services, shuttle busses, vans, taxicab services, or neighborhood support system members—either paid or volunteer—to drive their own or the recipients' cars.

4. *Vocational counseling and training.* This is for those who are able to work.

5. *Employment services.* This is for those who can still be productive and offers a two-way possibility, for some of those over 65 can deliver services to the elderly and be paid for it, such as handymen for chore services, home aides, foster grandparents, and the like.

6. *Recreation and leisure-time activities.* Transportation is basic to this.

7. *Legal and financial services.* Assist the elderly in dealing with public agencies for taxes, wills, property problems, and insurance.

8. *Special education services.*

9. *Telephone assurance services.* The daily telephone call can be arranged through volunteer or agency auspices.

10. *Friendly visitor and "sitter" services.* This can relieve the social isolation and can ease the family burden where the aged person lives with family. Can be commercial or volunteer service.

11. *Aesthetic and cultural development.* This can spark motivation through library services, reading services to the homebound, and educational television.

12. *Opportunities for volunteer services.*

13. *Supervised living arrangements.* This can take the form of foster homes or live-in arrangements.

14. *Protective services.* These include legal, financial, health, and social services.

With such an array of potential assistance, plus numerous others not listed, it is easy to visualize the confusion and crosscurrents generated by the various vectors of influence. It is important that plans for systematic employment of services take into account the areas of need identified by the White House Conference on Aging and that appropriate capabilities be developed, if not

available, in the community or by access to such services in other geopolitical service areas nearby.

Many of these services are becoming available to SSI and other Title XX beneficiaries through state plans which are now concentrating on self-sufficiency, and there is no doubt that many of the most indigent elderly will receive more significant assistance. However, the issue remains as to how the remainder of the 22 million Americans 65 and over will find ways of realizing their rightful opportunities.

The axis of the service problem revolves around the facilitation of services for the individual. Coordination of effort to produce more effective and efficient results is the most elusive of all our goals. Federal aging authorities cannot now compel it. State authorities can control only that aspect of service delivery which falls within their legal purview. Voluntary agencies are wary of state, local, or other controls. Thus, all continue with strong concern for the problems but with few solutions. Therefore, it is suggested that a mechanism out of the "agency competitor" model may well be able to resolve the problem.

Case Manager-Broker—An Intermediary System

A direct case management "brokerage" concept is proposed, decentralized into various community locales to act as a catalyst for planning, securing, and orchestrating the various elements of the community support system into a valid and meaningful program of assistance for the elderly patient/client/resident. Such a brokerage system would operate in close coordination with—but organizationally independent of—existing agencies.

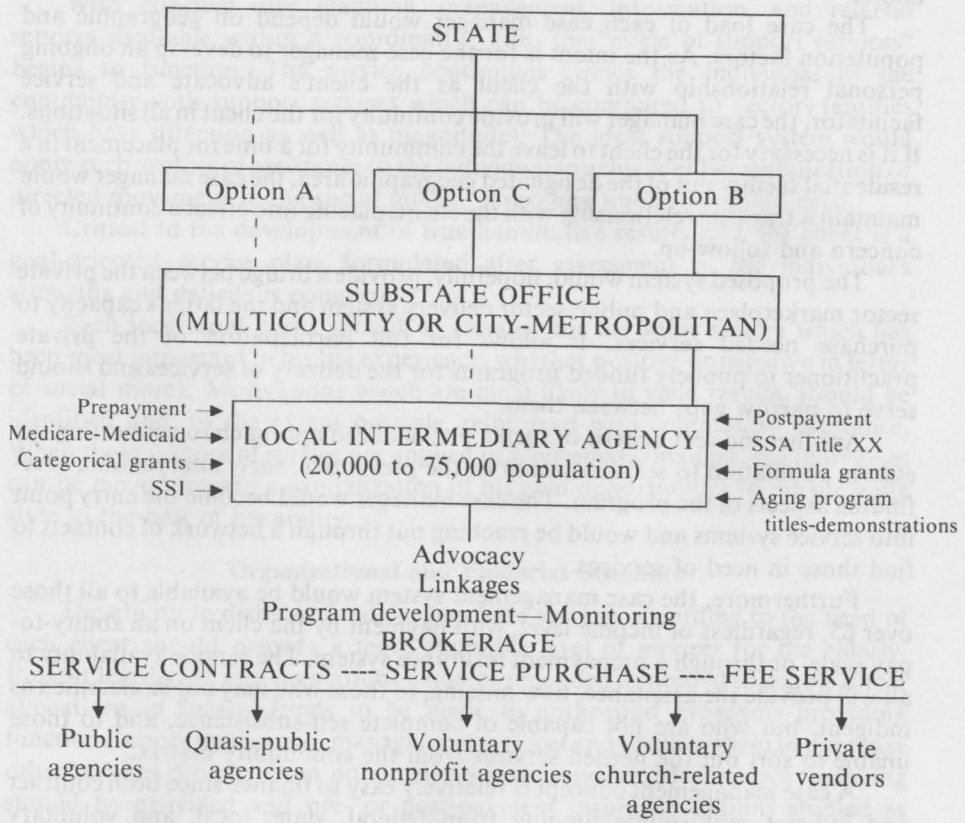
Those clients needing services of any kind—ranging from occasional transportation to regular home delivery of meals and daily home health services—would be registered into a confidential, programmed system of voluntary registration aggressively pursued through a casefinding process.

Stored records will contain information basic to obtaining a sequence of services consistent with a mutually planned effort for stabilization or improvement in the status of the elderly individual. Such services could be obtained from a variety of public and private agencies and practitioners. Innovations, more conducive to a personally tailored services package, would be encouraged.

The community-based broker will purchase services from health, social services, and other systems as required to carry out the "case plan." The case manager would be the constant, providing regular contact with the client and offering the client participation in the selection process of services determined to be useful or essential by the services plan. The broker would also assure contact and coordination with local and state governmental agencies dealing with problems of the senior citizen.

The case manager-broker, as the focal point of an intermediary system between the individual and the full spectrum of community services, will act as a

Unified Community Support through a Local Intermediary Case Management Agency



buffer or cushion for the client against any possible unresponsiveness of agencies or practitioners.

While primarily performing linkage and advisory services, the case manager-broker would also serve as a pivot for promotion of planning and development on the community level. The case management system's purchase-of-service approach, bridging the individual client's access to all components of service in the public and private sectors, will provide a constant interface between the individual's need and the spectrum of possible resources to respond to the needs. This will place the case manager in a unique position to identify gaps in services, facilities, and personnel—and to catalyze development of new services.

A planned intermediary system would provide regular data input by the community case managers indicating deficiencies as well as services provided. This could be fed into a statewide computer system to be used for planning purposes with protection of individual identities. Additionally, the case

managers would serve as resource persons for area and community planning bodies.

The case load of each case manager would depend on geographic and population factors. As the intent is for the case manager to develop an ongoing personal relationship with the client as the client's advocate and service facilitator, the case manager will provide continuity for the client in all situations. If it is necessary for the client to leave the community for a time for placement in a residential facility out of the designated geographic area, the case manager would maintain a tracking relationship with the client, placing into effect a continuity of concern and follow-up.

The proposed system would, hopefully, provide a bridge between the private sector marketplace and public sector delivery system and the latter's capacity to purchase needed services. It allows for full participation of the private practitioner in publicly funded programs for the delivery of services and should serve to narrow gaps between them.

Another indirect benefit of such a personalized approach to connecting the elderly population to services would be the preventive, early intervention, case-finding aspects of the program. The case manager would become the entry point into service systems and would be reaching out through a network of contacts to find those in need of services.

Furthermore, the case management system would be available to all those over 65, regardless of income level, with payment by the client on an ability-to-pay scale, or through a prepayment insurance system. The service availability to all will provide the assistance, now missing, to those who may not be classified as indigent, but who are not capable of complete self-subsistence, and to those unable to sort out the needed services from the community matrix.

A case management concept is relatively easy to finance since both contract and indirect multisource funding from federal, state, local, and voluntary services can be accepted and utilized. Purchase of services by the broker agency, as with vocational rehabilitation, commands instant attention from provider agencies but does not negate utilization by clients of their eligibilities for reimbursement to pay for services received in other agencies. By acting as a service plan developer, utilizing other agencies as diagnostic authorities and functioning more as a traffic director in some cases, the broker avoids the image of the competitive agency. In metropolitan areas, local case managers would cover small areas, with a decentralized approach over them. In rural areas, the geographic spread could be proportionally greater. Restriction of the geographic area served, with concomitant control of location of service delivery and vendor payment through federal regulations, will avoid overwhelming case loads and lack of intimate knowledge of the locale. The case management organization, using direct cash purchases within a mix of referrals to existing services, can establish a vital role in the development of organized case planning for the elderly. This is particularly true in establishing health and related social service activities designed to prevent regression and stimulate movement of the client's

situation. All efforts would have to conform to the planning objective of the community as set forth by the state authority for aging programs.

With effective case planning, management, information, and referral services available within a coordinative hub, the "circle of support services" begins to function. The service continuum circles the individual in the community with support services which can be compared to vectors (entities which have direction as well as magnitude). The ideal support system would apply such vectors of assistance to the individual to achieve either stabilization or directed movement in the social milieu, depending upon individual need.

Critical to the development of true habilitative results with the client is a goal-oriented service plan, formulated after assessment of the individual's strengths and deficits is complete.

Each individual client should be assessed for the value system which has been most important in his life experience, whether positive or negative in terms of social mores. Motivations which are most likely to yield results, should be identified and, to the extent possible, reinforced with community assistance. When these vectors of service are applied in a systematic manner, the individual can be moved toward a capitalization of his own opportunities to pursue a life style to the best of his ability.

Organizational and Financial Structure

The ability to disburse funds to purchase services according to the need of each client should provide a more equitable level of services for the elderly. Present legislation and regulations could be amended as needed to enable direct allocations of federal funds to be made to authorized programs providing functional coordinative case management services and to allow them to purchase other services directly from public and private vendors. Multisource financing should be provided and pre- or post-payment insurance options studied as another possible means of financing or partial financing.

Payment of a small monthly fee upon reaching the age of 65, as proposed in a number of long-term case bills and health insurance bills now before Congress, can, additionally, provide a ready mechanism of identifying or preregistering those 65 and over who may eventually require some forms of community support. This, therefore, may serve as one access into a programmed system of voluntary registration.

Multisource financing may be necessary, even if the long-term care bills, or portions of bills, presently in Congress should pass, (e.g., Medicare Long-Term Care Amendments, Barber Conable, H.R. 2268; J. Glenn Beal, Jr., S. 2702; and the Kennedy-Mills and Kennedy Health Security Bills). They direct their interest to long-term care, and eligibility requirements may force discrimination against some elderly persons who have need of community support services.

In planning for and organization of a community support system, the federal government must place highest priority on the solidifying of linkages among planning and service systems in regulations issued for federally financed

programs. It would also be beneficial to mandate specific liaison among agencies through designation of specific positions for liaison within these agencies.

Coordination at Various Levels

Community

Organizationally, there should be established a separate intermediary system which would be operated independent of existing agencies and systems. Strong linkages would provide for interdiction with the other systems, as would the ability of the intermediary to purchase services from other agencies and systems.

Such an agency could be operated and organized in several optional ways, depending upon the suitability of organization to specific communities and States. The local intermediary agency could be established (1) as a nonprofit corporation, contracting with the state or federal government, meeting guidelines but independently establishing administrative policies; (2) as an autonomously operating section or subsidiary corporation of an existing voluntary agency with specific safeguards to prevent control by the previously existing board and staff; (3) by a for-profit vendor group, contracting to carry out the intermediary function as in 1 and 2 above; or (4) as a separate local office of the state authority for aging or similar organization, with employees operating under state merit system and administrative authority with a local advisory board of citizens and consumers.

The functions and responsibilities of such a community intermediary system and its employees have been described. Personnel, in addition to the case managers-brokers, would include record clerks and supervisors, case reviewers/monitors, accounting and secretarial staff, and volunteers.

Regional

The locally based case management field staff would be assisted and monitored by a regional office which would encompass a number of counties. In large metropolitan areas, however, the regional office would operate as an areawide support office for coordination of decentralized case management services. The state authority would establish a regional office to provide a technical assistance and monitoring function, even though the community intermediary agency is independently contracting with the State.

State

A state office would be established to provide coordination, support, training, program consultation, technical assistance, and monitoring for the regional offices and to supplement regional office efforts in carrying out assistance to the local level. The state office could be organized in a number of ways: (1) as a separate agency, (2) as part of the Governor's office, (3) as a division of the aging authority of the State, or (4) as a division of an umbrella agency.

National

On the national level, legislation may be necessary to establish the appropriate action. Two possible options are suggested. One, a continuation of the authorities vested in the Administration on Aging. The other would be establishment of a Special Action Office in the executive branch, preferably as part of the President's office.

In the first option, the AoA should be given specific authorization to distribute—through single state authorities—"purchase of service" funds, either to area aging agencies, where these have already been established in multicounty state regions (there are 489 nationwide) or to new, independent, nonprofit, regional, citizen-led corporations in subareas of the States. These agencies could be multicounty in scope in rural areas, or citywide in authority with decentralized entry points where population is great. Funds would be authorized and disbursed with the usual controls to these agencies to purchase services for elderly clients, directly, as identified in the Service Requirements Section. With AoA a division would oversee, catalyze establishment, and monitor the system.

If the second, but preferable, option were taken, a special office, to be known as CHAP (Community Habilitation for Aging Persons) or OCAP (Office for Coordination of Aging Programs), would be established as part of the President's office. This office would have managerial and budget powers to coordinate plans for federal aging programs and to review and modify implementation plans and budget requests of federal departments or agencies as they may pertain to aging. This power would give clout to the office, authorized to see to it that a full-scale coordinated program becomes an actuality.

Allocations of resources would be made by the director of this program, but he would not be allowed to transfer funds between agencies. The office would, however, be provided with special funds to make direct allocations, through single state authorities, to the regional—state-operated or autonomous—agencies for the purchase of services for the elderly from private vendors and practitioners, both for-profit and nonprofit, and from public agencies. There would be no interference in internal administration and operations of other federal agencies by the special office, but stress would be placed on effective cooperation and forward movement.

The national-level office would be the center for support of the case management system throughout the Nation. It would provide the same services nationally to the States, and in turn the States would provide the local programs—education, training, technical assistance, monitoring, planning, and program consultation. It would coordinate with other agencies within the federal government and place emphasis upon educational and training opportunities for the national system of case managers.

Manpower

Demands for and on manpower in the human services field are both overwhelming and complex. Professionally trained personnel are not available,

even in small numbers, everywhere they are needed. Demand has overtaken the supply—at least in distribution of professionally trained persons—with some rural areas, for example, without even one medical doctor. Thus, many of those genuinely concerned with the need to offer services on a broad and equitable scale are becoming interested in the use of a variety of paraprofessionals and assistants and in development of a generic front-line worker—one with broad, but less intensive training than those in the traditional disciplines of medicine, nursing, social work, and psychology. Some colleges, particularly community or junior colleges, have developed two-year courses along these lines and allied health programs are growing. Case managers with such backgrounds, provided with ongoing programs of continuing education and in-service training, may well be used as the front-line workers in a case management intermediary system. They would free highly trained professionals of much of the daily, time-consuming minutiae of linking individuals to needed services offered by colleagues and agencies, and would facilitate their delivery of services in special areas of expertise.

In addition to utilization of less extensively trained professionals, the volunteer offers considerable potential for development. Use of volunteers should be encouraged and promoted. Organized programs for recruitment and ongoing training of volunteers should enable them to serve as alter egos to case managers and to enhance their invaluable service capabilities to the elderly.

Financial incentives to family members and family surrogates to continue and solidify their natural support systems for relatives who need help is provided in some European countries with considerable success. It is offered here as a suggestion for study, with the goal of maintaining individuals in the community to the maximum extent possible.

It may be that the availability of continuing contact with a case manager-broker, who could find and obtain available community ancillary support for families who need it, would be sufficient incentive in itself to maintain and further develop the informal, natural support systems of families, friends, and voluntary organizations, so important historically and in the future, if the elderly person is to have a greater chance of remaining independent of residential placement.

There is another overriding priority in the development of appropriate manpower to implement community support systems for the aged—the reeducation of large numbers of existing professionals in the service delivery system for the elderly. Traditional professional orientations in providing services have been shown to handicap programs that have been designed as delivery change models, such as community mental health centers. Continuing education and training programs should emphasize alternative ways to deliver services and should provide structured experiential training to alleviate negativism and stereotyped attitudes towards services for the elderly—and towards that population itself—on the part of many charged with helping them. Development of more positive approaches and attitudes should begin on the secondary and higher education levels.

Colleges and universities should be encouraged to expand curricula in geriatrics. While the AoA and other groups concerned with the elderly have directed much attention to this, it should be a high priority for all planning groups concerned with appropriate care and included in all training programs in health, mental health, and social services, at a minimum.

Legislation

Development of a cohesive community support system for the elderly must hinge, at least partly, on development of comprehensive, omnibus legislation on the state level, and on such expansions and amendments of legislation on the national level as are needed to fully sanction the support provisions recommended here.

On the state level, a comprehensive omnibus package of legislation—which would encompass a variety of rights, assurances, and services for the elderly—is needed. Organizationally, the state-level office should ideally be only one or, at most, two steps removed from the Governor—as it is in many States. It should be authorized by legislation to enter into contracts with area agencies—either state operated or independent—to provide or purchase a full spectrum of services for its charges (although limits can be written in), and should be enabled to send state funds to the area agencies to purchase direct services for the elderly and to perform brokerage and case management services for each person. These funds could be funnelled, via formula grants, from the federal government through the state agency.

Since the brokerage capability would be available to all, regardless of income level, those with small, but nonindigent-level incomes would be supplied with services they have needed but have not been able to obtain.

Enabling state legislation should be enacted for authorization of autonomous, nonprofit corporations, as preferable to state-operated agencies, to act as case manager-brokers for the elderly.

Case managers would certify services for the elderly to third-party payors for reimbursement to providers on a fee-for-service basis, as well as certifying vendors and practitioners to receive direct payment if the services are provided under a service plan for the client.

There are already models of state laws which can generate ideas for comprehensive legislation on rights and services for the elderly. A number of suggested laws fit into community support legislative requirements—including those for protective services, licensure and inspection of community facilities, age discrimination in employment, and energy lifeline legislation concerning rates and discontinuance of utility services to the elderly.

The intermediary case management agencies at the state level, as the advocate for individuals, could serve as the catalysts and coordinators for comprehensive legislative packages protecting and enhancing the rights of the elderly to the historic equal opportunity promised by the Founding Fathers of this Nation.

2. A Review and Analysis of State Tax Policy for the Elderly

The problems of the elderly discussed in this publication are very frequently traceable to economic circumstances. It has been contended that all the real problems of the aging as a population group that make them distinct from other age cohorts are due to limited financial resources and limited financial prospects.

There have been a variety of governmental interventions in the economic plight of the elderly such as direct income supplements, reduction in fees for transportation and recreation, and efforts to control costs in areas which vitally affect the elderly such as health care. Tax relief is one form of government action to ameliorate the economic problems so frequently attendant on growing old.

More than 30 States have made provision for property tax relief for some or all elderly citizens. The homestead exemption making property of residence tax free up to a specific dollar value is the most common statute. Wisconsin provides, in addition to a homestead exemption, a comparable tax exemption for renters. Michigan has repealed its homestead exemption for the elderly and replaced it with a provision for crediting property tax against state income tax. The Michigan Office of Services for the Aging reports that this change will result in a significant increase in tax relief for older homeowners. At least two other States are studying repeal of homestead exemptions in favor of alternate forms of tax relief for the elderly.

The circuit-breaker approach is the second most utilized means of granting property tax relief. This approach provides a ceiling on property taxes when the tax levy reaches a predetermined percentage of income.

Because of the variance in approaches taken by the States, the Council of State Governments' project did not attempt to identify a particular statute as suggested legislation. It was felt that a more productive activity would be a straightforward analysis of approaches. The discussion that follows provides guidance regarding the design and administration of tax relief programs.

Mr. Roy Dixon, a private consultant in community development, was asked to propose a methodology that would enable legislators, administrators, or merely interested citizens who might not be schooled in revenue systems to understand the implications of tax relief proposals. Mr. Dixon constructed cost estimation models, complete with sample calculations for three States. The potential cost in deferred revenue of a tax relief plan in any State can be calculated relatively easily and accurately from the basic data supplied. This methodology and data is in a companion publication, *State Tax Relief for the Elderly: Determining the Costs.*

Tax relief for the elderly has become an increasingly important concern of Governors, state legislators, and the administrators of state human service programs. As part of the Council of State Governments' 1975-76 Project on Aging, it was decided to single out the tax relief issue for special study.

The study was intended to analyze key elements of tax relief programs and to suggest approaches and cost-estimating methods which can assist state legislators who desire to productively engage in this complex issue. This report provides an initial strategic assessment of the tax relief situation from the viewpoint of the legislator or Governor who, while responsive to the economic needs of older people, is mindful of the growing importance of cost control and program performance.

Ideally, state legislation aimed at providing financial benefits to citizens should strike a balance between social equity and government cost-effectiveness. Undue stress on either element tends to create undesirable results as the legislation is implemented. As a practical matter, it is difficult to achieve an appropriate balance. The intent of this report is to provide a few stepping-stones which can make the legislator's or Governor's task easier as he strives for balanced legislation in the area of tax relief for the elderly.

The Setting

The process of growing old gives rise to a variety of circumstances which reduce a person's potential for individual growth and social interaction—for example: health problems, lack of meaningful work, and diminished opportunity for satisfying leisure activities. The kind and degree of personal or social diminishment associated with aging is different for each person, and is complicated by social bias towards older people. Whatever the nature of each person's situation, however, the vast majority of older Americans have traditionally shared a common problem—an inadequate and insecure income.

In recent years, much has been accomplished by the federal and state governments to alleviate the financial problems of older Americans. For example, the Social Security program has expanded in scope and benefits, as have other federal retirement programs. With the establishment of the Supplemental Security Income (SSI) program, a federally guaranteed income is now available to all those who were dependent on diverse state welfare programs. Through these mechanisms, almost all older Americans are now assured of at least a minimum standard income. In addition, medical care and social services are provided both in cash and in kind by government. Although most of these programs are beset by administrative difficulties (and their increased benefits largely offset by inflation), they nevertheless have provided the basis for a secure income for elderly citizens. Therefore, the current economic issue for most elderly persons is not the security of their income but rather its adequacy.

State government, in recent years, has become increasingly the institution concerned with adequacy. Examples of this concern are: welfare payments

supplementing the basic federal payments through Social Security and SSI, and additional net income in the form of tax relief. In the past 10 years or so, there has been a dramatic increase in state government interest in types of tax relief other than the income tax exemption or credit. Of particular interest have been the property tax and sales and use tax.

Property Tax

Usually, the annual property tax levied on the assessed value of an older person's home constitutes a financial burden. This annual tax can easily amount to several hundred dollars, and its payment can be devastating to the meager budget of the low-income older person (particularly because payment, in most cases, cannot be spread over the course of a year). Most States now have some form of property tax relief program for the elderly. However, there is great variation in the types of programs and their benefits. The major program types are described below.

Homestead Exemption

This approach, which is relatively easy to administer, exempts from taxation a portion (or all) of the assessed value (or the actual tax bill) of the principal residence of the older family or person. Eligibility is usually established by the age of the head of household (60, 62, or 65) and sometimes is accrued in steps (for example, a higher exemption at age 75 than at age 65). Either the local taxing district, the state government, or both are involved in establishing eligibility and defraying the taxes lost because of the exemption.

Some criticisms of this approach have been that it is too costly and, because of its insensitivity to income levels, does not provide relief where it is most needed. It may also give rise to a tendency among local property assessors to arbitrarily peg the assessed value of an older person's home to the current homestead exemption level—thus causing a further loss in local or state tax revenue. Finally, the homestead exemption does not usually apply to older people who rent homes and who are, on the average, more in need of income assistance than homeowners.

Property Tax Lien

This approach assumes that the property itself should bear the cost of property tax relief provided to the elderly owner. Once tax relief has been granted, a lien is applied to the property by the taxing authority for additional tax amounts which would otherwise be payable during the lifetime of the owner. The lien becomes payable within a year or two after the death of the owner (or upon his sale of the property). Whatever the equity merits of this approach, it is resented by older people because of the nearly universal desire to leave an unencumbered estate to the heirs. Under this type of law, the inherited property must usually be sold to obtain funds to pay off the accumulated lien.

In States where the lien approach has been tried, there has been a strong tendency for older people to refuse to participate. In addition, this approach does not benefit renters and it does not provide progressive relief for lower-income families.

Circuit-Breaker

As its name implies, the circuit-breaker is designed to protect the income of the older family from property tax overload while maintaining the principle that elderly homeowners and renters should participate to some degree in the taxation flow in their communities.

Although somewhat more complex than the preceding types of tax relief programs, this program adjusts both to property tax levels and to the incomes of homeowners. In addition, it can be readily applied to renters. Since it targets relief according to financial need, it is both more controllable and less costly than the previously described types of programs. The concept arose in the late 1960s and since that time has become one of the most popular state programs for providing relief.

Basic circuit-breakers are limited to elderly homeowners, usually 65 years and older. Expanded circuit-breakers include renters and sometimes disabled persons of any age. For renters, a percentage of rent is set as the property tax equivalent. Circuit-breakers are further characterized as threshold or sliding scale. The threshold approach defines acceptable tax burden as some fixed percentage of household income (different percentages for different income levels). Tax above this percentage of income is considered excessive and qualifies for relief. The sliding scale approach does not establish a threshold but rather sets a fixed percentage of property tax (usually a different percentage for each income class) as eligible for relief. The percentage customarily declines with increasing income.

For both approaches, an upper dollar limit is established for relief, and this is the most that will be paid to the owner or renter no matter how much his eligible tax or rent equivalent. It is also often the practice to reduce this limit by a percentage of income above some basic income level. Relief may be provided via reduced tax bill, state income tax credit or refund, or by direct cash grants (rebates). Usually, both state government and the local taxing authority are involved in program administration, and the State may or may not refund tax losses to the community in the case of the direct tax reduction approach.

Sales and Use Tax

Any one (or a combination) of three approaches is usually chosen in this type of tax relief:

- Elimination of tax on necessities (food, medicine, medical appliances, fuel, electricity, transportation),
- Income tax credits, or
- Cash rebates.

Such forms of tax relief can be applied in relation to age alone or a combination of income and age. In either case, the lower-income older person tends to receive the higher percentage benefit.

Summary

State Legislatures can provide tax relief for the elderly in a variety of ways. Whatever the approach under consideration, one must study not only the costs compared to the benefits, but also the underlying intent of the legislation. It should be made clear in the planning process, for example, whether it will be the State's policy to provide automatic benefits regardless of income or whether benefits will be directly correlated with income.

Automatic age-related tax relief assumes, in essence, that a person has earned benefits as a result of living past his 65th year. Income-adjusted tax relief assumes that poor older people are just like poor people of any age, only more so. In general, income-adjusted relief programs are less costly than automatic relief programs because they involve fewer beneficiaries.

As previously noted, the issue at hand seems to be the adequacy of personal income. From this viewpoint, only tax relief programs that are aimed primarily at achieving some measure of equity of total taxation in relationship to total income would seem to suffice. In any case, determination of desired results should be the first step in considering any kind of tax relief—thus, it is the first item considered in this report.

Development of Tax Relief Legislation

When developing tax relief legislation it is essential to consider the question: What are the goals of the legislation? In the area of tax relief for the elderly, it is crucial that the answers be as complete and specific as possible, since it is difficult to reduce the scope and benefits of such programs once they are implemented. Some alternative tax relief goals might be:

1. Substantial or limited assistance for all older people, regardless of income;
2. Substantial or limited assistance for low-income older people;
3. Assistance for older people who are homeowners only;
4. Assistance for older people who are renters only; and
5. Assistance for older people regardless of residential status.

Since each of these goals can be considered as valid and worthwhile, the assignment of priorities may hinge on time and cost—as well as political feasibility. For example, in a State which currently has little in the way of tax relief benefits for the elderly, limited assistance regardless of income may be the most politically feasible goal and may be relatively inexpensive as the first building block in a long-range program effort. Thus, in such a case it might be assigned the highest priority for current legislation, regardless of the fact that it might not be considered a sufficiently generous approach. The important thing here is to provide a basic assistance mechanism both as a first step and as a way to develop and test administrative procedures. The initial program can be augmented in subsequent years.

In States which already have substantial tax relief programs, the priority need may be to fill gaps in the program spectrum. For example, a State which has a circuit-breaker program for elderly homeowners may wish to add a similar program for renters; or, a State which has a homestead exemption may wish to augment this with circuit-breakers to provide additional relief for the elderly poor.

Cost v. Impact—"How Much Is Enough?"

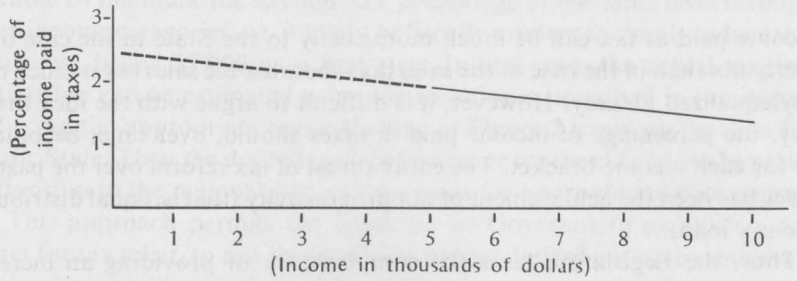
Once tentative priorities have been assigned to potential tax relief goals, it is useful to attempt to establish approximate dollar amounts for such words as "limited assistance" and "substantial assistance." For example, Figure 1 below shows gross national relationships between income and general state sales taxes in 1972. Although the statistics are not current, there is a clear indication that a linear relationship exists between income and percentage of income paid as sales tax.

Figure 2 on page 28 indicates that the tax percentage/income relationship is very different in the case of the property tax. Although there is wide variation among regions of the Nation in actual percentage by income class, the general relationship is identical. For incomes of approximately $7,000 and over (1971 data) there is a very gradual, linear decrease in percentage of income paid as property tax. However, for incomes under $7,000, the property tax percentage increases exponentially with decreasing income. The information upon which Figure 2 is based is not current, nor does it reflect the more recent impact of circuit-breaker legislation.

Notwithstanding, it is clear that nationally the relative impact of property taxation is much higher for the low-income homeowner than for the middle- and upper-income levels. Presumably, the same relationship is true for the pass-through effects of property tax on renters by income.

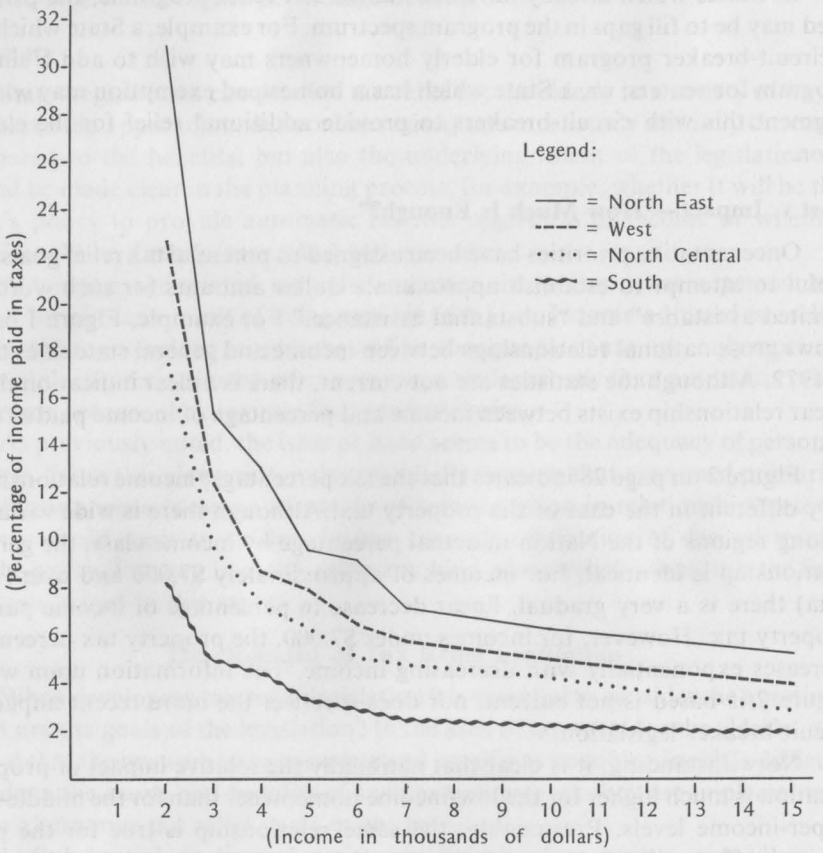
In general, it is easy to see that the tax relief goal of equalizing the percentage

Figure 1
General State Sales Tax Burden by Family Income, 1972*



*Source: Advisory Commission on Intergovernmental Relations, Federal-State-Local Finances: Significant Features of Fiscal Federalism, 1973-1974 edition (Washington, D.C., 1974).

Figure 2
Property Tax Burden by Income and Region
One-Housing-Unit Homeowner Properties, 1971*

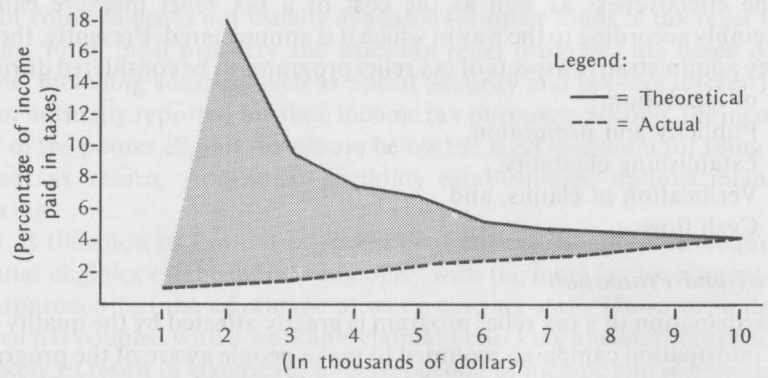


*Source: C. Lowell Harriss, Property Taxation in Government Finance (New York, N.Y.: Tax Foundation, 1974).

of income paid as tax can be much more costly to the State in the case of the property tax than in the case of the sales tax—because the sales tax is much more nearly equalized already. However, it is difficult to argue with the idea that, in theory, the percentage of income paid in taxes should, over time, become the same for each income bracket. The entire thrust of tax reform over the past two decades has been the achievement of tax progressivity (that is, equal distribution of the tax load).

Thus, the Legislature faces the complex task of providing an increased measure of tax equality while ensuring that tax relief legislation does not create undue burdens on the state or local treasury.

Figure 3
Comparison of Theoretical Income-Property Tax Relationship and Actual Income–Property Tax Relationship with a Circuit-Breaker in Iowa, 1974*



*Source: Project staff calculations.

In designing proposed legislation, the legislator or Governor needs a place to start. Figure 2 provides an approximate guide to the property tax/income relationship in each region, but it is based on relatively old data and in no case can the averages for a region be assumed to be the same as for a given place within the region.

Fortunately, the property tax relief cost-estimating models found in the companion volume can be used both to predict the cost of a given tax relief formula and to identify the current percentage relationship between property tax and income in a State. Using an appropriate model, the legislator or Governor can first determine the existing average property tax as a percentage of income for various income levels. He can then plot this information on a chart—in the same manner as the regional data is plotted in Figure 2.

For example, in 1974 in Iowa, the theoretical relationship between income and property tax (or tax equivalent) for the 65 and over population without that State's circuit-breaker program is shown in Figure 3 above, and is compared to the actual relationship between income and net tax under the circuit-breaker program. With Iowa's circuit-breaker, average tax as a percentage of income actually decreases for incomes less than $7,000. In another State, it might be desirable to maintain the average tax percentage at the same level through the lower-income categories; or, it might be fiscally prudent to simply reduce the rate of increase below $7,000 as a first step. In any case, the actual tax/income relationship can be estimated using the techniques described in this paper and modifying the appropriate regional curve in Figure 2 based on the data for the specific State. Then the desired tax/income curve for the elderly can be plotted in relationship to the regional curve as the basis for approximate cost estimation.

This approach permits the legislator or Governor to establish a desired impact for tax relief, to test the feasibility of that desired impact by estimating its cost, and to modify the desired impact until an appropriate balance between average benefit and total cost is achieved.

Administration

The effectiveness as well as the cost of a tax relief measure can vary considerably according to the way in which it is administered. Presently, there are four key administrative aspects of tax relief programs to be considered during the design of legislation:

- Publicity and promotion,
- Establishing eligibility,
- Verification of claims, and
- Cash flow.

Publicity and Promotion

Participation in a tax relief program is greatly affected by the quality of the public information campaign mounted to make people aware of the program. A vigorous publicity effort can make the difference between a 60 percent participation rate (as in the case of Connecticut) and a 95 percent participation rate (as in the case of Idaho). The following kinds of activities should be stressed if the objective is to achieve high participation rates:

- Regular media coverage,
- Liaison with organized groups of older people,
- Information-sharing activities with agencies which also serve older people (welfare, social services, social security, agricultural extension, state and areawide agencies on aging, food stamps, housing), and
- Mail notification to potential eligibles (through local tax offices and other agencies which routinely contact the eligible population by mail).

Experience in the States studied indicates that both a general publicity campaign (for example, media coverage and liaison with organizations) and specific attempts to locate and contact eligibles (information sharing, mail notification) are required.

In addition, it would be advisable to ascertain what type of factors would discourage individual participation. Such factors, if present in a given State, may represent obstacles to be overcome in the public information campaign. For example, a former property tax relief law in Connecticut required that a lien be placed on property in return for tax relief granted to the elderly owner. As was previously noted, this is an unpopular approach. Although this law no longer exists in Connecticut, many older people remember when it did, and feel that the current property tax circuit-breaker program also contains the lien requirement. This is believed to be a significant factor in Connecticut's relatively low participation rate (along with a relatively low level of general publicity).

Establishing Eligibility

Sound administrative practice places an emphasis on simplicity in the establishment of eligibility. The easiest administrative approach is to "piggyback" application for tax relief eligibility on some other tax program. For example, state income tax returns may be used as the basis for qualification. This

is, of course, the method used in the case of income tax relief. Unfortunately, this kind of convenience is not usually available for other kinds of tax relief for two reasons. First, most property and sales tax relief programs are based on total income, including sources (such as Social Security and tax-free interest) which are not normally reported for state income tax purposes. Second, the incomes of many of the poorer eligible people are below the legal minimum for filing a state income tax return. Additional eligibility establishment options include the following.

1. Utilization of Local Tax Assessment Offices. Some States require that potential eligibles establish their eligibility with the local tax assessment office. This approach has the advantage of using existing staff. However, unless this approach is coupled with a workable claimant checking and auditing procedure, it is likely to result in significant underreporting of income and overpayment of benefits.

2. Combination with Another (Nonincome) Tax Relief Program. Other States combine the application processes for two or more tax relief programs. Illinois, for example, uses the same form to qualify potential eligibles for both property and sales tax relief (the property tax relief program was first incorporated). This approach has the advantage of significant cost and effort reduction (over the use of a separate process for each program). It also increases the participation rate for each program involved in the process. (Illinois routinely notifies people who apply for one kind of tax relief that they may be eligible for the other as well.)

3. Establishment of a New Eligibility Process. Finally, if no other approach is available, it may be necessary to set up a new eligibility establishment process. Even if this is unavoidable, steps should be taken to ensure maximum administrative efficiency. For example, one recent proposal for relief of taxes on electricity and natural gas service for older people named the State's Public Utilities Commission as the lead agency for program administration. Administratively, it would have been more efficient to have the Department of Revenue as the lead agency since it was equipped to establish eligibility and also process claims for other tax-related matters. However, because the Public Utilities Commission was the overall policymaker in the utilities area, it was delegated this lead responsibility.

Verification of Claims

Whatever the approach to establishing eligibility, it must be directly coupled with a workable mechanism for verifying claims. The potential for exaggerated claims and underreported income will be substantial unless it is known that the administering agency has the capability and capacity to routinely audit claims. Thus, while it may be tempting to reduce administrative costs by not requiring a high-quality auditing mechanism, the lack of such a mechanism will usually increase program cost disproportionately to the cost of maintaining at least a spot-check auditing procedure. It will probably never be necessary to audit each

return—or even a large percentage of returns. Normally, a 1-10 audit ratio will be ample. However, the program should also make use of any available cross-check mechanisms.

For example, the income reported by property and sales tax relief claimants should be routinely compared to the adjusted gross income reported for state income tax purposes. This should not be difficult and could be rather effective.

The combined eligibility application approach used in Illinois facilitates cross-checks between two types of tax relief programs.

Finally, it should be noted that claims for property tax relief by renters are difficult to verify. The rent paid can only be corroborated by the landlord—who might be tempted to increase the rent if he knew that a tenant had applied for rent-related benefits.

Cash Flow

A well-administered tax relief program should provide for cash flow relief as well as tax relief. Unlike other types of taxes which are paid on an "as-incurred" basis, property taxes are usually paid once each year. This can work an extreme hardship on the elderly person whose income is small monthly payments. In many States, the current year receipt for paid property taxes must be presented to establish eligibility for relief. Thus, the older person has to pay a relatively large sum of money to the tax collector, and then wait a considerable period of time before receiving his relief check.

In some States, the relief is provided by a direct reduction of the property tax bill. This approach reduces cash flow burdens on the elderly taxpayer. So does the current Illinois approach, where the claimant may use his previous year's tax bill as the claim basis for the current year.

Summary

Effective program administration involves many other considerations than those mentioned in this section. The points emphasized above, however, are the strategic elements in administration of tax relief programs and will, when properly developed in the overall context of good administrative practice, substantially increase the probability for administrative efficacy. The growing network of state and areawide agencies on aging, sponsored by the Administration on Aging, should be considered an important and needed part of any tax relief program administration process.

3. Providing Transportation for the Elderly

In all of the regional forums which were instrumental in establishing the agenda of this project, the need of a great many elderly for transportation was high on the list of priority issues.

The isolation of the aged with impairment of mobility has effects that are more far-reaching than the obvious social and psychological ones. In the absence of outreach programs, the availability of a great many benefits such as health care, nutrition, counseling, and legal assistance depends on the capability of the elderly individual to travel to a center or agency. There are some splendid examples of programs which reach into the homes of the elderly such as "meals on wheels" but, regrettably, these services do not reach the majority of the needy aged. This is particularly true for those who live in the rural areas of America.

One step that has been taken by nearly one half of the States is to make available public school buses for programs for the aged. In most States this requires permissive legislation. In the States that have taken such action, immediate implementation of transportation programs using the buses has not necessarily followed. One restraint is the unsuitability of most school buses for transporting impaired individuals, child or adult. A second restraint lies in the fact that vehicles alone do not make a transportation system. The challenge of economically planning routes and schedules to meet a variety of needs requires inventiveness and expertise in public transportation.

New programs in several States bear observation. Oregon has undertaken several different demonstration projects. At this writing, however, the State which has pioneered in transportation planning for the rural elderly is West Virginia. The following study of West Virginia's Transportation Remuneration Incentive Program (TRIP) was conducted by Fred Karp of the Council's Aging Project staff. Assistance was provided by Dr. Louise Gerrard, Executive Director of the West Virginia Commission on Aging; Commissioner Thomas Tinder of the Department of Welfare; Grace Strain, Executive Director of TRIP; Roy Payton, Assistant Commissioner of Operations, Department of Welfare; and Transportation Development Specialists Audley Wolfe and Okey Gillenwater.

An Innovative Program

This chapter primarily focuses on the technical and policy aspects of TRIP, the innovative transportation project currently being implemented in West Virginia. TRIP has utilized funds from four federal agencies as well as from West Virginia's state and local governments in its implementation. Broadly, its goals

are to stimulate lasting positive changes in the delivery of transportation services to all of West Virginia's citizens with special provisions for the low-income elderly and handicapped, and to demonstrate to other States the methods and utility of implementing the program.

Some general characteristics of West Virginia serve to emphasize the importance of both the improved service and demonstration aspects of the TRIP project. The *TRIP Development Plan* states:

> The 1970 census shows that 61 percent of West Virginia's population live in rural areas and only 12.7 percent live in central cities. Sixty percent of the State's 55 counties are at least 75 percent rural and only 15 counties have population densities greater than 100 persons per square mile. Significantly, the more rural counties have a larger percentage of their population age 60 and over.

The TRIP project will operate statewide when it is fully implemented. Increased knowledge of and solutions to transportation problems of the rural elderly will be one important outcome of this project.

State provisions for transportation which specifically benefit the elderly are for the most part in an experimental stage. To merely suggest model legislation in this publication would have been of limited use to its readers. However, within this chapter reference is made to state legislation being used by West Virginia to implement the TRIP project.

This chapter describes past, present, and projected future aspects of the TRIP project in an attempt to shed light on the issues that other States typically have to deal with in implementing similar projects.

Brief Overview of the TRIP Project

There are two primary phases to the TRIP project. The first phase, which has been operative since June 1974, involves subsidies to low-income elderly and handicapped persons for transportation authorized by the West Virginia Department of Welfare. This is accomplished through reduced rates for books of transportation tickets issued monthly by the Department of Welfare to these two classes. The system is similar to the federal Food Stamp Program in its operation. The second phase of the TRIP project, yet to be implemented in a significant manner, will provide greater access to public transportation for all of West Virginia's citizens by making operative 215 new specially equipped vehicles throughout the State. Elderly persons in rural areas without adequate access to transportation will particularly benefit from this phase of the project. At least one vehicle in each of the participating transportation regions in West Virginia will be equipped with an "electro-hydraulic lift system" for wheelchair passengers.

In an analysis of delivery systems of transportation for the elderly, an April 1975 Institute of Public Administration publication, *Transportation for Older Americans, A State of the Art Report,* specified four types of systems: demand-responsive, fixed-route/fixed-schedule, modified fixed-route, and volunteer. The second phase of the TRIP system will offer a delivery system of the modified fixed-route type. The *TRIP Development Plan* points out that

> the transportation systems planned include the use of regularly scheduled buses operating on the primary road network to bring people to major health services, food shopping centers and social services. Smaller feeder vehicles will cover the secondary roads bringing people from the hollows and remote areas to a primary route where a transfer will be made to the primary route bus. The feeder vehicles will respond to specific prearranged requests, providing a home pickup or drop-off.

Four prototype demonstration projects are also planned within this demonstration project which were also described by the *TRIP Development Plan.* They include:

> combining passenger and mail delivery on selected rural routes. . . .Long distance trips for specialist medical services in a vehicle designed for that purpose. . . . Transportation services from a common fleet of vehicles using automated fare collection and billing . . . (and) special mobile units to bring health, social, food, educational, and other needed services directly to the people in rural areas.

Role of the West Virginia Department of Welfare

The West Virginia Department of Welfare administers the TRIP project. Although TRIP is not a welfare project, the Department of Welfare is the most appropriate state agency to administer it because of its knowledge of the needs of many of the persons to benefit from the TRIP project, because of its experience and technology which enable it to process TRIP application forms and handle mass issuance of the authorization cards and transit tickets, and because West Virginia has no department of transportation. In order to develop continuing state and regional plans for the TRIP project at the state level, and to develop administrative and technical competence among the existing staff, the Department of Welfare has had to employ a private consultant firm beginning one month after the initial formal planning took place for the project in 1973. That firm's connection with the Department of Welfare is now being phased out. Also during the initial formal planning of the project and during the implementation of the ticket subsidy phase of the TRIP project, an advisory council consisting of 24 individuals representing users, providers, low-income senior citizens, and state agencies from all parts of West Virginia was utilized by the Department of Welfare. A similar advisory council is being regrouped to aid in the implementation of TRIP's new provider phase.

The Department of Welfare has 27 local offices throughout the State which perform outreach operations for the ticket subsidy phase of the project, determine eligibility for ticket subsidies, and authorize and distribute TRIP

tickets. Each office has a TRIP supervisor, accountable to the local office area administrator, and a varying number of TRIP workers. Information gained from TRIP applications and authorization cards turned in monthly to obtain TRIP tickets is put into computer terminals at each local office and stored in a central computer in the state office of the Department of Welfare. Also, case records are kept on file in the local office. This information can be used for the evaluation and outreach aspects of the TRIP project. The Department of Welfare, the private consultant firm, and the Office of Research and Development at West Virginia University all have been involved in the ongoing evaluation of the TRIP project. Grants from the federal Urban Mass Transportation Administration and the Administration on Aging fund the evaluations.

The Governor of West Virginia is an ardent supporter of the TRIP project and is at the head of the program organization at the state level. Next in authority to the Governor is the commissioner of the Department of Welfare, followed by the Deputy Commissioner of Operations of the Department of Welfare who serves with the same degree of authority as the Deputy Commissioner of Administration in the Department of Welfare. The Assistant Commissioner of Operations is the highest state official directly involved with the daily activities of the TRIP project. Also in the state office is the executive director of the TRIP project, Grace Strain, who is one of the two administrative personnel who supervised the TRIP operations during its first year. The State TRIP staff has been expanded since April 1975 to handle the increasing complexity of implementing the TRIP project. There are presently three transportation planners and four transportation development specialists as well as the Assistant Commissioner of Operations and the executive director of the TRIP project working on the project at the state level.

The state office of the Department of Welfare provides administrative and technical assistance to its local offices. In addition, the state office has worked with West Virginia's regional planning and development councils and already existing and newly created transportation authorities in attempting to implement the new provider phase of the TRIP project. These councils and transportation authorities will be discussed in the next section. Also, providers of transportation in West Virginia are authorized by the state office of the Department of Welfare to participate in TRIP's ticket subsidy phase and are regularly reimbursed through it for the dollar amount of tickets they collect.

Regional Planning and Development Councils and Mass Transportation Authorities

According to the first *TRIP Annual Report,* published in July 1975,

> the following criteria were among those applied in deciding what means West Virginia would use to initiate transportation services under the new provider phase of the TRIP project: (1) The overall administrative body should be public in nature to provide public accountability and provide a mechanism through which to funnel public funds. (2) The body should be responsive to local situations, yet provide some economies of scale where possible. (3) The body should have some assurance of continuity.

Transportation authorities were chosen as the proper mechanism to function as the administrative bodies in West Virginia's regions established in the legislation. The Regional Planning and Development Act is found in Chapter 8, Article 25, of the West Virginia code and the Urban Mass Transportation Authority Act is found in Chapter 8, Article 27, of the West Virginia code.

The stated purpose of the Regional Planning and Development Act is

> to delegate to the governor, the responsibility for planning and development in order to (1) achieve the objectives and policies necessary for the orderly growth and development of the State; (2) facilitate intergovernmental cooperation; and (3) designate regions and provide for the creation of regional planning and development councils.

Objective (3) is most pertinent to this chapter. The regional planning and development councils have at least 51 percent of their voting members from local governmental entities within the region. Each county is represented by the president of the county court or his designee and each municipality is represented by the mayor or his designee. Up to 49 percent of the voting members of the councils are persons representing principal community or regional interests and are selected by the local governmental regional council members. Each regional council selects an executive committee to perform administrative duties prescribed by the regional council in its bylaws. Also, the regional council appoints a director who, in turn, appoints a staff, subject to the regional council's personnel rules.

For the implementation of TRIP's new provider phase, the most important powers of the regional councils, as stated in the act, are the powers to:

> (1) Continuously engage in comprehensive planning and development processes and prepare, and from time to time revise, amend, extend or add to, a plan or plans for the development of the region consistent with any state comprehensive planning and development objectives and reflecting plans and programs of the participating governmental units. . . . The plan or plans shall embody the policy recommendations of the regional council, and may include but shall not be limited to . . . recommendations for transportation networks in the region. . . . (2) Prepare and publish studies of the region's resources, both natural and human with respect to existing and emerging problems of . . . transportation . . . and any other matters which are relevant to regional planning. (3) Collect, process and analyze the social and economic statistics for the region which are necessary to planning studies. . . . (4) Cooperate with, and provide, upon request, planning and technical assistance to municipalities, counties and planning and development agencies within the region, and coordinate regional planning

> with the planning activities and plans of the State and of the municipalities and counties within the region, as well as neighboring areas, including those in adjoining States, and the programs of federal departments and agencies. (5) . . . stimulate public interest and participation in the orderly, integrated development of the region. (6) Perform development on a regional basis as necessary to undertake, complete or accomplish the goals and purposes of comprehensive planning in the region.

Also, all state departments and agencies are required to cooperate with the regional councils and to "make available for the studies conducted by such councils, reports, data and other informational and technical assistance within financial and personnel limitations." This requirement provides a basis for cooperation between the Department of Welfare and the regional councils.

The participating governments of the regional council finance the council based on their population and according to a formula adopted by the council.

West Virginia has separate statutory provisions for interstate planning commissions, each of which, under the Regional Planning and Development Act, is empowered to act as the planning and development council for the West Virginia counties within the jurisdiction of the commission.

Generally, West Virginia's regional planning and development councils have been involved in the planning and initial development of the TRIP new provider phase, including facilitation of the use of transportation authorities, and it is anticipated that the already existing or newly created transportation authorities will be the primary implementers of the TRIP new provider phase and assume the greater burden of subsequent development.

The Urban Mass Transportation Authority Act provides a legislative basis for transportation authorities, which will implement the new provider phase of the TRIP project. Four new transportation authorities have been created in rural regions. The creation of transportation authorities for the TRIP project in rural rather than urban regions under this act is an issue currently being dealt with in the West Virginia Attorney General's office.

As stated in the act, authorities are

> created upon the adoption, by the governing body of each participating government, acting individually, of an appropriate ordinance or order. . . .The management and control of any authority, its operations, business and affairs are lodged in a board from five to fifteen members, appointed by the governing bodies of the participating governments.

Meetings are usually held quarterly and governments participating in the authority normally pay $500 per member annually. The authority is required to,

> as soon as practical after its organization, . . . prepare a comprehensive plan with respect to a program for a unified or officially coordinated (transportation) system. . . . In the preparation of a comprehensive plan, an

> authority (is required to) make careful and comprehensive surveys and studies of the existing conditions and probable future changes of such conditions within its service area. . . . prior to the adoption of a comprehensive plan, the authority . . . (is required to) submit its tentative plan to the governing bodies of the participating governments and hold a public hearing in the service area on the plan.

The provisions of the Urban Mass Transportation Authority Act utilize the operations of the regional councils, the Department of Welfare, and the transportation authorities to develop and implement the TRIP project's new provider phase. Before an operational plan is developed for a transportation authority, which becomes the basis for a contract for the implementation of TRIP's new provider phase between it and the state office of the Department of Welfare, all three of the entities named have potential input into the plan.

Transportation authorities can provide by resolution for the issuance of revenue bonds "for the purpose of paying all or any part of the cost of acquiring, constructing, or improving a system or systems . . . or for any other purpose or project authorizd by the (act)." In the discretion of the authority, any bonds issued under the act may be secured by a trust indenture. The authority is required to establish a sinking fund for the payment of the bonds and the interest thereon, and the payment of the charges of banking institutions or trust companies for making payments of such bonds and interest, to be funded according to the provisions of the act and under a resolution by the authority. The fact that the TRIP project is not expected to generate any revenue provides an argument for authorizing transportation authorities to issue general obligation bonds in order to make financing by bond issuance under the TRIP project feasible.

Some recent West Virginia legislation removed the transportation authorities from the jurisdiction of the West Virginia Public Service Commission so that the setting of fees, rates, and schedules for provider vehicles under the TRIP project need be made only subject to a public hearing, without time-consuming scrutiny by the commission. However, it is likely that providers under the TRIP ticket subsidy phase, including new providers, still will have to meet certain Public Service Commission standards.

Finally, each authority is exempt from most state and local taxes, and revenue bonds and other evidences of indebtedness issued pursuant to the act, and the interest thereon, are exempt from taxation, except inheritance and transfer taxes.

Planning

A vast amount of planning on a continuing basis has been undertaken to implement the TRIP system. Broadly, in planning for transportation development in a State, both technical and policy issues must be dealt with.

In addition to the West Virginia Department of Welfare, its advisory council, the private consultant firm, the regional planning and development

councils, transportation authorities, federal agencies, and other state and local entities, many elderly persons working throughout West Virginia have been involved in the development of the TRIP project. These persons have assisted individuals in making TRIP applications for the ticket subsidy phase and have submitted petitions and letters supporting the need for and use of the project.

A brief discussion of information provided by three planning documents provides some insight into the breadth of the TRIP planning process.

The *TRIP Development Plan,* published in May 1974, was the first major compilation of how the project was to be developed and implemented. It was prepared by the private consultant firm after being submitted to the then-existing Office of Economic Opportunity (the first major funder of the project) as two documents, and reviewed by a federal interagency committee.

The objectives to be met by the *TRIP Development Plan,* as stated in the *TRIP Annual Report,* were

> to establish an administrative plan for TRIP covering all aspects of the ticket system and administration of TRIP, to gather basic data on the transportation needs of the TRIP eligible group, to identify existing and required resources to meet those needs, and to then formulate plans for statewide implementation of the required transportation with particular attention to establishing transportation in areas of the State where it (was) insufficient.

The methodology for achieving these objectives was summarized at the beginning of the *TRIP Development Plan:*

> (The development plan was) the result of intensive research which included statewide data collection, interviews, and specially conducted surveys. All the counties in the State were divided into five geographical categories depending on their proximity to urban centers or transportation attractors. Median counties in each category were selected as assessment areas for in-depth study and surveying. The results were then extrapolated on a statewide basis. An additional survey was conducted on board a rural bus system.

Whereas the *TRIP Development Plan* offered the state perspective on the TRIP project, sketch plans, which are preliminary to the operational plans which form the bases for the contracts which must be entered into by the newly formed or already existing transportation authorities, offer regional perspectives on the TRIP project. Sketch plans have been prepared primarily by the Department of Welfare, assisted by the regional planning and development councils. According to the *TRIP Annual Report,* they contain

> basic background on TRIP transportation activities, organizational guidelines on transportation authorities, activities which must transpire (for the system) to become operational, and a timetable via which these activities (can) occur. Where appropriate, a set of routes, schedules, and layout for the feeder operations (is also included).

The *Transit Development Program,* published in December 1975, represents the next major planning effort on a statewide basis for the TRIP project, after the *TRIP Development Plan.* It makes a five-year projection for the growth of the TRIP project and was prepared by the Department of Welfare with assistance from the private consultant firm, pursuant to the requirements of the federal Urban Mass Transportation Administration (a major funder of the project).

The broad objective of the *Transit Development Program,* as stated in its introduction, was "to delineate state, local and federal responsibility for improving transit services in West Virginia." Some specific aspects of it, also stated in its introduction, are: "(1) an evaluation of existing transit conditions in West Virginia, (2) a schedule of improvements, (3) a priority schedule and cost estimate for the improvements, (4) a plan for monitoring the program, and (5) a plan for financing the improvements."

Funding

The past, present, and possible future funding of the TRIP project provides useful information to other States having to deal with this important aspect of the program.

In the *TRIP Development Plan,* the TRIP budget for the initial federal funding period from 1974 through 1977 was projected at $23.1 million. Combined with user payments of approximately $9.8 million, the total program cost for the initial funding period was to be $32.9 million. Funds were thought to be required primarily for the bonus value of the TRIP tickets, adequate development of providers, and administrative and technical support. During the initial federal funding period, state, local, federal, and user contributions were to increase as the program grew. Of the federal share, projected to be approximately twice the state share, the Economic Opportunity Act of 1964 (as amended), the Urban Mass Transportation Act of 1964 (as amended), the Federal-Aid Highway Act of 1973, and the Older Americans Act of 1965 (as amended) offered the funding authorities for the TRIP project.

The April 1975 Institute of Public Administration's *Transportation for Older Americans, A State of the Art Report* is the source for the information about federal funding discussed in this section.

Under Title 2 of the Economic Opportunity Act of 1964, as amended, federal funding was available at the onset of the TRIP project to provide approximately $4 million during the first part of its initial federal funding period. Section 212(b) of the act, in defining the powers and functions of Community Action Agencies, gave them the power of

> initiating the sponsoring (of) projects responsive to the needs of the poor

> which are not otherwise being met, with particular emphasis on providing central or common services that can be drawn upon by a variety of related programs, developing new approaches or new types of services that can be incorporated into other programs, and filling gaps pending the expansion or modification of these programs.

Other sections of Title 2 also had applicability to the TRIP project. The funding under Title 2 was used to support the original planning for the project leading to the *TRIP Development Plan* and to provide West Virginia's Community Action Agencies with 17 new buses which now operate under the TRIP ticket subsidy phase.

Under the Urban Mass Transportation Act of 1964, as amended, Sections 3, 5, 6, and 9 have all been utilized to provide limited funding for certain aspects of the TRIP project. Basically, Section 3 offers capital grants to meet transportation problems in urban areas. Under Section 3, "both grants and loans are available to States or local public agencies within a State, and funds may be used for purchase of land as well as vehicles and supporting facilities." Section 5 relates to capital and operating assistance formula grants. Section 5 established "an $11.3 billion, six-year urban mass transit program and an additional $500 million program for rural mass transit capital assistance over the same period." Section 6 "authorizes a broad range of research, development and demonstration projects in urban mass transportation." Section 9 "authorizes direct grants for technical studies."

Section 16(b)(2) of the Urban Mass Transportation Act of 1964, as amended, "provides for capital assistance grants and loans to private nonprofit corporations and associations for the specific purpose of assisting them in providing transportation services meeting the special needs of elderly and handicapped persons." The TRIP project has not utilized this provision.

Section 147 of the Federal-Aid Highway Act of 1973, as amended, authorizes a Rural Public Transportation Demonstration Program. This section is the principal authority under which federal funds are being sought from agencies within the U.S. Department of Transportation for the TRIP project. Approximately $5.8 million has been sought for the TRIP project by West Virginia through its Department of Highways for the initial federal funding period. So far, $1.2 million has been contributed. Under Section 147,

> funds are available for demonstration projects for public mass transportation in rural areas. Applicants for these funds must be either public agencies or public purpose (nonprofit) agencies or corporations, preferably with state or areawide responsibilities. Grants may be awarded for the purpose of developing transportation sub-systems for the elderly and handicapped which link to the general public transportation demonstrations. . . . Funds under the program could be used for both operating and capital costs; however, amendments in 1974 have limited operating costs to one-third.

Under the Older Americans Act of 1965, as amended, Titles 3, 7, and 9 contain several provisions for transportation for the elderly. Section 308, under Title 3, relates to model projects and provides the primary basis for federal funding under the act. Under this section, the Commissioner on Aging has

> the authority to make grants to or contracts with public or nonprofit agencies or organizations for paying all or part of the cost of developing and operating statewide, regional, metropolitan area, county, city or community model projects which will expand or improve social services or otherwise promote the well-being of older persons.

The brief descriptions of these federal funding mechanisms for transportation for the elderly offer the reader not only substantive information about their nature but hopefully show the resourcefulness necessary to fund a project like the TRIP project.

The *Transit Development Program* makes a five-year funding projection for the project, separating federal from nonfederal expenditures, and discusses the role of state and local governments in future funding. According to that document, for capital improvements through 1980, "$10.9 million will be required to implement the entire program. Of this total, approximately $8.9 million is expected from federal sources." Also, "it is anticipated that $17.5 million will be required to operate transit services over the next five years. . . . The federal funding should amount to $8.7 million while local (state and local government) funds are expected to amount to $8.8 million."

The following objectives are suggested for use in devising a state formula for funding, through 1980, in the *Transit Development Program*:

1. The formula should correct what are felt to be deficiencies in federal funding allocation.
2. The formula should provide some incentive for service improvement by local authorities.
3. The formula should enable local persons to determine best use of outside assistance.
4. The formula should recognize variation among the communities' ability to raise revenue.

The generating of state and local revenue to support the TRIP project can take many forms. Insofar as taxation as a source of revenue, the *Transit Development Program* states:

> In general, a tax from the general fund of a government is preferable to an earmarked tax . . . since the optional level of public investment in transit service may be more or less than the amount of revenue created by the earmarked tax. However, an earmarked tax does have the advantage of a stable supply of revenue not subject to annual budget review.

Problems and Progress

Fragmentation in the West Virginia state government of agencies which relate to the state transportation system has been a major problem in state transportation planning. West Virginia has no state department of transportation. The *TRIP Annual Report* stated that, "currently, the Department of Welfare, the Office of Federal-State Relations, the Department of Highways and the Public Service Commission all have an integral, albeit uncoordinated function in the state transportation system."

Some problems generated by this fragmentation are lack of coordination of state resources for transportation, imbalance in state transportation priorities, lack of expertise in certain transportation areas, and loss of possible federal transportation subsidies.

After nearly one year of operation of the TRIP project, the following problems were cited in the *TRIP Annual Report* relating to the ticket system which is a part of the TRIP ticket subsidy phase:

1. Prediction of utilization of tickets has been difficult and exceedingly optimistic.
2. The marketing of the program by TRIP field staff has been inadequate.
3. The availability of tickets only through welfare offices may have deterred some potential users.
4. Some state agencies wish to purchase tickets on behalf of their clients but as yet are unable to do so.
5. Purchase of tickets requires certified checks, money orders, or cash. Eligible persons are not likely to have certified checks, and cash should not be sent through the mail.
6. In determining the eligibility of individuals, total household income, not income of eligibles, is used.
7. The lack of transportation availability in certain areas has deterred ticket use.

Since the *TRIP Annual Report,* steps have been taken to remedy these problems. The major remedy for problem 7 will be the implementation of TRIP's new provider phase. The unwillingness of governments in some regions to participate in TRIP's new provider phase, as manifested in regional council action, delays in federal funding, and minor impediments in the TRIP Management-Information System used for ongoing evaluation and with existing providers in TRIP's ticket subsidy phase have been the source of other problems in the implementation of the TRIP project.

Presently (May 1976), 38 TRIP vehicles are ready to be utilized in Regions 6 and 10. In Region 10, which includes Wheeling, West Virginia, a labor dispute involving existing transit systems has slowed up implementation of TRIP's new provider phase. In that region, a newly formed transportation authority plans to utilize the services of an already existing transportation authority, to manage the operation of the new vehicles. In Region 6, which is headquartered in Fairmont, West Virginia, the regional planning and development council has been given

authority by the Department of Welfare to contract directly with an existing transportation system for the operation of the new vehicles under the TRIP new provider phase, thereby bypassing the transportation authority concept.

The variations in the single transportation authority plan demonstrate the flexibility used in implementing TRIP's second phase, as certain problems and conditions in the regions became apparent.

Conclusion

Several issues will be confronted by any State wishing to implement new or to expand already existing transportation services for the transportation disadvantaged, particularly for its isolated and low-income elderly citizens. It is hoped that this discussion of some of the most important aspects of West Virginia's Transportation Remuneration Incentive Program has provided useful information for future resolution of these issues.

4. Suggested State Legislation

The primary objective of the Council of State Governments' Project on Aging was to develop a body of suggested state statutes for the elderly. Through a process of needs assessment and identification of appropriate legislation to respond to areas of need, the project produced 17 statutes which were submitted to the Subcommittee on Scope and Agenda of the Committee on Suggested State Legislation. The Subcommittee approved 10 statutes for consideration by the full Committee. The five statutes which were adopted by the Committee for publication in the *1977 Suggested State Legislation* are reprinted here in their full draft form. Also included are brief synopses of the 12 statutes which were proposed but not adopted by the Committee.

Public Guardian Act

The proposed Office of Public Guardian provides free or low-cost guardian and conservator services for two classes of individuals. First, the public guardian would be available to serve as guardian or conservator for those persons who have no friends or relatives able and willing to serve as guardian or conservator within the jurisdiction of the court. Second, the public guardian would be available to persons whose income or wealth is inadequate to provide the requisite compensation to a private guardian or conservator. Although public guardians are currently provided in several States, none has such a wide range of powers as the public guardian under this proposal. The proposed public guardian is designed to serve a greater number of people than does a public guardian under any current statute. A third distinction is that the proposed public guardian will be available at little or no cost to most individuals served.

Four alternative systems for incorporating the Office of Public Guardian into state or local government are offered for selection at the option of the States. In each case the powers of the public guardian are nearly identical with those of a private guardian or conservator as provided by the Uniform Probate Code. The methods of paying for the services of public and private guardians and conservators differ.

A private guardian or conservator is paid out of the ward's or protected person's assets. Assuming that an individual's income or estate is large enough for a profit-making institution to be willing to serve as guardian or conservator, the income or estate may still be eaten away by administrative expenses. In contrast, the services of a public guardian would be provided at public expense unless the court determined that the income or the estate of the individual was large enough to bear the costs of the administration of the protective service.

The services of the proposed public guardian are available to anyone who would qualify for a private guardian or conservator, although it is anticipated that a public guardian will be appointed primarily when no one else is available and willing to serve. While traditional kinds of private guardians and conservators, such as spouses, trusted friends, and corporate trustees, generally should be appointed ahead of the public guardian, for many persons a public guardian may be the only guardian or conservator available. (Most of the above comments are taken verbatim from *A Handbook of Model State Statutes,* published in 1971, and sponsored by the National Council of Senior Citizens.)

This draft act was de
Governments.

The Public Guardian Act was drafted by John Regan, Univ.of Maryland law school, and Georgia M. Springer Legal Research and Services for the Elderly.

Suggested Legislation

(Title, enacting clause, etc.)

Section 1. [*Short Title.*] This act may be cited as the [State] Public Guardian Act.

Section 2. [*Definitions.*] As used in this act:

(1) "Conservator" means a person appointed by a court to manage the estate of a protected person.

(2) "Court" means the court or branch having jurisdiction in matters relating to the affairs of decedents, in this State known as [ ].

(3) "Department" means the [state agency responsible for community-based services to the elderly].

(4) "Elderly" means a person 60 years of age or over who is a resident of the State.

(5) "Emergency" means an elderly person living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others.

(6) "Emergency services" means protective services furnished to an elderly person in an emergency pursuant to the provisions of the [State Protective Services Act].

(7) "Guardian" means a person who has qualified as a guardian of an incapacitated person pursuant to testamentary or court appointment, but excludes one who is merely a guardian ad litem.

(8) "Incapacitated person" means

Alternative A

a person impaired by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other causes (except minority) to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person.

Alternative B

a person for whom a guardian has been appointed by the court.

(9) "Infirm person" means a person who, because of physical or mental disability, is substantially impaired in his ability to provide adequately for his own care or custody.

(10) "Interested person" means any adult relative or friend of an elderly person, or any official or representative of a protective services agency or of any public or nonprofit private agency, corporation, board, or organization eligible for designation as a Protective Services Agency.

(11) "Protected person" means a person for whom a conservator has been appointed or other protective order has been made.

(12) "Protective placement" means the transfer of an elderly person from independent living arrangements to a hospital, nursing home, or domiciliary or residential care facility, or from one institution to another, for a period anticipated to last longer than six days.

(13) "Protective services" means the services furnished by a Protective Services Agency or its delegate, as described in the [State Protective Services Act].

(14) "Protective Services Agency" means a public or nonprofit private agency, corporation, board, or organization authorized by the department pursuant to the [State Protective Services Act] to furnish protective services to elderly infirm, protected, or incapacitated persons and their spouses and to serve as conservators or guardians of the person for elderly protected or incapacitated persons upon appointment by a court.

(15) "Public guardian" means the Office of Public Guardian.

(16) "Ward" means a person for whom a guardian has been appointed.

Section 3. [*Establishment of Office.*]

Alternative A

(a) The Office of Public Guardian for elderly persons is established within [each court of this State which has original jurisdiction in guardianship and conservatorship hearings].

(b) The [chief judge; presiding judge] of each court which has an Office of Public Guardian shall appoint a public guardian who shall serve for good behavior and may be removed only by the [county board of supervisors].

(c) If in the discretion of the [chief judge; presiding judge] the needs of the jurisdiction do not require a full-time public guardian, the [chief judge; presiding judge] may appoint to the position an individual other than a public official or judge on a part-time basis with appropriate compensation.

(d) The chief administrative judge of the State shall issue regulations governing the administration of the various offices of public guardians throughout the State.

(e) The compensation for the position of public guardian shall be fixed [in the same manner as the compensation for other nonelective positions within the court where the office is located].

Alternative B

(a) The Office of Public Guardian for elderly persons is established in the executive branch of the government of [State].

(b) The head of the office shall be the public guardian, appointed by the Governor of the State, upon consultation with appropriate agencies and individuals concerned with elderly persons, for a term of [five] years from the time of appointment.

(c) The compensation for the public guardian shall be as provided in the budget.

Alternative C

(a) The Office of Public Guardian for elderly persons is established within the [state office on aging; the state department of social services; the state department of health and mental hygiene].

(b) Upon consultation with appropriate agencies and individuals concerned with elderly persons, the Governor shall appoint the public guardian, who shall hold office for a term of [five] years from the time of appointment.

(c) The compensation for the position of public guardian shall be as provided in the budget.

Alternative D

(a) Each county within the State shall establish the Office of Public Guardian for elderly persons.

(b) Upon consultation with appropriate agencies and individuals concerned with elderly persons, the county [board of supervisors; council] shall appoint the public guardian, who shall hold office for a term of [five] years from the time of appointment.

(c) If the needs of the county do not require that a person hold only the position of public guardian, the county [board of supervisors; council] may appoint an individual as guardian on a part-time basis, with appropriate compensation.

(d) The Attorney General of the State shall issue regulations governing the administration of the various offices of public guardians through the State.

(e) The compensation for the position of public guardian shall be fixed by the county [board of supervisors; council].

Section 4. [*Powers and Duties.*]

(a) The public guardian may serve as conservator or guardian, after appointment by a court pursuant to the provisions of the [conservatorship or guardianship law of the State].

(b) The public guardian shall have the same powers and duties as a private conservator or guardian, except as otherwise limited by law or court order.

(c) The public guardian may petition the court to have himself or another appointed as conservator or guardian, to issue an emergency order for protective services pursuant to the [State Protective Services Act], and to order protective placement pursuant to the [State Protective Services Act].

(d) The public guardian, on his own motion or at the request of the court, may intervene at any time in any conservatorship or guardianship proceeding involving an elderly person by appropriate motion to the court, if he or the court deems intervention to be justified because an appointed conservator or guardian is not fulfilling his duties, the estate is subject to disproportionate waste due to the costs of the guardianship or conservatorship, or the best interests of the incapacitated or protected person require intervention.

(e) The public guardian pursuant to the [State Protective Services Act] may petition the court to enjoin interference by any person with the provision of protective services.

(f) The public guardian may employ subordinates necessary for the proper performance of his duties, to the extent authorized in the budget for his office.

(g) The public guardian may delegate to members of his staff his powers and duties as conservator or guardian and other powers and duties created by this act, although the public guardian retains ultimate responsibility for the proper performance of these delegated functions.

(h) The public guardian:

(1) May formulate and adopt procedures necessary to promote the efficient conduct of the work and general administration of his office, its professional staff, and other employees.

(2) Shall establish and maintain working relationships with other governmental bodies and public and private agencies, institutions, and organizations, to assure the most effective conservatorship or guardianship program for each elderly person.

(3) May contract for services necessary to carry out the duties of his office.

(4) May accept the services of volunteer workers or consultants at no compensation or at nominal or token compensation and reimburse them for their proper and necessary expenses.

(5) Shall keep and maintain proper financial and statistical records concerning all cases in which the public guardian provides conservatorship or guardianship services, or petitions a court to appoint a guardian, issue an emergency order for protective services, or order protective placement.

Section 5. [*Persons Eligible for Services; Petition by Elderly Person.*]

(a) An elderly person residing in the State is eligible for the services of the public guardian.

(b) An elderly person may petition the court to have the public guardian appointed as his conservator or guardian with the powers and duties ordinarily conferred by law on conservators and guardians or for certain limited purposes described in the petition which are consistent with the conservatorship and guardianship laws of this State. If the petition requests that only limited powers be granted, the court shall incorporate this limitation into its order of appointment. The filing of a petition is not the basis for any inference concerning the competence of the elderly person, or for any loss of civil rights or benefits.

Section 6. [*Allocation of Costs.*]

(a) If a public guardian is appointed conservator or guardian for an elderly person, the administrative costs of his services and the costs incurred in the appointment procedure shall not be charged against the income or the estate of the incapacitated person, unless the court determines at any time that the person is financially able to pay all or part of the costs.

(b) The ability of the income or estate of the incapacitated or protected person to pay for administrative costs of a public guardian or costs incurred in the appointment procedure shall be measured according to the person's financial ability to engage and compensate a private guardian. This ability is a variable dependent on the nature, extent, and liquidity of assets; the disposable net income of the person; the nature of the

conservatorship or guardianship; the type, duration, and complexity of the services required; and any other foreseeable expenses.

(c) The public guardian shall investigate the financial status of a person who requests the appointment of the public guardian as his guardian or for whom a court is considering the appointment of the public guardian. In connection with the investigation, the public guardian may require the elderly person to execute and deliver written requests or authorizations necessary under applicable law to provide the public guardian with access to records of public or private sources, otherwise confidential, needed to evaluate eligibility. The public guardian may obtain information from any public record office of the State or of any subdivision or agency thereof upon request and without payment of any fees ordinarily required by law.

(d) The reasonable value of the services rendered without cost to an incapacitated or protected person shall be allowed as a claim against the estate upon the death of the person.

Section 7. [*Term of Appointment; Accounting; Review of Appointment; Hearing Procedure.*]

(a) The initial appointment by a court of the public guardian as conservator or guardian shall be for a term of one year. Successive appointments for a one-year term may be made by the court upon findings that (1) the person is still in need of a conservator or guardian; (2) the appropriate circumstances in Section 5 of this act still exist; and (3) the inventory, account, and plan of the public guardian submitted in accord with subsection (b) below are satisfactory.

(b) No later than [30] days prior to the expiration of his term as conservator or guardian, the public guardian shall file with the court an inventory and account in accord with the provisions of [the conservatorship or guardianship law of the State], which shall be subject to examination pursuant to the provisions of [the conservatorship or guardianship law of the State]. At the same time he shall file a statement setting forth facts which indicate (1) the present personal status of the incapacitated person; (2) the public guardian's plan for preserving and maintaining the future well-being of the person; and (3) the need for the continuance or discontinuance of the conservatorship or guardianship, or for any alteration of the powers of the public guardian.

(c) The court shall hold a hearing for the purpose of making the findings set forth in subsection (a) above concerning renewal of the appointment of the public guardian.

(d) The incapacitated or protected person shall be present at the hearing unless he has knowingly and voluntarily waived the right to be present or he is physically or mentally incapable of being present. Waiver may not be presumed from non-appearance but shall be determined on the basis of factual information supplied to the court by counsel or a visitor appointed by the court.

(e) The incapacitated or protected person has the right to counsel whether or not he is present at the hearing, unless he intelligently and voluntarily waives the right. If the person is indigent or lacks the capacity to waive counsel, the court shall appoint counsel. If the person is indigent, the State shall pay reasonable attorney's fees, i.e., compensation customarily charged by attorneys in the State for comparable services.

(f) The incapacitated or protected person has the right to trial by jury upon request by the person or his counsel.

(g) The incapacitated or protected person has the right, at his own expense or, if indigent, at the expense of the State, to secure an independent medical or psychological examination relevant to the issues involved in this hearing, and to present a report of this independent evaluation or the evaluator's personal testimony as evidence at the hearing.

(h) The incapacitated or protected person may present evidence and cross-examine witnesses.

(i) The duties of counsel representing an incapacitated or protected person at this hearing shall include: a personal interview with the person; counseling the person with respect to his rights; and arranging for an independent medical and/or psychological examination of the person, as provided in subsection (g) above.

Section 8. [*Termination.*] The public guardian may be discharged as conservator or guardian by a court upon petition of the incapacitated or protected person or any interested person or upon the court's own motion, if it appears that the services of the public guardian are no longer necessary.

Section 9. [*Succession to Position of Public Guardian; Vacancies.*]

(a) A person appointed to the position of public guardian succeeds immediately to all rights, duties, responsibilities, and powers of the preceding public guardian.

(b) If the position of public guardian is vacant, subordinate personnel employed under Section 4 of this act shall continue to act as if the position of public guardian were filled.

(c) If the position of public guardian is vacant, the court may act temporarily as public guardian until the position is filled.

(d) If the position of public guardian becomes vacant, a successor in office must be appointed within [45] days.

Section 10. [*Court Costs.*] In any proceeding for appointment of a public guardian, or in any proceeding involving the estate of a protected or incapacitated person for whom a public guardian has been appointed conservator or guardian, the court may waive any court costs or filing fees.

Section 11. [*Bond Required.*]

(a) Upon taking office, a public guardian shall file with the clerk of the court in which he is to serve a general bond in the amount of [$] payable to the State or to the people of the county in which the court is seated and issued by a surety company approved by the [chief judge; presiding judge] of the court. The bond shall be purchased with the [general funds of the State or county] and be conditioned upon the public guardian's faithful performance of his duties as conservator or guardian.

(b) The general bond and oath of a public guardian is in lieu of the bond and oath required of a private conservator or guardian.

Section 12. [*Severability.*] [Insert severability clause.]

Section 13. [*Repeal.*] [Insert repealer clause.]

Section 14. [*Effective Date.*] [Insert effective date.]

Multiservice Senior Center and Community Care Program Development Act

One of the major concerns expressed by the elderly and their advocates at the Council of State Governments' regional forums was over those circumstances which compel senior citizens to enter custodial environments. Frequently those circumstances are the lack of available alternative resources for care even where only minor and temporary infirmities are involved. It has been suggested that a minimum of 40 percent of nursing home patients could and would stay in the familiar environment of their home if they could obtain health services and other supportive services on an outreach basis from a central agency. This statute is drawn from a Florida enactment aimed at creating such agencies. Other States, including Maryland, Massachusetts, and Pennsylvania, have taken initiatives, either administrative or legislative, to achieve this same end.

This draft act was developed as part of the Aging Project of the Council of State Governments.

Suggested Legislation

(Title, enacting clause, etc.)

Section 1. [*Short Title.*] This act may be cited as the [State] Multiservice Senior Center and Community Care Program Development Act.

Section 2. [*Definitions.*] As used in this act:

(1) "Elderly person" means a person [65] years of age or older.

(2) "Functionally impaired person" means a person who, because of physical or mental disability, requires help from others in order to cope with the normal demands of daily living.

(3) "Center" means a multiservice senior center facility where elderly persons are provided with medical, social, supportive, and rehabilitative services in a centralized and comprehensive fashion. The center will also provide community care services to those who are unable to come to the center.

(4) "Community care" means a community-coordinated program administered from a center which provides coordinated home delivery of selected services to functionally impaired or other elderly persons.

(5) "Health services" means preventive medical services, diagnostic and treatment services, emergency health services, and counseling services on health matters which are provided on a daily basis at a center by at least one licensed physician or by a registered nurse or other qualified health professional under a licensed physician's supervision.

(6) "Employment services" means a program established to locate employment opportunities for elderly persons on a full-time or part-

time basis.

(7) "Information and referral services" means the use of a list of all services available in a community for elderly persons by a staff member of a center to assist individuals in identifying the type of assistance needed, to place individuals in contact with appropriate services, and to follow up to determine whether services have been received and identified needs met.

(8) "Health maintenance services" means those routine health services necessary to help confined elderly people maintain an appropriate standard of personal health. These services are provided by licensed physicians, registered nurses, or other qualified health service personnel.

(9) "Homemaking and chore services" means those routine household services necessary to help functionally impaired older persons meet the normal demands of daily living. These services include light housekeeping and laundering, meal preparation, personal and food shopping, check cashing and bill paying, friendly visiting, minor household repairs, and yard chores.

(10) "Mobile meals" means hot or cold nourishing meals prepared under the supervision of a dietitian and delivered on a regular schedule to functionally impaired elderly persons living at home. This service will include a system for determining nutritional needs of participants.

(11) "Transportation service" means door-to-door vehicular transportation for functionally impaired or other elderly persons living at home.

[(12) "Legal services" means the provision of legal advice and assistance by an attorney licensed to practice in [State] or by a paralegal or legal assistant acting under the supervision of an attorney.]

(13) "Counseling service" means the provision of information and advice by persons of professional or paraprofessional competence to enable elderly clients to make decisions on personal matters, including income, health, housing, transportation, and family, personal, and social relationships.

(14) "Area agency" means the single agency designated by the office on aging to be responsible for the program described in rules adopted pursuant to U.S.C. Section 3024, et seq., of the Older Americans Act of 1965, in a designated geographical area of the State.

(15) "Department" means the [State Department of Elder Affairs].

Section 3. [*Program Goals.*] The goals of this act are to:

(1) Identify acceptable and economically feasible ways to provide coordinated medical, supportive, and rehabilitative services to elderly persons.

(2) Encourage elderly persons to maintain physical, social, and emotional well-being and to live dignified and reasonably independent lives in their own homes.

(3) Diminish the rate of inappropriate entry and placement of functionally impaired elderly persons in nursing homes and related health care facilities.

Section 4. [*Location.*]

(a) The department shall establish or cause to be established multiservice senior centers with community care components in each county or appropriate political subdivision of the State as appropriate and feasible to the extent that federal, state, and local funding is available. The department shall promulgate procedures whereby interested counties, municipalities, or local organizations may make application to participate in the program. These procedures shall provide that elderly persons or representatives of organizations composed of elderly persons shall be assured of maximum feasible participation in the planning of these programs. Where an area agency has been designated, that agency will be given the option of establishing the center for its existing service area.

(b) Centers shall be centrally located and easily accessible to public transportation, if any is available in the particular locality. Provision shall be made for transporting persons wanting to gain access to the centers who are unable to do so because of financial inability or physical impairment. Centers shall be designed to provide ease of access and use considering the infirmities of frail and handicapped elderly persons; special safety features shall be provided in as unobtrusive a fashion as possible.

Section 5. [*Services.*]

(a) Services provided within the center shall include at least the following:

(1) Health services.

(2) Employment services.

(3) Counseling services.

(4) Information and referral services.

[(5) Legal services.]

(b) Community care services provided from the center directly to the home from the center shall include at least the following:

(1) Health maintenance services.

(2) Homemaking and chore services.

(3) Mobile meals services.

(4) Transportation services.

(c) Services in addition to those described in subsections (a) and (b), including social and recreational services, adult education courses, telephone reassurance, escort services, and housing assistance, may be incorporated into the center's programs as appropriate and to the extent that resources are available.

Section 6. [*Administration.*]

(a) Services may be furnished by public agencies or private organizations, but the total system of providing services within and outside the center shall be coordinated by means of a single, centralized management unit which operates within the center and is established, staffed, and

equipped for this purpose.

(b) The department may contract for any portion or all of the services required by the center, and the contracts may be made with any other state agency, unit of the state education system, county agency, or private corporation in order to accomplish the purposes of this act.

(c) This act contemplates significant contribution of volunteer personal services; therefore, the department shall contract for the necessary insurance coverage to protect all volunteers from the normal risks of personal liability while they are acting within the scope of their volunteer assignments for the community care for the elderly program in which they are participating.

(d) Once established, each of the centers shall receive state funds continuously for a period of at least two years, at which time the [secretary of the department] shall make a report to [the Governor, the Speaker of the House of Representatives and to the President of the Senate] summarizing the results of programs offered by the center. This report shall include an evaluation of the extent to which these programs achieved the purposes expressed in Section 3. The report shall also include the information and data necessary for an accurate analysis of the costs and benefits associated with the establishment and operation of senior centers with community care components. The report should include a complete description of the programs that were established and may also include further information and discussion as the department deems appropriate and advisable.

Section 7. [*Client Eligibility.*]

(a) Services provided under this act are available to all persons [65] years of age or older, except if funds earmarked for particular component programs have other legally established client eligibility guidelines.

(b) It is the policy of this act to encourage voluntary contributions to the center by clients for services received from the center, but no eligible client shall be refused services because of an inability or unwillingness to make a contribution.

Section 8. [*Discrimination Prohibited.*] Centers established pursuant to this act are open to all residents of the area being served without regard to race, religion, color, sex, or creed.

Section 9. [*Construction.*]

(a) The provisions of this act shall be liberally construed in order that the purposes of the act may be effectively accomplished.

(b) No provision of this act is intended to prevent the establishment of senior multiservice centers under guidelines different from those described in this act from funds other than those appropriated under this act.

Section 10. [*Program Supervision by Department.*] The department

shall manage, plan, oversee, and implement, where appropriate, services for elderly persons as provided in this act. In order to effect this purpose, the department or the duly authorized local agency may accept gifts and grants of any nature and enter into contracts for the purchase of services.

Section 11. [*Severability.*] [Insert severability clause.]

Section 12. [*Repeal.*] [Insert repealer clause.]

Section 13. [*Effective Date.*] [Insert effective date.]

Hearing Aid Dealers Regulation Act

Elderly persons are often the victims of unethical practices in the sale of hearing aids. This act, drafted by the Retired Professional Action Group, offers broad consumer protection in the sale of hearing aids. It may be used in whole or in part to upgrade current laws regulating the sale of hearing aids, or as a basis for legislation where no law regulating the sale of hearing aids presently exists in a State. Some outstanding features of this act include the requirements of an evaluation and written recommendation by a medical ear specialist or an audiologist prior to the sale of a hearing aid, a trial period during which the purchaser can return an improperly fitted, defective, or unsuitable aid, and a training period and examination for all hearing aid dealers.

This draft act was developed as part of the Aging Project of the Council of State Governments.

Suggested Legislation

(Title, enacting clause, etc.)

Section 1. [*Short Title.*] This act may be cited as the [State] Hearing Aid Dealers Act.

Section 2. [*Definitions.*] As used in this act:

(1) "Department" means the [state department of health], which is charged with responsibility for administration of this act and, as the context requires, the term means the chief officer of that department and the authorized delegates of the chief officer.

(2) "Council" means the advisory council to the department.

(3) "Otolaryngologist" means a physician licensed in this State who specializes in ear, nose, and throat, and is a diplomate or eligible for qualification by the American Board of Otolaryngology as an otolaryngologist.

(4) "Otologist" means a physician licensed in this State who specializes in the ear, and is a diplomate or eligible for qualification by the American Board of Otolaryngology as an otolaryngologist.

(5) "Audiologist" means an individual who is eligible for the American Speech and Hearing Association certificate of clinical competence in audiology, which means the application of principles, methods, and procedures of measurement, testing, evaluation, prediction, consultation, counseling, instruction, habilitation, or rehabilitation related to hearing and disorders of hearing for the purpose of evaluating, identifying, preventing, ameliorating, or modifying these disorders and conditions in individuals or groups of individuals. For the purpose of this subsection the words "habilitation" and "rehabilitation" include, but are not limited

to, hearing aid evaluation and recommendation, auditory training, and speech reading.

(6) "Hearing aid dealer" or "registrant" means a person who has been issued a certificate of registration by the department, which authorizes him to engage in the business of fitting and selling hearing aids.

(7) "Fitting" includes the physical acts of adjusting the hearing aid to the individual, taking audiograms, making ear molds, and advising the individual with respect to hearing aids, audiogram interpretation, and assisting in the selection of a suitable hearing aid for the sole purpose of the sale of a hearing aid.

(8) "Sale" or "selling" includes any transfer of title to a hearing aid or transfer of the right to possession of a hearing aid by lease, bailment, loan, or any other contract, together with pricing, delivery, and guaranteeing of the hearing aid. Wholesale transactions and gifts by public or charitable organizations are not included.

(9) "Hearing aid" means any electronic instrument or device worn on the human body represented as aiding or compensating for impaired human hearing, together with any parts, attachments, or accessories of the instrument or device, except batteries and cords.

(10) "Trainee temporary certificate of registration" means the certificate which is issued by the department to a qualified person, authorizing the person to engage in the training program prescribed by this act and to perform, under the supervision of a registrant, acts involved in the fitting and selling of hearing aids.

(11) "Trainee" means a person who does not qualify as a registrant, but who undertakes to do so through successful completion, under the direct and personal supervision and instruction of a registrant, of the training program prescribed in this act.

Section 3. [*Powers and Duties of the Department.*] The powers and duties of the department under this act are to:

(1) Establish an administrative subdivision within the department to assist in carrying out the provisions of this act.

(2) Employ and fix the compensation of persons needed to assist the department in carrying out the provisions of this act.

(3) Authorize all disbursements necessary to carry out the provisions of this act and receive and account for all fees.

(4) Approve examinations of applicants for certificates of registration. The examination shall be prepared by an examining committee with the advice of the department and the council. The examining committee shall consist of an otologist or otolaryngologist, an audiologist, and a hearing aid dealer who holds a certificate of registration under this act. The three persons need not be members of the council. If they are not members of the council, they shall be appointed for the purpose of carrying out this provision.

(5) Administer and grade, with the assistance of the examining

committee, qualifying written, oral, and practical examinations to test the knowledge and proficiency of applicants for certificates of registration.

(6) Designate the time and place for examining applicants for certificates of registration.

(7) Establish annual minimum requirements of continuing hearing aid education for renewal of certificates.

(8) Promulgate, with the advice of the council, rules and regulations consistent with the laws of this State which are deemed necessary to carry out the provisions of this act and publish and enforce the rules and regulations.

(9) Purchase and maintain, rent, or acquire audiometric equipment and facilities necessary to carry out the examination of applicants.

(10) Conduct investigations into the business and ethical background of any person who makes application for a certificate of registration or a trainee temporary certificate of registration in order to determine the applicant's qualifications.

(11) Issue and renew certificates of registration and trainee temporary certificates of registration.

(12) Investigate alleged irregularities and complaints related to the fitting and selling of hearing aids and conduct public hearings regarding any irregularities and complaints as deemed necessary by the department with the advice of the council.

(13) Suspend or revoke certificates of registration and temporary trainee certificates of registration with the advice of the council.

(14) Require the periodic inspection and calibration of audiometric testing equipment of each registrant, and carry out the periodic inspection of facilities of persons who sell hearing aids to determine that minimal procedures and equipment are used.

(15) Delegate ministerial duties to the council as the department deems proper.

(16) Record council proceedings and maintain a register of persons whose certificates have been suspended or revoked. The books and records concerning the council proceedings shall be prima facie evidence of all matters reported therein.

(17) Make available for public inspection all the department's records pertaining to this act.

(18) Furnish, upon the oral or written request of any person, a list of persons registered under the provisions of this act.

Section 4. [*Advisory Council Established; Powers and Duties.*]

(a) There is created an advisory council to the department regarding hearing aid dealers consisting of nine members, who are residents of this State. Five members are a quorum. Two members shall be hearing aid dealers with at least three years' experience at the time of appointment in fitting and selling hearing aids and, except for those initially appointed

under this act, shall hold valid certificates of registration issued under this act. One member shall be an audiologist with at least three years' experience at the time of appointment in audiological practice. One member shall be an otolaryngologist or otologist. One member shall be a physician engaged in general practice. One member shall be a consumer hearing aid user. One member shall be a representative of a government or nongovernment consumer protection agency. One member shall be a representative of the [state department of education]. One member shall be the chief officer of the department or his delegate. The members of the council shall be appointed by the department, and the first appointments shall be made within 60 days after the effective date of this act. In making the appointments, the department shall consider nominations made by any state or voluntary agency or private citizen. The terms of office of members of the council shall be three years. Any vacancy on the council shall be filled for the remainder of the unexpired term with a person having the same qualifications as the former council member.

(b) Members of the council shall receive no compensation, but each is entitled to reimbursement for actual expenses incurred in the performance of duties under this act, payable from the fund established by Section 11 of this act.

(c) The council shall:

(1) Meet within 30 days after appointments are complete and elect a chairman and a vice chairman from its own members. Each officer shall hold office for one year.

(2) Hold a meeting twice each year and other meetings at times and places which the department, chairman, or a quorum of the council's members directs.

(3) Recommend to the department examination procedures for applicants, minimum requirements for the testing of equipment, minimal procedures necessary in fitting and selling of hearing aids, public hearings in accordance with Section 3(12), a code of ethics to assure improvement of services and procedures to be followed by registrants, and specialized educational courses for persons wishing to become hearing aid dealers. The council shall be guided by relevant rules and regulations adopted and promulgated by the Federal Trade Commission.

(4) Make a report each year to the department and to the Governor of its official acts during the preceding year.

(5) Hear the charges, defenses, and evidence in hearings conducted for alleged violations of any of the provisions of this act or any of the regulations issued pursuant to this act.

Section 5. [*Oath of Members of Council.*] Immediately upon appointment and before entering upon the duties of office, each member of the council shall take the constitutional oath of office and file it with the [department of state], which shall issue to the member a certificate of appointment.

Section 6. [*Certificate of Registration or Trainee Certificate of Registration Required.*] Beginning [ ] days after the effective date of this act, it is unlawful for any person in this State to engage in the business of fitting and selling hearing aids, or in any way advertise or represent that he practices the fitting and selling of hearing aids, unless the person holds a certificate of registration, or a trainee temporary certificate of registration issued by the department.

Section 7. [*Exemptions.*]

(a) Nothing in this act prohibits a corporation, partnership, trust, association, or other similar organization from engaging in the business of fitting and selling hearing aids without a certificate of registration, if all fitting and selling of hearing aids are conducted by registrants. The organization shall file annually with the department a list of hearing aid dealers directly or indirectly employed by it. The organization also shall file with the department a statement on a form approved by the department that it submits itself to the rules and regulations of the department and the provisions of this act which the department deems applicable to the organization. The organization engaging in the business of fitting and selling hearing aids at retail shall maintain a place of business in this State which is an actual, established physical location from which the organization conducts its business and where applicable books and records are maintained.

(b) This act does not apply to a person engaged in the practice of fitting and recommending hearing aids, if the practice is part of the academic curriculum of an accredited institution of higher education, or part of a program conducted by a charitable institution or nonprofit organization supported primarily by voluntary contributions, or part of a program of a governmental agency, provided that the organization does not sell hearing aids.

(c) This act does not apply to any physician licensed to practice medicine in this State who does not sell hearing aids.

(d) This act does not apply to any audiologist practicing audiology in this State who does not sell hearing aids.

(e) This act does not apply to any dealer who sells hearing aids only upon the prescription or recommendation of a medical ear specialist or an audiologist, if the dealer does not engage in testing or fitting for the purpose of selling a hearing aid.

Section 8. [*Qualifications of Applicants for Registration.*]

(a) Any person engaged in the fitting and selling of hearing aids from an established place of business at a permanent address in this State for a period of not less than two years prior to the effective date of this act, upon sworn application to the department, is entitled to a certificate of registration. The registrant shall be required to take the first qualifying examination given by the department, provided that the first examination

of a registrant who is a member of the council or examining committee be delayed no longer than the third examination given by the department so that arrangements are made under which no member will participate in the preparation, administration, or grading of an examination taken by that member.

(b) If any person who received a certificate of registration by experience fails to take or pass the first examination required by this section, the certificate of registration of the person will be automatically revoked, and the department shall advise the person that he may apply for a trainee temporary certificate and undertake further training under Stage III of the trainee apprenticeship course prescribed by this act in Section 9. If this situation occurs, the trainee must work under the supervision of a sponsor registrant.

(c) Each applicant for a certificate of registration or a trainee temporary certificate of registration shall be at least 18 years of age and not under disability of minority, be of good moral character, have the educational equivalent of successful completion of a four-year course in an accredited high school, and have an established business address in this State. The applicant shall submit to the department a sworn application on a form approved by the department, accompanied by the prescribed fee.

(d) Any person who holds a currently effective certificate of registration or license to fit or sell hearing aids in another State and is qualified under subsection (c) of this section may make sworn application to the department to take the qualifying examination without any trainee period. Upon passing the examination, the person shall receive a certificate of registration. If the person fails to pass the examination, the procedure shall be as provided in subsection (b) of this section.

(e) Any person who meets the requirements of subsection (c) of this section and who desires to become a registrant by successfully completing the training program outlined in Section 9 of this act may submit a sworn application to the department for a trainee temporary certificate of registration. Previous experience is not required for a trainee certificate. Upon receipt of the certificate, the trainee becomes subject to all the provisions of this act and regulations issued under it, and under the supervision and instruction of a registrant shall undertake the training program described in Section 9 of this act. The application shall be accompanied by a sworn statement from the registrant who will be the applicant's supervising sponsor that the sponsor accepts responsibility for all acts of the applicant relating to fitting and selling of hearing aids during the training period, and that during at least Stages I and II of the training program the applicant will receive training and supervision in the same office occupied by the registrant.

Section 9. [*Trainee Apprenticeship Course.*]

(a) Stage I—The trainee must work for three months under the direct

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and personal supervision of, and in the same office as, the sponsor registrant. During this stage, the trainee is not allowed to do any testing, fitting, or selling.

(b) Stage II—This training stage lasts for six months, during which the trainee may do testing for the proper selection and fitting of hearing aids and make ear impressions. During this period the trainee must work under the direct and personal supervision of, and in the same office as, the sponsor registrant. During this stage, the trainee may not make final testing or final fitting.

(c) Stage III—This training stage lasts for three months or until the time the next examination thereafter is given, whichever is longer. During this time the trainee may engage in all of the activities of a registrant, but must work under the supervision of the sponsor registrant.

(d) The three stages described above must be completed with no time lapse between stages except as authorized by the department for justifiable cause shown by the trainee, or sponsor, or both. A trainee who desires to change sponsors shall furnish the department with a sworn request, giving reasons for the request, accompanied by a sworn statement from the new sponsor with the undertakings required by Section 8(e) of this act, and accompanied by the trainee's temporary certificate of registration. If the transfer is approved, the certificate will be revalidated without charge. If a sponsor desires to terminate responsibilities undertaken with regard to a trainee, he shall give the trainee 10 days' written notice, giving reasons, and notify the department accordingly by registered or certified mail.

(e) Upon completion of the three stages described in this section, the trainee shall take the qualifying examination given by the department and upon passing that examination shall receive a certificate of registration.

(f) If a trainee who holds a trainee temporary certificate of registration takes and fails to pass the qualifying examination, he must work under the provisions of Stage III of the trainee apprenticeship period until the next examination.

(g) No trainee may perform any hearing health services for a customer without the customer being informed that the services are being performed by a trainee rather than by a registrant. The notice shall be given verbally by the trainee or by the registrant sponsor, and a trainee identification badge must be worn disclosing the status of the trainee. In each case, records shall be kept showing the particular services performed by the trainee.

(h) When a course in fitting and selling of hearing aids, approved by the department and the council, is established in this State as provided in Section 23, satisfactory completion of the course qualifies the student to take the examination required by this act without complying with the requirements of the trainee apprenticeship course provided in this section.

Section 10. [*Examination and Registration Fees.*]

(a) Every initial application submitted to the department shall be accompanied by a fee of [$] to cover costs of investigation and verification. No part of this fee may be refunded.

(b) The annual certificate of registration fee is [$].

(c) The annual trainee temporary certificate of registration fee is [$].

(d) The annual renewal fee for every certificate or temporary certificate of registration is [$].

(e) The fee for each examination is [$].

(f) The delinquency fee on renewals is [$]. If any certificate or temporary certificate of registration is issued after January 1 in any year, the annual fee shall be reduced in an equitable manner as provided by regulations promulgated by the department.

Section 11. [*Disposition of Fees.*] All fees collected under the provisions of this act shall be paid to the department. The department shall deposit the funds with the [state treasurer], to the credit of the Hearing Aids and Devices Trust Fund, which is established. The costs of administration of this act shall be paid from the moneys collected under this act.

Section 12. [*Examination.*]

(a) An applicant must make a grade of 70 percent or more in each area, subject, or technique specified in this section to qualify for a certificate of registration. The oral, written, and practical examination shall be prescribed by the department in accordance with Section 3(4) and shall be given at least twice a year, or as often as necessary to process applications received. A person wishing to take the examination shall notify the department of his intention and the department shall supply the person with an application on a form prescribed by the department. The applicant shall execute the application and send it to the department together with the examination fee. If the department finds that the applicant is eligible to take the examination, it shall notify the applicant in advance of the time and place for the examination. If the application is rejected, the application fee shall be refunded. If the application is approved and the applicant does not take the examination, the fee shall not be refunded. No person will be permitted to take the examination more than three times.

(b) All applicants taking the examination at the same time shall be given the same written, oral, and practical examination. The examination must be such that, in order to pass, the applicant must establish knowledge and proficiency in each of the following areas, subjects, and techniques:

(1) Tests of knowledge in the following areas as they pertain to the fitting of hearing aids:

(i) Basic physics of sound.

(ii) The human hearing mechanism, including the science of hearing and the causes and rehabilitation of abnormal hearing disorders.

(iii) Structure and functions of hearing aids.

(iv) Basic psychology relating to the hearing impaired.

(v) Availability of social service resources and other special resources for the hearing impaired.

(vi) Knowledge of the provisions of this act, with emphasis on criminal provisions and the grounds on which a certificate of registration may be suspended or revoked.

(2) Tests of proficiency in the following techniques as they pertain to the fitting of hearing aids:

(i) Pure tone audiometry, including air conduction testing and bone conduction testing.

(ii) Recorded speech audiometry, including speech reception threshold testing and speech discrimination testing.

(iii) Theory and practice of masking methodology.

(iv) Recording and evaluation of audiograms and speech audiometry to determine hearing aid candidacy.

(v) Selection and adaption of hearing aids and testing of hearing aids.

(vi) Basic repair and maintenance of hearing aids.

(vii) Taking earmold impressions.

(viii) Other skills as required for the fitting of hearing aids.

(c) The examination shall be revised annually by the examining committee so that it includes current and significant information which pertains to the categories in this section. No examination of any established association of hearing aid dealers or manufacturers may be used exclusively to replace this examination.

Section 13. [*Certificate of Registration.*] Upon passing the examination, the department shall issue to the applicant a certificate of registration under the seal of the department. The certificate of registration shall be prominently displayed at all times in the registrant's place of business.

Section 14. [*Grounds for Suspension, Revocation, or Refusal to Issue or Renew Certificate of Registration or Trainee Temporary Certificate of Registration.*] The department may suspend, revoke, or refuse to renew any certificate issued under this act, for any of the following reasons:

(1) Conviction of a felony or misdemeanor involving moral turpitude.

(2) Willfully making a false statement to the department in an application for a certificate or for the renewal of any certificate or with respect to any matter within the scope of the department's power and duties under this act.

(3) Altering any certificate with fraudulent intent.

(4) Unethical conduct as defined in Section 15 or gross malpractice in the fitting or selling of hearing aids.

(5) Violation of any of the provisions of this act, or any of the provisions of any rules or regulations promulgated pursuant to this act.

(6) Selling a hearing aid to any person unless within the preceding three months the person has been examined by an otolaryngologist or an otologist, and a written recommendation for a hearing aid has been made by the physician or by an audiologist eligible for certification by the American Speech and Hearing Association to whom the person has been referred by the physician. This does not apply to replacement of an identical hearing aid within one year of its purchase.

(7) Departing from the medical or audiological recommendations obtained pursuant to subsection (6) without consultation and written approval from the physician or the audiologist involved.

Section 15. [*Unethical Conduct Defined.*] Unethical conduct includes:

(1) Obtaining any fee or making or attempting to make any sale of any hearing aid by fraud or misrepresentation.

(2) Employing, directly or indirectly, any suspended or unregistered person to perform any work requiring a certificate of registration or a temporary certificate of registration.

(3) Using, causing, or promoting the use of any advertising matter, promotional literature, testimonial, guarantee, warranty, label, brand, insignia, or any other representation however disseminated or published which is misleading, deceitful, or untruthful.

(4) Advertising a particular model, type, or kind of hearing aid if the offer is not a bona fide effort to sell the product so offered as advertised and at the advertised price. Among actions or procedures which will be considered in determining whether this type of advertisement has been made are the following:

(i) The creation, through the initial offer of advertisement, of a false impression of the product offered in any material respect.

(ii) The refusal to show, demonstrate, or sell the product offered in accordance with the terms of the offer.

(iii) The disparagement, by actions or words, of the product offered; the guarantee; the credit terms; the availability of service, repairs, or parts; or any other disparagement in connection with the product's sale or service.

(iv) The showing, demonstrating and, in the event of sale, the delivery of a product which is unusable or impractical for the purpose represented or implied in the offer.

(v) The refusal, in the event of sale of the product offered, to deliver the product to the buyer within 30 days.

(vi) The failure to have access to a quantity of the advertised product at the advertised price sufficient to meet reasonably anticipated demands.

(5) Representing that the services or advice of a person licensed to

practice medicine or of a person certified as an audiologist will be used or made available in the selection, fitting, adjustment, maintenance, or repair of hearing aids when that is not true; or using or incorporating in any title or designation the words "doctor," "clinic," "clinical audiologist," "audiologist," "state-licensed clinic," "state-registered," "state-certified," "state-approved," or any other term, abbreviation, or symbol, or wearing any costume which would give the false impression that one is being treated medically or audiologically or that the registrant's services have been recommended by the State.

(6) Canvassing from house to house or by telephone, either in person or by agents, for the purpose of selling a hearing aid, without prior request from the prospective customer.

(7) Selling a hearing aid to a person under the age of 18 years or to a person in a mental institution, hospital, nursing home, convalescent home, or like institution, unless there is present in addition to the registrant an adult person who is not a business associate of the registrant.

(8) Permitting another to use one's certificate of registration or temporary certificate of registration.

(9) Representing, advertising, or implying that the hearing aid repair is guaranteed, without a clear and concise disclosure of the identity of the guarantor, the nature and extent of the guarantee, and any conditions or limitations imposed.

(10) Failure to supervise a trainee as required by Sections 8 and 9 of this act or to accept responsibility for the actions of a trainee relating to the fitting and selling of hearing aids.

(11) Using any advertisement or other representation which has the effect of misleading or deceiving purchasers or prospective purchasers in the belief that any hearing aid or device, or part or accessory thereof, is a new invention or involves a new mechanical or scientific principle when that is not the fact.

(12) Representing, directly or by implication, that a hearing aid utilizing bone conduction has certain specified features, such as the absence of anything in the ear or leading to the ear, or the like, without disclosing clearly that the instrument operates on the bone conduction principle, and that in many cases of hearing loss this type of instrument may not be suitable.

(13) Stating or implying that the use of any hearing aid will restore hearing to normal, or preserve hearing, or prevent or retard progression of a hearing impairment, or any other false or misleading or medically or audiologically unsupportable claims regarding the efficacy or benefits of a hearing aid.

(14) Representing or implying that a hearing aid is or will be "custom-made," "made to order," "prescription made," or in any other sense especially fabricated for an individual when that is not the case.

(15) Directly or indirectly giving or offering to give, or permitting or causing to be given, money or anything of value to any person who advises another in a professional capacity, as an inducement to influence the person, or to have the person influence others, to purchase or contract to purchase any product sold or offered for sale by the registrant or to influence any person to refrain from dealing in the products of competitors.

(16) Violation of any relevant rules and regulations adopted and promulgated by the Federal Trade Commission.

(17) Other acts or omission as the department determines by regulations to be unethical conduct.

Section 16. [*Trial Period: Receipt to be Furnished Purchasers of Hearing Aids.*] Every registrant who sells a hearing aid shall provide for a trial period of the instrument by the purchaser, and deliver to the purchaser a receipt which contains all of the following information:

(1) The name, address, and signature of the purchaser.

(2) The name, address of the regular place of business, the number of the certificate of registration, and the signature of the registrant.

(3) The make, model, serial number, purchase price, and the date the manufacturer first produced the same model.

(4) Whether the hearing aid sold is new, used, or rebuilt.

(5) If the hearing aid is (or has been represented to be) guaranteed, a clear and precise statement of:

(i) The identity of the guarantor and the manner in which the guarantor will perform under the guarantee (such as total or partial refund, repair, or exchange).

(ii) The nature and extent of the guarantee.

(iii) Any material conditions or limitations in the guarantee which are imposed by the guarantor.

(iv) The fact that the guarantee is offered only by the registrant, if a guarantee made by the registrant is not backed up by the manufacturer.

(6) The complete terms of the sale, including the terms of the trial period, an itemized account showing individually the goods and services and the individual prices for them, that go to make up the total amount charged the purchaser.

(7) The name and address of the department, with a statement that complaints which may arise with respect to the transaction may be submitted to it.

(8) In type no smaller than the largest type contained in the receipt, the following statement:

The purchaser was advised at the outset of relations with the undersigned hearing aid dealer that any examination or representation made by the dealer in connection with the fitting and selling of the hearing aid described in this receipt is not an examination, diagnosis, or prescription by a person licensed to practice medicine, audiology, or otolaryngology in this State.

(9) A copy of the written recommendation and findings of the otolaryngologist, otologist, or audiologist who examined the purchaser

and issued clearance for a hearing aid, showing the type and degree of hearing disability involved (such as conductive, sensorineural, or mixed hearing loss).

(10) A statement precisely setting forth all representations made by the hearing aid dealer about the dealer's tests, test results, and recommendations, and about the special benefits of the hearing aid purchased, together with written materials supporting the claims or representations.

Section 17. [*Minimal Equipment and Procedures.*] The following minimal equipment and procedures as prescribed by the department, with the advice of the council, shall be used in connection with the fitting and sale of hearing aids:

(1) Minimal equipment includes:

(i) Access to a selection of hearing aid models and hearing aid supplies and services complete enough to accommodate the various needs of hearing aid users, as an adequate stock of hearing aids, including an appropriate selection of receivers and accessories, and access to facilities for making ear molds and any other supplies required by the department.

(ii) Satisfactory facilities for the personal comfort of customers.

(iii) A sound-treated testing room.

(iv) Pure tone audiometer which shall meet the American National Standards Institute specifications for diagnostic audiometers and which shall be calibrated and recorded at intervals established by the rules and regulations of the department.

(v) Speech audiometer for determining the most comfortable listening level and speech discrimination.

(2) Minimal procedures include:

(i) Pure tone audiometric testing by air and bone conduction to determine the degrees and types of hearing deficiency, and masking as required.

(ii) Appropriate testing to determine speech discrimination, speech reception threshold, most comfortable sound tolerance level, and selection of the best ear for maximum hearing aid benefit. Selection of an instrument that will best compensate for the degree of loss and tolerance level and provide a frequency amplification curve that will give the best speech discrimination possible.

(iii) Final fitting of the hearing aid ensuring physical and operational comfort.

(iv) Keeping a complete retail price list showing all hearing aid models for all prospective customers to examine.

(v) Keeping records on every customer to whom the registrant renders services or to whom he sells a hearing aid. The records shall be preserved for at least seven years after the sale of the hearing aid to the customer. If other hearing aids are subsequently sold to that customer, cumulative records must be maintained for at least seven years after the latest sale of an aid to that customer. The records which must be available

for department inspection shall include:

(A) Copy of each receipt executed in connection with the fitting and sale of each hearing aid.

(B) A complete record of tests, test results, and services.

(C) Customer's case history.

(D) Any correspondence specifically related to the customer or hearing aid or aids sold to the customer.

Section 18. [*Renewal of Certificate of Registration or Trainee Temporary Certificate of Registration.*]

(a) Every certificate shall expire on December 31 of the year in which it is issued. On or before October 1 of each year, the department shall mail to each registrant or trainee an application for renewal of the certificate. The application shall be completed by the registrant or trainee and sent to the department, accompanied by the annual renewal fee. Every application shall request a record of the current educational material the applicant has studied and the educational classes the applicant has attended in the hearing health field since last receiving a certificate of registration or a trainee temporary certificate of registration. Upon approval of the application by the department, the department shall send the applicant a renewed certificate issued under the seal of the department.

(b) In the case of an application for renewal of a trainee temporary certificate of registration, the sponsor registrant shall sign a statement reporting the progress being made by the trainee. No trainee temporary certificate of registration shall be renewed for any person who has had the opportunity to take three consecutive examinations.

(c) A certificate which has not been renewed by January 1 of any year shall be automatically suspended after a 30-day grace period until the registrant or trainee pays the regular fee plus a delinquency fee of [$] for each month or fraction of a month that the person failed to register, provided, that after a period of three months the certificate shall be automatically cancelled.

Section 19. [*Procedure for Handling Complaints and Denial, Suspension, or Revocation of Certificates of Registration or Trainee Temporary Certificates of Registration; Public Hearings.*]

(a) Any person who wishes to make a complaint against a registrant or a trainee or an applicant for a certificate of registration under this act shall put the complaint in writing and file it with the department within one year from the date of the action (or failure to act) upon which the complaint is based. If the department finds, after an investigation it deems appropriate, and after advice of the council, that the charges in the complaint and the circumstances justify a public hearing to determine whether or not a certificate of registration or a trainee temporary certificate of registration shall be denied, suspended, or revoked, it shall

take action.

(b) The initial procedures to be followed are:

(1) No certificate may be denied, revoked, or suspended except after written notice by registered mail to the applicant or registrant or trainee, setting forth the particular reasons for the proposed action, furnishing a copy of the complaint, and explaining the right to a public hearing if demanded by the applicant or registrant or trainee.

(2) Any applicant or registrant who desires a hearing within 20 days after service of notice shall request the hearing in writing and send it to the department by registered mail.

(3) If an applicant or registrant or trainee requests a hearing, the department shall fix a date, time, and place for the hearing and notify the applicant or registrant or trainee accordingly. The notice shall be either personal notice or notice by registered mail, and shall be served at least 30 days before the date set for the hearing.

(4) If no request for a hearing is made, the department shall immediately deny, revoke, or suspend the certificate.

(c) For the purpose of the hearing, the department may require the production of books, papers, and other documents, and issue subpoenas to compel witnesses to appear. Witnesses are entitled to the same per diem and mileage allowances as witnesses in the county courts of record in this State, payable out of the Hearing Aids and Devices Trust Fund, established by Section 11 of this act. The customary rules of evidence used in court proceedings are not applicable to the hearing.

(d) If the department determines from the evidence and proofs submitted that the accused has been guilty of violating any of the provisions of this act, or any of the regulations promulgated by the department pursuant to this act, the department, within 30 days after the hearing, shall issue an order refusing to issue or renew, or revoking or suspending (as the case may be), the certificate. The order shall include the findings of fact and the conclusions of law made by the council. A copy of the order shall be sent to the accused by registered mail. The records of the department shall reflect the action taken by the department on the charges and the department shall preserve a record of the proceedings in a manner similar to that used by courts of record in the State.

(e) The final order of the department in the proceedings for denial, suspension, or revocation of a certificate are subject to appeal to, and review by, an appropriate court of record in the county where the accused resides, or in which the accused's principal place of business is located.

(f) The department shall send a copy of the complaint and a copy of the department's final order to the Attorney General for purposes of information in the event the accused pursues a court appeal, and for consideration as to whether the violations are flagrant enough to justify prosecution.

(g) Insofar as applicable, the provisions of the [State Administrative Procedures Act] shall govern the hearing and appeal set forth in this section.

Section 20. [*Attorney General and County Prosecuting Attorneys.*] The Attorney General of this State and all county prosecuting attorneys shall assist the department in the enforcement of this act.

Section 21. [*Penalties.*] Violation of any of the provisions of this act, or of any of the regulations promulgated pursuant to this act, is a misdemeanor, punishable upon conviction by a fine of not more than [$500], or imprisonment for not more than [90] days, or both.

Section 22. [*Action to Enjoin Violations of Act; Bond Not Required.*]

(a) Upon violation of any of the provisions of this act, or of any of the rules and regulations promulgated by the department pursuant to this act, any judge of a court of record in any county where the violation occurs may restrain and enjoin any person or his agents or representatives from further violating any of the provisions. The injunctive relief may be granted upon the application of the department and shall not be barred by reason of any administrative or penal proceedings had or pending involving the same charges. No bond is required when injunctive relief is sought.

(b) Nothing contained in this section precludes any other person from obtaining injunctive relief or damages on account of a violation of this act.

Section 23. [*Establishment of Academic Courses in the Fitting, Selling, and Servicing of Hearing Aids.*]

(a) The [state department of education], with the advice and assistance of the department and the advisory council, shall establish within educational institutions, financed in whole or in part with public funds of this State, formal courses of instruction to enable eligible students to become qualified hearing aid dealers and fitters. Minimum enrollment requirements shall be good moral character and the educational equivalent of successful completion of a four-year course in an accredited high school.

(b) The course shall consist of a minimum of the equivalent of [30 semester hours], as computed by accredited colleges and universities in this State. The semester hours shall be devoted to classroom instruction and practical application as the [state department of education] and the department find most effective.

(c) Insofar as feasible, the [state department of education] shall provide for the utilization of present faculty members teaching audiology, physics, and physiology, and may permit employment of additional full- or part-time instructors as necessary to carry out the purposes of this section.

(d) One year after instruction is commenced under this section, the [state department of education] may modify the number of semester hours and subjects of instruction required for successful completion of the course to reach the number of hours and subjects necessary for an associate in arts degree, or its equivalent.

(e) Successful completion of the course provided herein shall qualify the student to take the examination required by this act without complying with the requirements of the trainee apprenticeship course described in Section 9.

(f) The [state department of education] and the department may promulgate rules and regulations, not contrary to the laws of this State, necessary to carry out the purposes of this section.

Section 24. [*Severability.*] [Insert severability clause.]

Section 25. [*Repeal.*] [Insert repealer clause.]

Section 26. [*Effective Date.*] [Insert effective date.]

Health Care Facility, Safety, and Security Act

This act has as its goal the enforcement of health, safety, and security standards in skilled and intermediate nursing homes and in residential care facilities. The basic enforcement mechanism is the "citation system," whereby a representative of the department of health, upon inspection initiated by complaint or in fulfillment of the requirement for periodic inspections, can issue one of two classes of citations, depending on the seriousness of the violation. The licensee of the facility has a time period in which to correct the condition or conditions leading to the violation and, if he does not do so, an initial fine is levied and an extra fine is levied for each day the violation continues after that. This act also requires public posting of notices of uncorrected violations and other means to make public those violations of health, safety, and security standards by the health care facility. This act is modeled after a California statute.

This draft act was developed as part of the Aging Project of the Council of State Governments.

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Suggested Legislation

(Title, enacting clause, etc.)

Section 1. [*Short Title.*] This act may be cited as the [State] Health Care Facility, Safety, and Security Act.

Section 2. [*Definitions.*] As used in this act:

(1) "Health care facility" means any skilled or intermediate nursing home as defined by the [applicable state law] and any residential facility providing services and care to persons with some degree of physical or mental impairment, below the skilled or intermediate nursing care level. Hospitals are not included in this definition.

(2) "Licensee" means the holder of a license issued for a health care facility.

(3) "Department" means the [state department of health], which is charged with responsibility for administration of this act and, as the context requires, the term means the chief officer of the department or the duly authorized delegate or delegates of the chief officer.

Section 3. [*Request for Inspection.*] Any person may request an inspection of any health care facility in accordance with the provisions of this act by giving notice to the department of an alleged violation of applicable requirements of state law. A notice shall be in writing signed by the complainant and set forth the matters complained of, with reasonable particularity. The substance of the complaint shall be provided to the licensee no earlier than at the commencement of the inspection. Neither the substance of the complaint provided the licensee nor any copy of the

complaint or record published, released, or otherwise made available to the licensee may disclose the name of the complainant or other person mentioned in the complaint, except the name or names of any duly authorized officer, employee, or agent of the department conducting the investigation or inspection pursuant to this act, unless the complainant specifically requests the release of his name or the matter results in a judicial proceeding.

Section 4. [*Preliminary Review; Inspection.*] Upon receipt of a complaint, the department may assign an inspector to make a preliminary review of the complaint and notify the complainant of the name of the inspector. Unless the department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, it shall make an onsite inspection within [10] working days of the receipt of the complaint. In either event, the complainant shall be promptly informed of the department's proposed course of action. Upon the request of either the complainant or the department, the complainant or his representative, or both, may be allowed to accompany the inspector to the site of the alleged violations during his tour of the facility, unless the inspector determines that the privacy of any resident would be violated thereby.

Section 5. [*Procedures; Penalty for Advance Notice.*]

(a) Any authorized officer, employee, or agent of the department may enter and inspect any health care facility at any time, including, but not limited to, interviewing residents and reviewing records, to enforce any provision of this act. Inspections conducted pursuant to complaints filed with the department shall be conducted in a manner which will assure maximum effectiveness. No advance notice may be given of any inspection conducted pursuant to this act unless previously and specifically authorized by the department or required by federal law.

(b) Any public employee giving advance notice in violation of this section shall be suspended from all duties without pay for a period determined by the department.

Section 6. [*General Inspections.*] The department, in addition to any inspections conducted pursuant to complaints filed pursuant to this act, shall conduct at least two general inspections, and as many additional inspections as necessary in every calendar year of all health care facilities in the State without providing notice of the inspections.

Section 7. [*Issuance of Citations.*] If upon inspection or investigation the department determines that a health care facility is in violation of any statutory provision or rule or regulation relating to the operation or maintenance of the facility, except with respect to violations determined to have only a minimal relationship to safety or health pursuant to

Section 11, it shall, not later than one day after the date of inspection, issue a citation to the licensee. The citation shall be served upon the licensee personally or by registered mail in a manner which will assure adequate notice. A copy of the citation also shall be sent to the complainant. Each citation shall be in writing and describe with particularity the nature of the violation, including a reference to the statutory provision, standard, rule, or regulation alleged to have been violated. The citation shall fix the earliest feasible time for the elimination of the condition constituting the violation, where appropriate.

Section 8. [*Classification of Violations.*] Citations issued pursuant to this act shall be classified according to the nature of the violation and indicate the classification on the face thereof, as follows:

(1) Class A violations are violations which the department determines present an imminent danger to the residents or guests of the health care facility or a substantial probability that death or serious physical harm would result therefrom. A physical condition or one or more practices, means, methods, or operations in use in a health care facility may constitute a violation. The condition or practice constituting a Class A violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the department, is required for correction. A Class A violation is subject to a fine in an amount not less than [$1,000] and not exceeding [$5,000] for each and every violation.

(2) Class B violations are violations which the department determines have a direct or immediate relationship to the health, safety, or security of health care facility residents, other than Class A violations. A Class B violation is subject to a fine in an amount of not less than [$50] and not exceeding [$250] for each and every violation. A citation for a Class B violation shall specify the time within which the violation is required to be corrected. If a Class B violation is corrected within the time specified, no fine shall be imposed.

Section 9. [*Subsequent Penalties.*] If a licensee has failed to correct a violation within the time specified in the citation, the department shall assess the licensee a fine of [$50] for each day the deficiency continues beyond the date specified for correction.

Section 10. [*Regulations.*] After consultation with industry, professional, and consumer groups affected thereby, not later than three months after the effective date of this act, the department shall publish proposed regulations setting forth the criteria and, if feasible, the specific acts that constitute Class A and Class B violations under this act. Not later than six months after the effective date of this act, the department shall adopt and promulgate regulations setting forth criteria and, if feasible, specific acts constituting Class A and Class B violations.

Section 11. [*Notice of Violation.*] The department shall prescribe procedures for the issuance of a notice of violation with respect to violations having only a minimal relationship to safety or health.

Section 12. [*Contesting Citations; Court Procedures.*]

(a) If a licensee desires to contest a citation or the proposed assessment of a fine therefor, within four business days after service of the citation he shall notify the department in writing of his request for an informal conference with the designee of the department for the county in which the cited health care facility is located. The designee, within four business days from the receipt of the request, shall hold an informal conference, at the conclusion of which he may affirm, modify, or dismiss the citation or proposed assessment of a fine. If the designee modifies or dismisses the citation or proposed assessment of a fine, he shall state with particularity in writing his reasons for the action, and immediately transmit a copy thereof to each party to the original complaint. If the licensee desires to contest a decision made after the informal conference, he shall inform the department in writing within four business days after he receives the decision by the department's designee. If the licensee fails to notify the department in writing that he intends to contest the citation or the proposed assessment of a fine therefor or the decision made by a designee after an informal conference within the time specified in this subsection, the citation or the proposed assessment of a fine or the decision by a designee after an informal conference shall be deemed a final order of the department and not be subject to further administrative review.

(b) A licensee, in lieu of contesting a citation pursuant to this section, may transmit to the department the minimum amount specified by law for each violation within four business days after the issuance of the citation.

(c) If a licensee notifies the department that he intends to contest a citation, the department shall immediately notify the Attorney General. Upon notification, the Attorney General shall promptly take all appropriate action to enforce the citation and recover the fine prescribed thereon, and take other action he deems appropriate, in the [appropriate court] of the county in which the health care facility is located.

(d) In assessing the fine for each count of violation, the court shall consider the nature of the violation and the seriousness of the effect of the violation upon the effectuation of the purposes and provisions of this act.

(e) The fine authorized by this act shall be trebled for a second or subsequent violation occurring within any 12-month period, if a citation was issued for the previous violation occurring within that period and a fine was assessed therefor.

(f) Actions brought under the provisions of this act shall be set for trial at the earliest possible date and take precedence on the court calendar over all other cases except those to which equal or superior precedence is specifically granted by law. The times for responsive pleadings and for hearings in the proceedings shall be set by the judge of the court with the object of securing a decision at the earliest possible time.

Section 13. [*Posting; Availability of Citations.*]

(a) Each citation for a Class A violation specified in Section 8(1) which is issued pursuant to this section and is final, or a copy or copies thereof, shall be prominently posted, as prescribed in regulations issued by the department, until the violation is corrected to the satisfaction of the department, up to a maximum of 120 days. The citation or copy shall be posted in a place or places in plain view of the residents in the health care facility, persons visiting those residents, and persons who inquire about placement in the facility.

(b) Each citation for Class A and Class B violations specified in Section 8(1) and (2) which is issued pursuant to this section and is final, or a copy or copies thereof, shall be retained by the licensee at the facility cited until the violation is corrected to the satisfaction of the department. Each citation shall be made promptly available by the licensee for inspection or examination by any member of the public who so requests. In addition, every licensee shall post in a place or places in plain view of the residents in the health care facility, persons visiting those residents, and persons who inquire about placement in the facility, a prominent notice informing the persons that copies of all final uncorrected violations issued by the department to the facility will be made promptly available by the licensee for inspection by any person who so requests.

Section 14. [*Injunctions; Civil Damages.*] Unless the department has taken action and the violations have been corrected to its satisfaction, any licensee who commits a Class A or Class B violation may be enjoined from permitting the violation to continue or sued for civil damages within a court of competent jurisdiction. Actions for injunction or civil damages, or both, may be prosecuted by the Attorney General in the name of the people of the State of [ ] upon his own complaint or upon the complaint of any board, officer, person, corporation, or association, or by any person acting for the interests of himself, the residents of the health care facility, or members of the general public. The remedies specified in this section are in addition to any other remedy provided by law.

Section 15. [*Misdemeanors for Certain Acts.*] It is a misdemeanor for any person to do any of the following:

(1) Willfully prevent, interfere with, or attempt to impede in any way the work of any duly authorized representative of the department in the lawful enforcement of any provision of this act.

(2) Willfully prevent or attempt to prevent the representative from examining any relevant books or records in the conduct of his official

duties under this act.

(3) Willfully prevent or interfere with the representative in preserving evidence of any violation of any of the provisions of this act or of the rules and regulations promulgated under this act.

Section 16. [*No Retaliation or Discrimination; Violations of Medical Personnel.*]

(a) No licensee may discriminate or retaliate in any manner against a resident or employee in its health care facility on the basis or for the reason that the resident or employee or any other person has initiated or participated in any proceeding specified in this act. A licensee who violates this section is subject to a fine of not more than [$500], to be assessed by the department and collected in the manner provided in Section 14.

(b) Any attempt to expel a resident from a health care facility, or any type of discriminatory treatment of a resident by whom, or upon whose behalf, a complaint has been submitted to the department or any proceeding instituted under or related to this act within 120 days of the filing of the complaint or the institution of the action, shall raise a rebuttable presumption that the action was taken by the licensee in retaliation for the filing of the complaint.

(c) No licensee may be cited for any violation caused by any person licensed pursuant to the [state statutes licensing medical personnel] if the person is independent of and not connected with the licensee and the licensee shows that he has exercised reasonable care and diligence in notifying the persons of their duty to the residents in the licensee's health care facility.

Section 17. [*Individual Causes of Action.*] The remedies provided by this act are cumulative and shall not be construed as restricting any remedy, provisional or otherwise, provided by law for the benefit of any party, and no judgment under this act precludes any party from obtaining additional relief based upon the same facts.

Section 18. [*Notification to and Referral by Public Agencies.*] The department, on or before [February 1] of each year, shall notify all public agencies which refer residents to health care facilities of all the health care facilities in the area found upon inspection within the previous 12-month period to be without Class A or Class B violations. Public agencies shall give priority to these health care facilities in referring publicly assisted residents. No public agency may refer residents to health care facilities with any uncorrected Class A violations or five or more uncorrected Class B violations, except those health care facilities which the department may exempt because of a lack of facilities of the same type in the area sufficient to satisfy the demand for services provided by this type of facility.

Section 19. [*Annual Reports.*] The department shall annually prepare and make available in all offices of the [facilities licensing section] a report listing all licensees by name and address, indicating the number of citations and the nature of each citation issued to each licensee during the previous 12-month period and the status of any action taken pursuant to each citation, including fines assessed, and the nature and status of action taken with respect to each uncorrected violation for which a citation is outstanding.

Section 20. [*Training for Inspectors.*] The department shall provide for ongoing training for inspectors charged with implementation of this act in investigative techniques and standards relating to the quality of care provided by health care facilities.

Section 21. [*Review of Effectiveness; Recommendations.*] On or before [ ], the department shall review the effectiveness of the enforcement of the provisions of this act in maintaining the quality of care provided by health care facilities and submit a report thereon to the Legislature together with any recommendations of the department for additional legislation which it deems necessary to improve the enforcement of the provisions of this act or to enhance the quality of care provided by the facilities.

Section 22. [*Public Record; Public Inspection.*] Any writing received, owned, used, or retained by the department in connection with the provisions of this act is public record. However, the names of any persons contained in the records, except the names of duly authorized officers, employees, or agents of the department conducting an investigation of inspection in response to a complaint filed pursuant to this act, shall not be open to public inspection and copies of the records provided for public inspection shall have the names deleted.

Section 23. [*Severability.*] [Insert severability clause.]

Section 24. [*Repeal.*] [Insert repealer clause.]

Section 25. [*Effective Date.*] [Insert effective date.]

Life Care and Payments Contracts Act

A home is often an elderly person's only financial asset. This act allows the transfer of this asset or other property by the elderly person to a person or organization in exchange for the provision of either care in an institution or periodic support payments while he remains in his home. A number of safeguards are included in this act to ensure honesty and fair dealing. The person or organization providing the payments or care must procure a certificate of authority from the appropriate state agency. Before an applicant can obtain a certificate, it may be required to file a bond with the agency. The agreement itself must be approved by the agency before it or any transaction completed in connection with it becomes valid. Certificate holders must also maintain specified reserves. This act states the provisions which must be included in every agreement for life care or payments, a copy of which must be furnished to each party. If an elderly person for some reason is discharged from an institution providing life care, the certificate holder must either provide alternative care or refund an appropriate portion of the value of the assets transferred. The grounds and the procedures for suspending or revoking a certificate are also established.

This act and the preceding introduction are taken from *A Handbook of Model State Statutes*, published in 1971, developed under the auspices of the Legislative Research Center of the University of Michigan Law School, and sponsored by the National Council of Senior Citizens.

Suggested Legislation

(Title, enacting clause, etc.)

Section 1. [*Short Title.*] This act may be cited as the [State] Life Care and Payments Contracts Act.

Section 2. [*Life Care Agreements; Transfers; Payments.*]

(a) Any person, association, or corporation which holds a certificate of authority issued by the [appropriate state agency] may receive transfers of property from persons [60] years of age or older as consideration for the agreement of the person, association, or corporation:

(1) To provide care payments to the transferor for life or for a period of [two] years or more; or

(2) To provide or purchase care for the transferor for life or for a period of [two] years or more, but only if the care provided or purchased meets the standards of the [appropriate state agency].

(b) Transfer of property under this act shall include the transfer of rights as a joint tenant with right of survivorship and of rights as a tenant in common.

(c) Life care payments pursuant to an agreement under subsection (a)(1) may be allocated to the transferor in weekly, biweekly, or monthly installments. The amount of each installment and the time period over which the total number of installments will be paid shall be computed by the person, association, or corporation making the payments, based on the transferor's equity and life expectancy as determined from mortality or actuarial tables approved by the [appropriate state agency]. An agreement for life care payments is not effective until the [appropriate state agency] has determined that the computation is accurate and valid and that the amount of the payments is adequate and fair.

(d) If the transferor is living when the total number of life care installment payments is exhausted, he may continue to reside on the transferred property until he dies or voluntarily changes his residence. After his death or voluntary change of residence, the person, association, or corporation which made the payments may take possession of the property.

(e) Life care pursuant to an agreement under subsection (a)(2) may include provision of reasonable cash payments to the transferor or his nominee for personal and incidental expenses.

Section 3. [*Issuance of Certificate of Authority; Standards.*]

(a) The [appropriate state agency] shall issue to a person, association, or corporation a certificate of authority to enter into agreements for life care payments or for life care if:

(1) The person, association, or corporation has complied with all provisions of this act.

(2) The person, association, or corporation has submitted written statements detailing the care, services, or payments which will be provided to or purchased for transferors.

(3) The person, association, or corporation submits a written statement specifying the costs of providing life care, services, or payments.

(4) The person, association, or corporation has submitted all other information and complied with all other requirements deemed necessary by the [appropriate state agency].

(b) The [appropriate state agency] shall refuse to issue a certificate of authority to any applicant who has failed to comply with any provision of this act.

Section 4. [*Surety Bond: Applicant for Certificate of Authority.*]

(a) Before issuing a certificate of authority, the [appropriate state agency], if necessary, may require an applicant for a certificate to file with the [appropriate state agency], and maintain in effect, during the period that the certificate is in force, a bond:

(1) Executed by a surety approved by the [appropriate state agency].

(2) In an amount satisfactory to the [appropriate state agency].

(3) Conditioned upon the applicant's faithful performance of all obligations which he undertakes pursuant to the certificate of authority.

(4) To and for the use and benefit of all persons injured or aggrieved

by the failure of the applicant to perform his obligations.

(b) Any person injured or aggrieved by the failure of the certificate holder to faithfully perform his obligations undertaken pursuant to the certificate may bring suit on the bond in his own name.

Section 5. [*Surety Bond: Agent or Employee with Access to Funds.*] Before issuing a certificate of authority, the [appropriate state agency] shall require that any agent or employee of the applicant, who in the course of his agency or employment has access to any substantial amount of funds, furnish and maintain in effect during the period that the certificate of authority is in force, a surety bond in form and amount the [appropriate state agency] deems necessary to protect all persons from loss of the funds.

Section 6. [*Transferor's Lien; Recording; Release; Appeal; Judicial Review.*] If necessary to secure the performance of all obligations of the certificate holder to transferors, the [appropriate state agency] may record with the recorder of any [county] a notice of lien on behalf of the transferors. From the time of the recording, there exists a lien on all real property of the certificate holder, not exempt from execution, either owned by him at the time or which he may afterward acquire before the release of the lien, and located within the [county] where the notice is recorded. The [appropriate state agency] shall file a release of the lien upon proof of complete performance of all obligations to transferors, or upon the filing of a bond meeting the conditions set forth in this act. The [appropriate state agency] may file a release of the lien if it deems the lien no longer necessary to secure the performance of all obligations of the certificate holder to the transferors. The certificate holder may appeal to the [appropriate state agency] from a refusal of a request for release of the lien. The decision of the board is subject to court review pursuant to the [State Administrative Procedures Act], upon petition of the certificate holder filed within [30] days of service of the decision.

Section 7. [*Reserve Requirements.*]

(a) A certificate holder shall maintain reserves covering obligations assumed under all agreements entered into and maintained. Reserves shall be in an amount not less than the sum computed in accordance with the standard of valuation based upon a modern and up-to-date table of mortality selected by the [appropriate state agency]. The interest assumption for that computation shall be determined by the [appropriate state agency].

(b) Failure to maintain reserves as provided in this section shall be deemed a breach of all agreements to furnish care.

(c) Reserves shall consist of the following:

(1) Deposits in commercial and savings accounts with banks which are members of the Federal Deposit Insurance Corporation, to the extent that the deposits are insured by that corporation.

(2) Investments in certificates issued by building and loan associations which are members of the Federal Deposit Insurance Corporation, to the extent that the certificates are insured by that corporation.

(3) Notes receivable secured by first deeds of trust and first mortgages.

(4) Bonds and stocks selected from an approved list, as determined by the [appropriate state agency]. If stocks, bonds, and securities that are not on the approved list are part of the reserves, and if they are to be retained as part of the reserves, it is not necessary that those unapproved stocks, bonds, and securities be disposed of immediately, but they shall be disposed of in accordance with regulations of the [appropriate state agency] and disposal shall be accomplished in a gradual manner so as to avoid loss to certificate holders. Securities which, although not on the approved list, should be retained in the reserve for reasons acceptable to the [appropriate state agency] may be retained with the specific approval of the [appropriate state agency].

(5) Real estate used to provide care and housing for transferors under life care contracts, or equities therein, owned by the certificate holder, to the extent of [40] percent of the net value thereof. Appraisals shall be made by two appraisers approved by the [appropriate state agency].

(6) Furniture and equipment situated in property used to provide care and housing for holders of life care contracts, to the extent of [30] percent of the net value thereof. Appraisals shall be made by two appraisers approved by the [appropriate state agency].

(7) Real estate or equities therein owned by the certificate holder as an investment, the rents from which are used to discharge obligations to the transferors or to reinvest as a part of the reserves.

(8) At least [25] percent of the reserve necessary to maintain all care agreements must consist of bonds, stocks, commercial and savings accounts, and building and loan certificates.

(d) For purposes of computing the reserve, the liens required under Section 6 shall not be deducted from the value of real or personal property.

Section 8. [*Agreements as Preferred Claims on Liquidation.*] In the event of liquidation, all care agreements executed by a certificate holder shall be deemed a preferred claim against all assets owned by the certificate holder.

Section 9. [*Filing Copy of Agreement; Statute of Frauds; Approval of Terms.*]

(a) The [appropriate state agency] may require the filing with it of a copy of any agreement entered into between the certificate holder and transferor, by every person or organization holding a certificate of authority to receive transfers under this act. All agreements entered into between the certificate holder and the transferor shall be in writing and contain all information required under Section 10.

(b) The [appropriate state agency] shall require that any forms used by

the certificate holder in concluding an agreement with any transferor be filed with and approved by the [appropriate state agency] prior to their use by the certificate holder.

Section 10. [*Contents of Agreement.*] A care agreement executed between a transferor and a certificate holder shall:

(1) Show the value of all property transferred, including donations, subscriptions, fees, and any other amounts paid or payable by or on behalf of the transferor.

(2) Show all services which are to be provided by the certificate holder to the transferor, including, in detail, all items which the transferor will receive—as board, room, medical care, clothing, burial and incidentals—and whether the items will be provided for a designated time period or for life, and the estimated monthly cost to the certificate holder of providing the care.

(3) Be accompanied by a financial statement showing all facts pertinent to the financial condition of the certificate holder.

(4) Be furnished, together with the financial statement, to the transferor.

(5) Include the statutory rights of both parties.

(6) Include any other information or provisions deemed necessary by the [appropriate state agency].

Section 11. [*Contract Approval.*] Neither an agreement for life care or life care payments or for care or payments over a period of [two] years or more nor any transfer of property pursuant to that agreement is valid unless the agreement is approved by the [appropriate state agency].

Section 12. [*Dismissal or Discharge of Transferor; Alternative Care; Refund.*] If the agreement for care permits dismissal or discharge of the transferor from the institution providing care prior to the expiration of the agreement, with or without cause, the certificate holder, at the transferor's election, must:

(1) Provide an alternative care program approved by the [appropriate state agency], or

(2) Refund to the transferor a sum equal to the amount of the projected cost to the certificate holder of maintaining the transferor in the institution for the remaining period of the agreement.

Section 13. [*Rules and Regulations; Inspections.*]

(a) The [appropriate state agency] may make any rules and regulations for the governing of the dealings and operations of certificate holders necessary to protect the rights of transferors.

(b) The [appropriate state agency], by a duly authorized representative, may inspect and examine any institution, home, place, books and records, or the performance of any service required pursuant to the

agreements of a certificate holder.

Section 14. [*Annual Audit.*]

(a) In lieu of making a detailed financial investigation, the [appropriate state agency] may accept an annual audit of the records of the organization or person, made by a certified public accountant or public accountant, which includes a certification, if such is the case, that the organization or person is maintaining reserves in accordance with the requirements of Section 7.

(b) Each certificate holder shall have an annual audit made of its financial affairs by a certified public accountant or a public accountant, which audit shall include full details on per capita costs of operation and on the matter of reserves. A copy of the audit shall be filed with the [appropriate state agency]. Funds and property received as advanced payments for maintenance of the transferors shall be reported separately from membership fees, donations, or other funds available for capital expansion.

Section 15. [*Application for Certificate of Authority; Duration.*] An applicant for a certificate of authority shall submit a formal application to the [appropriate state agency] in conformance with regulations issued by the [appropriate state agency]. When issued, the certificate remains in force until suspended or revoked by the [appropriate state agency] in accordance with Section 16.

Section 16. [*Suspension or Revocation of Certificate of Authority; Grounds; Appeal.*]

(a) A certificate of authority may be suspended or revoked for cause by the [appropriate state agency]. Grounds for suspension or revocation include violation of the provisions of this act, violations of rules or regulations issued by the [appropriate state agency] pursuant to this act, and any fraudulent or misrepresentative practice.

(b) A certificate holder whose certificate of authority is suspended or revoked may appeal to the [appropriate state agency]. The proceedings shall be conducted in accordance with the [State Administrative Procedures Act].

(c) Final decision of the [appropriate state agency] may be appealed to the [appropriate court].

Section 17. [*Sufficiency of Reserves.*] For the failure of any certificate holder to establish and maintain reserves as provided in this act, the [appropriate state agency] shall revoke the certificate of authority.

Section 18. [*Nontransferability of Certificate; Change of Terms or Place of Performance.*] No certificate of authority is transferable. Neither the terms of the agreement nor the place of performance specified in any

agreement shall be changed without the written consent of the [appropriate state agency], except in circumstances where a transferor is removed from a life care facility for medical treatment.

Section 19. [*Sale of Home by Certificate Holder; Approval.*] A holder of a certificate of authority, who has life care residents in an institution and who wishes to sell or transfer ownership of the institution to another party, shall first obtain approval from the [appropriate state agency].

Section 20. [*Penalties for Violations.*] Any person, association, or corporation which maintains, enters into, or as manager or officer or in any other administrative capacity assists in maintaining or entering into any agreement providing for transfer of property, conditioned upon an agreement to furnish life care or life care payments to the transferor or his legal representative, without first having secured a certificate of authority therefor in writing, or which refuses to permit or interferes with the inspection authorized by this act, is guilty of a misdemeanor and is punishable by fine not in excess of [$500], or by imprisonment not in excess of [90] days, or both.

Section 21. [*Advertisements, etc.; Soliciting Life Care Contracts; Requirements; Penalties for Violations.*]

(a) Any report, circular, public announcement, certificate, financial statement, or other printed matter or advertising material which is designed for or used to solicit or induce persons to enter into any agreement providing for the transfer of property, conditioned upon an agreement to furnish life care or life care payments, or care or payments for a period of more than [two] years, and which lists or refers to the name of any individual or organization as being interested in or connected with the person, association, or corporation to perform the contract, shall clearly state the extent of financial responsibility assumed by that individual or organization for the person, association, or corporation and the fulfillment of its contracts.

(b) Any person, association, or corporation that issues, delivers, or publishes, or as manager or officer or in any other administrative capacity assists in the issuance, delivery, or publication of any printed matter or advertising material which does not conform to the requirements of this section is guilty of a misdemeanor and is punishable by fine not in excess of [$500], or by imprisonment not in excess of [90] days, or both.

Section 22. [*Severability.*] [Insert severability clause.]

Section 23. [*Repeal.*] [Insert repealer clause.]

Section 24. [*Effective Date.*] [Insert effective date.]

Synopses of Other Proposed Legislation

Generic Drug Substitution Act

This statute, based on an Oregon law, would permit pharmacists to substitute a less expensive prescription drug for one prescribed by a physician, and would require the difference in price to be passed on to the consumer. The drug substituted would be therapeutically equivalent by professional standards. If a physician determined that a patient's condition required a specific brand name drug, he would so instruct the pharmacist in writing or by telephone. This act is distinct from legislation in some other States which have adopted substitution laws in that it requires a positive action on the part of the physician to bar substitution and does not empower a formulary board to designate drugs which are susceptible to substitution.

Prescription Drug Price Posting Act

This statute, taken from a publication by NRTA-AARP on Model State Legislation, would require the posting by each pharmacy in the State of the current selling price of the 100 most commonly prescribed prescription drugs. The appropriate state agency would be responsible for preparing a list of the drugs to be posted, including their usual strength and amount prescribed, and for distributing the list.

Health Care Facility Bill of Rights

This statute, based partly on a Maryland law and federal regulations, would establish several rights for patients in skilled and intermediate nursing homes and for residents in residential care facilities. Typically, state statutes regulating these facilities lack adequate declaration of these rights. Provisions are made to inform all patients and residents of their rights and public and private remedies are established to enforce this law. One of the most important rights is the right to present grievances and to recommend changes in the policies of and the services provided by the facility without fear of reprisal at council meetings to be held at regular intervals in the facility. Also, a provision is made for staff training.

Health Care Facility Ombudsman Committee Act

This statute, modeled after a Florida law, would create state and regional ombudsman committees, appointed by the Governor and composed of private citizens with professional expertise. The committees would aid the State in the enforcement of laws relating to health care facilities, including skilled and intermediate nursing homes and residential care facilities, and would generally work to improve the lot of residents in these facilities. One major responsibility of the ombudsman committee at the regional level would be to investigate complaints against health care facilities, pursuant to guidelines developed by the state ombudsman committee, and to set target dates for the taking of appropriate remedial action by the facility, to make public the complaint, or to refer the

complaint to the state ombudsman committee. That committee could then take further action against the facility, short of imposing any civil or criminal penalties. The state ombudsman committee would also be responsible for preparing and distributing an annual report, and discussing the problems of health care facility residents and making recommendations for improving their care and treatment.

Residential Care Facility Act

This statute, based partly on Pennsylvania and Florida laws, would require the licensing of and adherence to certain standards by residential care facilities which provide a lesser degree of care for their residents than skilled and intermediate nursing care. Public and private remedies are established to enforce this law. What have traditionally been called personal care homes are included in the definition of residential care facility. However, homes that offer adults only room and board are only required to register with the enforcing agency designated by the statute.

State Relocation Assistance Act

This statute would authorize local governments to establish relocation assistance plans to aid persons displaced by nonfederally assisted public and private activities, and for whom no adequate relocation assistance is available in most jurisdictions. Elderly persons comprise a major portion of this group. Relocation assistance services would be provided by a relocation assistance agency, pursuant to the relocation plan, and would include counseling, receiving and making relocation assistance payments, and providing satisfactory relocation housing for displaced persons in need of these services.

Elderly Housing Authority Act

This statute, based on a Florida law, would provide a mechanism whereby localities could create an elderly housing authority to facilitate the construction and expansion of housing facilities that serve the elderly (including health care facilities) and which are operated by nonprofit corporations. The authority could enter into construction contracts, issue bonds and notes, and do other things to effect the purposes of the act.

The Retirement Community Disclosure Act

This statute, based on a New Jersey law, would provide a comprehensive scheme of regulation of retirement communities, similar to but on a smaller scale than state and federal regulation of corporations. Retirement community is defined as "any complex or proposed complex of more than 10 units, whether contained in one or more buildings or whether constructed on separate lots, offered for sale or lease as part of a common promotional plan, where such community is advertised or represented as a retirement community or as a community primarily for retirees or elderly persons, or where there is a minimum age limit tending to attract persons who are nearing retirement age."

Senior Citizens' Community Workers Act

This statute, based on a California law, would provide publicly funded employment for persons 55 years of age or older who are unemployed or retired, and with little prospect of being employed, in such capacities as "community resource aides," "employment aides," and "teachers' aides." The state agency for aging is authorized to enter into agreements with public agencies and nonprofit, tax-exempt private organizations to effect those purposes.

Energy Lifeline Act

This statute, based on Maryland and New Jersey laws, would require the appropriate state agency to set maximum rates for what it deems to be the minimum amount of gas and electricity necessary to form a "lifeline" to older citizens. Older citizens below certain income levels would pay the lifeline rates. There are also provisions to protect these persons from having their electric or gas service cut off when such action would endanger their health and safety.

Age Discrimination in Employment Act

This statute would prohibit age discrimination in employment by certain employers, where age is not a bona fide occupational requirement and other good cause to differentiate between employees or potential employees does not exist. A civil action in a court of competent jurisdiction is the designated enforcement mechanism.

Adult Protective Services Act

This statute, drafted under the sponsorship of Legal Research and Services for the Elderly, would provide the authority for a State to develop, organize, and supervise a state system of protective services and would outline the guidelines and criteria for the design and operation of a protective services system. Broadly, protective services are defined in the statute as "services furnished by a protective services agency or its delegate to an elderly infirm, incapacitated, or protected person (for whom a protective order has been made), with the person's consent or appropriate legal authority, in order to assist the person in performing the activities of daily living, and thereby maintain independent living arrangements and avoid hazardous living conditions."

This statute would supplement state laws relating to civil commitment and guardianship proceedings. It would authorize courts to issue orders, after making specific fundings and following designated procedures, for protective placement in institutions, other than mental hospitals, and for the furnishing of involuntary protective services without always having to appoint a guardian or conservator. These appointments often lead to unrealistic restrictions on the freedom of elderly persons.

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THE WHITE HOUSE

ACTION MEMORANDUM WASHINGTON LOG NO.:

cc: Lynn May

Date: June 15, 1976 Time:

FOR ACTION:
Phil Buchen
Jim Cannon
Max Friedersdorf

cc (for information):
Alan Greenspan
Jack Marsh
Bill Seidman

Shull
F-4

FROM THE STAFF SECRETARY

DUE: Date: Thursday, June 17 Time: Noon

SUBJECT:

Paul H. O'Neill's memorandum 6/15/76 re Housing for the Elderly Rescission

ACTION REQUESTED:

____ For Necessary Action
____ Prepare Agenda and Brief
__X__ For Your Comments
__X__ For Your Recommendations
____ Draft Reply
____ Draft Remarks

REMARKS:

I concur with Secretary Hills. Rescission would antagonize a very powerful and highly vocal constituency.

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Jim Connor
For the President

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 94th CONGRESS, SECOND SESSION

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Senate

By Mr. McGOVERN (for himself, Mr. PERCY, Mr. KENNEDY, and Mr. DOLE):

S. 3585. A bill to amend the Older Americans Act of 1965 to provide a national Meals-on-Wheels Program for the elderly, and for other purposes. Referred to the Committee on Labor and Public Welfare.

NATIONAL MEALS-ON-WHEELS ACT OF 1976

Mr. McGOVERN. Mr. President, I am pleased to be introducing today the National Meals-on-Wheels Act of 1976.

My interest in the plight of the Nation's homebound elderly dates back to a hearing the Committee on Nutrition and Human Needs held in my home State of South Dakota on March 18, 1974. At that time the committee heard witnesses, many of them long-time friends of mine, describe the successes of the title VII congregate program. But they asked why something was not being done for those senior citizens who were physically unable to make it to the nutrition site. Today we can begin to answer that question by doing something for the homebound elderly—our most dependent citizens.

We have as a matter of national conscience and integrity pledged ourselves to the elimination of hunger in America. We should not take this commitment lightly, nor can we in good faith now abandon our goal, because the days of unlimited prosperity seem to have ended. The fullest measure of a society is not gained during times of great wealth; we reveal our true character only when commitment requires sacrifice.

When the Constitution declared it the responsibility of the Federal Government to provide for the general welfare, it did not add an exemption for those persons who are disadvantaged or poor; nor did it delegate this responsibility to the States. The Federal Government, having assumed major responsibility for the proper functioning of the economy, cannot then ignore the plight of those who do not enjoy the benefits of economic growth.

This responsibility and commitment are real and apply to all groups and to each individual.

In particular, we have a duty to provide for the welfare of our senior citizens who have over the course of their lives contributed so much to this country. It is, therefore, disappointing that in our efforts to feed America's hungry, we have failed to reach the 3 to 4 million shut-in elderly, who, due to their physical limitations, are confined to their homes and remain largely outside the scope of current feeding programs. It is time to remedy this tragic situation.

A survey of title VII project directors under the Older Americans Act recently released by this committee highlighted the director's belief that a separate feeding program, operated through and in conjunction with title VII, is essential if we are to extend our agricultural bounties to the homebound elderly.

While persons of all ages share a common need for adequate nutrition, achieving a balanced diet is particularly difficult for the aged. As old age approaches, metabolic changes require a reduction in caloric intake while necessary levels for protein, vitamins, and minerals remain the same.

For the homebound elderly, this is an impossible task. These persons cannot leave their homes to shop; find it difficult to prepare food; and lack the incentives that companionship provides. Quite simply, in their isolation and loneliness, good health is a less compelling pursuit than it is for those of us who are more mobile.

Whether the cause is low income, nutritional ignorance, lack of motivation, poor health, or a wide range of other common afflictions, numerous experts tell us that, even in the general elderly population, millions are malnourished. For the homebound, these diet problems are even more severe and the incidence of malnutrition is higher.

The result has been a disturbingly high level of anemia, mental depression, subclinical pellagra and protein deficiency, as well as higher rates of illness and longer, less complete convalescence.

In response to these unique nutritional problems of the aged, the Congress in 1972 established a nutrition program for the elderly, title VII of the Older Americans Act. Last year this program provided approximately 240,000 hot meals and various supportive services each weekday in a congregate setting.

Title VII is, by philosophy and structure, committed to providing an environment where the lonely and withdrawn

senior citizen can meet with friends and enjoy their company as well as a nutritious hot meal. This idea makes as much "good sense" today as it did when enacted in 1972. It deserves our continuing support.

Unfortunately, however, the congregate meal philosophy, when combined with severe budgetary limitations, virtually excludes the homebound elderly. These 3 to 4 million Americans by the nature of their condition, cannot realistically attend the congregate meal site. Yet, last year only 13 percent of title VII meals were delivered to homes, a figure roughly equal to 30,000 of the 240,000 meals served.

Under the current congregate approach, feeding the estimated needy homebound would require a title VII program expansion in the area of 1,700 percent. Attempting to meet the need of the homebound elderly under the present design of title VII without a separate and additional commitment is obviously impractical and highly unlikely.

The evidence clearly indicates that for these several million persons, a home-delivered, nutritious meal often makes the difference between additional years in their own homes or institutionalization in costly nursing homes. When a senior can no longer shop or prepare meals, when hunger becomes a daily experience, there is currently no alternative available other than a nursing home or hospital.

A meals-on-wheels program would, therefore, reduce spending in the health care sector. Expenditures for nursing homes last year reached $9 billion, an increase of over 20 percent from 1974. In fact, these expenditures have grown steadily and substantially in the past 9 years, with the Government paying a major and increasing share. In 1975, public outlays were over $5 billion, 60 percent of which was paid by the Federal Government.

These costs are much higher than they need be. Studies carried out by gerontologists in numerous localities have consistently shown that from 10 to 40 percent of nursing home residents are not in need of institutional care; many are there simply because they cannot cook for themselves. Yet because of the limited choice of services, and in many cases the lack of home-delivered meals, the aged are often forced to seek an institution even though it may not be appropriate to their needs.

The cost of a nursing home is generally over $20 per day, while a home-delivered meal costs under $2. In a few months, staff of this committee will conclude a year-long analysis which we believe will demonstrate, among other things, that an investment of $80 million to provide from 125,000 to 175,000 home-delivered meals per day will reduce nursing home expenditures from $[illegible] to $400 million.

It should be noted that these figures are extremely conservative estimates. They are associated only with a first year savings of nursing home costs based on an $80 million meals-on-wheels program. They do not include the cost savings expected from reductions in the frequency and duration of hospitalization due to nutrition-related illnesses; nor do they project the potential savings of an expanded meals-on-wheels program reaching larger numbers of the homebound elderly.

It is true that a substantial portion of the freed funds would probably go to expanding service needs. But it is at least clear that we can take action which will insure a more efficient use of public funds in this area, while minimizing the excessive institutionalization of our homebound elderly.

Up to this time, the Federal Government has largely left the task of feeding the homebound to chance. While local meals-on-wheels organizations have done a tremendous job with their limited resources, they cannot without Federal assistance tackle more than a small portion of the need.

The bill which I am introducing today along with Senators PERCY and KENNEDY, starts us in the right direction.

Title VII of the Older Americans Act, the elderly nutrition program, would be amended to provide new and additional funds specifically for home-delivered meals: $80 million for fiscal year 1977, $100 million for fiscal year 1978.

These moneys would be distributed to the States in accordance with the current title VII formula; that is, each State receives an amount based on the number of persons 60 years and over in that State as compared to the number of such persons in all States. Each State agency responsible for administering these funds would make grants in cash or in kind to title VII projects or to local meals-on-wheels organizations for the purpose of providing home-delivered meals. Any organization receiving funds under this act may not use more than 20 percent of their funds for administrative purposes.

Preexisting community meals-on-wheels organizations with demonstrated success in home delivery of meals must be given priority in awarding grants. These small, local programs, staffed almost entirely with community volunteers, maintain lower costs than could a Federal program and create a feeling of warmth and sensitivity for the elderly which cannot be matched merely by Federal money.

This preference, however, should also be given with the understanding that not all such groups are capable of quality and efficient operations.

Among the criteria which should be used in such determinations are cost per meal, administrative and personnel expenses, startup and equipment costs,

quality of meals served and others which the Commissioner deems advisable.

The title VII project and the meals-on-wheels group should work closely together for referral and other purposes. When an elderly person in the congregate program becomes disabled or otherwise limited in mobility, that person should be referred to the contracting meals-on-wheels group. By the same token, when a temporarily disabled person regains mobility, that person should be referred back to the congregate program and home-delivered service should cease.

It is not intended that persons who are capable of participating in the congregate program receive home-delivered meals. Each potential participant should be screened prior to being served under this act. This screening may be accomplished automatically by referrals from physicians, visiting nurses, or the congregate program or may be undertaken by staff or volunteers of the nutrition project.

Local projects may choose to serve one or more meals a day, so long as participants receive no less than one-third of the recommended dietary allowances 5 or more days per week. Local projects may elect to provide meals on weekends. If they do, these weekend meals must provide no less than 25 percent of the RDA. This requirement may be met by supplemental foods such as a snack, cold meal, special commercial adult formula or any combinations thereof. It should be noted that these figures represent the minimum standards and in no sense preclude the option of providing higher levels of nutritional support.

An information and referral system would be established for homebound recipients to insure maximum coordination of additional community services. Each meal delivery route must have at least one volunteer or staff member who has been trained to observe conditions in the homes of participants which would seem to necessitate the service of one or more additional community agencies. If such conditions exist, the volunteer or staff member would report these conditions to a volunteer or staff member in the project's central office whose responsibilities would include contacting the appropriate community agency. Within a reasonable period of time, a followup check of that agency's action should be made and noted in participants' files.

In addition, each project would offer an information service to participants, including an easy-to-read flier or poster, which would list names, addresses, and phone numbers of community agencies and emergency services for purposes of information and referral; no greater than 1 percent of funds available under this act may be used.

Each project receiving funds under this act would be strongly encouraged to conduct community outreach, using techniques similar to those used in participant outreach, to attract and use a substantial pool of volunteers. In addition, projects or local organizations could use funds available under this act, when appropriate, to compensate volunteers for transportation expenses incurred in the delivery of meals to the homebound participant.

Complementing the above provisions, the bill would establish a demonstration project to study the National Aeronautics and Space Administration Meal Systems for the Elderly. This system, developed in cooperation with the LBJ School of Public Affairs at Austin, Tex., and United Action for the Elderly, mails or delivers a package of seven complete, shelf-stable, freeze-dried or canned meals to homebound elderly on a weekly basis. Preparation of these meals by the elderly requires only facilities sufficient to boil water. In the past year, the NASA-LBJ project has been tested successfully on over 120 elderly participants in Texas.

It is important to note that this system is not intended to replace either the regular congregate or home-delivered meal programs. Personal contact with the elderly is an important feature of these programs and should not be displaced. Rather, this system is designed to provide meal service only to those persons who are beyond the reasonable reach of any current meal service. The NASA Meal System can effectively serve those persons who are geographically isolated, live in an area where no program exists, or are on waiting lists of programs with limited caseloads.

The pilot project would be conducted in portions of three States, chosen to provide an appropriate mix of rural and urban environments. Each demonstration project will include a medical evaluation to assess, at minimal inconvenience to the participants, the health benefits of nutritional support for the elderly.

At the conclusion of the demonstration project, the Commissioner shall report the results to Congress, together with recommendations for legislation which he deems appropriate.

All other title VII requirements for sanitation, eligibility, participant contributions, and so forth, would be applicable to this act, excepting section 706A(6).

Despite the cost effectiveness of meals-on-wheels, there are many who will say that we cannot now afford to begin such efforts. In fact, we can no longer afford the extravagance of ignoring them.

If spending a dollar today to feed a senior citizen will reduce expenditures by $5 next year in health support services, then we are compelled to do so by the concerns of our budget as well as the dictates of our conscience. The unwillingness to provide adequate medical care for the aged is tragic, but the unwillingness to spend even modest amounts to keep

them healthy is even less defensible.

I ask unanimous consent that the National Meals-on-Wheels Act of 1976, together with an analysis of the bill, be printed in the RECORD.

There being no objection, the bill and analysis were ordered to be printed in the RECORD, as follows:

S. 3585

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "National Meals-on-Wheels Act of 1976."

SEC. 2. Section 706(a)(1) of the Older Americans Act of 1965 is amended by inserting "(A)" immediately after "(1)", by inserting after the semicolon the words "and, or", and by adding after such section the following new subparagraph:

"(B) to establish a project (referred to herein as a 'nutrition project') for the elderly, blind, and disabled which, five or more days per week, provides at least one home-delivered meal which assures a minimum of one-third the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council: *Provided,* That any nutrition project which elects to serve such meals more than 5 days a week must assure, at a minimum, an amount of commercially available ready-for-use nutritionally balanced liquid product or light snack, or both, which provide at least 25 per cent of such recommended dietary allowances for each day in which no home-delivered mail is provided. Preference, where feasible, should be given to the use of organizations, such as meals-on-wheels groups, which have demonstrated an ability to operate such services efficiently and reasonably;"

SEC. 3. Section 706(a) of the Older Americans Act of 1965 is amended by striking out "and" at the end of paragraph (10), by redesignating paragraph (11), and all references thereto, as paragraph (13), and by inserting immediately after paragraph (10) the following new paragraphs:

"(11) to operate an information and referral system for homebound individuals receiving meals under this title by—

"(A) training the delivery personnel so that such personnel may make informed judgments about the additional service needs of meal recipients; and

"(B) reporting the additional service needs to agencies, groups, or individuals who might be of assistance in meeting such needs;

"(12) to seek and utilize volunteer personnel for the provision of home-delivered meals to the maximum extent possible and to compensate such personnel when appropriate for transportation expenses incurred in the delivery of such meals; and".

SEC. 4. (a)(1) Section 708 of the Older Americans Act of 1965 is amended by inserting "(a)" after the section designation.

(2) Section 708(a) of such Act (as redesignated by paragraph (1) of this subsection) is amended by inserting "and paragraph (1)(B), (11) and (12) of section 706(a)" after "section 707(c)" in the parenthetical.

(b) Section 708 of such Act is amended by adding at the end thereof the following new subsection:

"(b) In addition to the sums authorized by subsection (a), there are authorized to be appropriated $80,000,000 for the fiscal year 1977, and $100,000,000 for the fiscal year 1978 for the purpose of providing home delivered meals pursuant to section 706(a)(1)(B): Provided, That not more than 20 per centum of such funds shall be used for administrative expenses and supportive services. Sums appropriated pursuant to this section to carry out the provisions of this Title shall remain available for such purposes until expended."

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION MEALS SYSTEM FOR THE ELDERLY DEMONSTRATION PROJECTS

"SEC. 710. (a) The Commissioner shall conduct a demonstration project involving at least 3 States to determine the feasibility of using the meals system designed by the National Aeronautics and Space Administration for the elderly as a component of or as a substitute for regular nutrition projects assisted under this Act particularly in areas where normal delivery services under such a nutrition project are not feasible or practicable or are too costly. Each such demonstration project shall include a medical evaluation.

"(b) The Commissioner shall report to the Congress on the results of the demonstration projects authorized by this section together with such recommendations including recommendations for legislation as he deems appropriate.

"(c) There are authorized to be appropriated for the fiscal year 1977 such sums as may be necessary to carry out the provisions of this section.".

EXPLANATION OF THE NATIONAL MEALS-ON-WHEELS ACT OF 1976

The following is a brief description of the bill's major provisions.

1. Title VII of the Older Americans Act, the Elderly Nutrition Program, would be amended to provide separate authority for home-delivered meals to the homebound elderly, an extremely vulnerable group not now being reached.

2. The number of meals served each day to the homebound would remain a local project option, so long as participants are provided no less than one-third of the Recommended Dietary Allowances on five or more days per week. Projects may elect to serve meals on weekends. This requirement may be met by delivering on Friday supplemental foods such as a snack, cold meal, or special adult formula. If they do, these weekend meals might provide no less than 25 per cent of the R.D.A.

3. An information and referral system would be established for the homebound recipients, to insure maximum coordination of additional community services. Food delivery personnel will be trained to make informed judgments about the additional service needs of the elderly recipients and report these needs to the appropriate agencies, groups or individuals.

4. Each project would be encouraged to attract and utilize qualified community volunteers to deliver this nutrition service. In addition, projects may compensate volunteers, when appropriate, for transportation expenses incurred in the delivery of meals to homebound participants.

5. Preference in awarding grants for the homebound nutrition program must be given to pre-existing community Meals-on-Wheels organizations, which have demonstrated an ability to successfully deliver meals to the homebound.

6. The Act also establishes a demonstration program to study the NASA Meals System for the Elderly. This system, on a weekly basis, mails or delivers a package of complete, shelf stable meals (such as freeze-dried or canned) to homebound elderly. The program is designed to reach those elderly who cannot be served by the current delivery system. The pilot project would be conducted in portions of three states.

At the end of the year-long project, the Commissioner shall report to Congress on the results of the demonstration projects together with such recommendations as he deems appropriate.

7. There are authorized to be appropriated $80 million in FY 1977 and $100 million in FY 1978 for the purposes of providing home-delivered meals and supportive services for the homebound. No more than 20 per cent of these funds may be used for administrative and supportive services costs. Any unspent funds must be carried over to be expended during the following fiscal year.

Mr. DOLE. Mr. President, the Senator from Kansas is pleased to join the Senator from South Dakota in introducing this important legislation. This bill amends the Older Americans Act of 1965 to provide for the establishment of a national meals-on-wheels program. Presently, meals-on-wheels is a local operation, manned by volunteers who deliver one hot meal daily to homebound senior citizens. In addition to expanding the existing program, the bill introduced today will also allow disabled persons of any age to participate in the program. I specifically requested that this provision be included in Senator McGOVERN's bill.

The meals-on-wheels program is one of the most popular of our nutrition programs. Elderly citizens like it not only because they receive one nutritious meal daily, many elderly persons live alone, and through meals-on-wheels they have contact with other persons, thus breaking the monotony of solitary existence. Doctors tell me they see a marked improvement in a person's health after one reestablishes contact with other persons.

One of the key points to this legislation is that it is preventative health care treatment. Experience reveals that one nutritious meal a day allows homebound citizens to live in their own homes instead of moving to a nursing home. One daily meal is but a fraction of the cost of providing nursing home care. When this program begins operation, I anticipate Federal savings to result from decreased costs of institutionalization of senior citizens.

When listening this morning to testimony before the Select Committee on Nutrition and Human Needs, I was impressed by the unexpected rewards received by participants in the meals-on-wheels program. New self-esteem, a rejuvenation of spirit, and a more positive outlook on life are side benefits the shut-ins have experienced. A sense of accomplishment, satisfaction gained from a worthwhile project, and a new understanding of elderly citizens and their difficulties are side benefits gained from volunteers delivering the meals.

I am especially hopeful that this program will retain its present characteristics of a community-oriented service project, and that the personal elements of kindness and concern will be maintained.

agwg

FOR IMMEDIATE RELEASE MAY 26, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY
(Columbus, Ohio)

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
AT THE
OHIO GOVERNORS' CONFERENCE ON AGING

THE STATE FAIRGROUNDS

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4:24 P.M. EDT

Jim, distinguished members of the Ohio delegation--and let me personally introduce each and every one of them to you because they are old and very dear friends of mine. They are strong supporters of what all of you are interested in. Would you please stand up and remain standing while I introduce the others, Andy Devine, Bill Harsha, Chuck Mosher, Bud Brown, Chalmers Wiley, Tennyson Guyer, and Tom Kindness.

They are great people, they have been invaluable in their aid and assistance to me, and I thank each and every one of them. Of course, we have on the platform here a man who spoke from the heart to you just a few moments ago and who has been a tremendous asset to me as a member of my Cabinet, Earl Butz. Earl, come on, get up again.

Then it is great to be in the City of Columbus and Tom Moody, it is nice to see you, your great, great Mayor here in the City of Columbus. May I also thank the Walnut Ridge Band -- great music. You play that Victors very well.

In 1952, Winston Churchill, then a mere 77 years old, had been called into the service of his country for a second term as Prime Minister of Great Britain, and smiling somewhat impishly he told the British Commons, and I quote, "Everyone has his day, and some days last longer than others."

Today, I welcome this great opportunity to be a part of your annual Governors' Conference, and I congratulate Jim Rhodes for undertaking it back in 1968, a conference concerned with the many, many Americans whose days have lasted longer than others.

MORE

The careers of Winston Churchill, as well as others who rose to prominence in later years, reminds all of us -- if we need to be reminded -- that advancing years need not mean a retreat from active, even future enjoyable life, nor should advancing years be the certain barrier of poor health, meager income or social isolation.

The ancient philosophers taught us that the measure of a civilization's advancement and greatness can be found in its proper treatment of the elderly.

Let me say that here in Ohio you have demonstrated your concern in a very solid and a very practical way.

This conference is but just one example of your ongoing commitment. I congratulate Jim and all those associated with him for initiating it in 1968 and continuing it in his term at the present time.

You all know, and so do those of us from outside of Ohio, that this State has pioneered in providing senior citizens' centers that offer a very broad range of services to the elderly.

The two golden age villages constructed by your State provide a model alternative to institutional care at a very reasonable cost.

Now let me thank and commend Jim Rhodes for my participation in the Golden Buckeye program, which was begun some three months ago.

I am told that in the very short span of 90 days 178,000 Ohioans have signed up and now it is 178,001. (Laughter)

Obviously, I am very proud of the fact that the Federal Government was able to make a contribution to the Golden Buckeye program, making it a reality by providing to the Governor's office for use as he saw fit -- through the comprehensive education and training legislaton -- and I have been so impressed with the program as a whole.

MORE

When I get back to Washington, we are going to take a real good look to see if we can't, on a national scale, implement something comparable to this. We have to, of course, see what the law says, what the money is, but the concept is good and we are going to do our best to expand it beyond the borders of the State of Ohio.

For more than 40 years, through the vehicle of Social Security and other programs, the Federal Government has made a firm commitment of support for older citizens of our society. I pledge to you that I will continue without hesitation, reservation, to uphold that commitment.

In recent years there has been some very dramatic progress to meet the needs of America's older generation. I want to do better and, with your help and with the help of a responsible Congress, I will, and we will. And this is something that all of us owe to this great generation of Americans, those at the present and those that are to follow. And as President of the United States, I will do everything possible in my power to help our Nation demonstrate its deep, deep concern for the dignity, for the well-being of our older generations.

The Social Security program, the largest of its kind in the world, will pay almost $83 billion to more than 32 million Americans in this next fiscal year. This is more -- and I emphasize more -- than a $10 billion increase over the current year. And, of course, I suspect many of you know -- but I want to reemphasize it to show my commitment -- in my budget for the next fiscal year, which begins October 1, 1976, I am recommending that the full cost of living increase in Social Security benefits be paid in that year.

As you also know, however, there are problems facing our Social Security system. Next year, unless my reforms are adopted, the Social Security Trust Fund will run a deficit of nearly $3-1/2 billion, and the next 12 months after that, if we don't follow a responsible course as I have proposed, the deficit will be $4 billion in a 12-month period.

But let me assure you very emphatically, my Administration intends to preserve the integrity and the solvency of the Social Security for your benefit and that of all working Americans now as well as in the future. As long as I am President, we are going to keep our Social Security protection and every other retirement program strong, sound and certain.

In addition to the Social Security program, we are continuing our commitment to benefit programs for more than 3 million railroad, military and Federal Government employees.

MORE

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After many, many years of sacrifice and hard work, these Americans have contributed much to our great Nation. They have earned our respect as well as our admiration. They have earned more than the prospect of poverty in their retirement years.

In my budget, the Supplemental Security Income program, or SSI, will pay almost $6 billion in Federal benefits to more than 5 million disabled and disadvantaged older Americans in 1977, 140,000 of them right here in the great State of Ohio.

In the field of health care, the Federal Medicare program, in 1976, will provide more than $17 billion for the health care of 24 million older and disabled Americans, 1,200,000 again right here in the great State of Ohio.

Now, there are some flaws in this program, which actually help raise the cost of your medical care and which fail, unfortunately, to provide or to protect you adequately against the economic burdens of a prolonged illness. I have proposed major improvements in the Medicare program to make it serve you better. One of the most important improvements would provide for the payment of all but a very small fraction of the catastrophic costs of complex or extended care as well as treatment.

I don't have to tell you that medical treatment is very, very expensive these days. If you have to stay in a hospital or in a nursing home or under a doctor's care for a very long, long time, it puts an incredible strain on your lifetime savings or on your peace of mind, and that strain is felt by your loved ones just as well as yourself. All of us know cases -- a friend, a neighbor, a part of your family -- in which someone has been stricken with an illness that lingers on and on and on. We know of the pain, we know of the heartache associated with a prolonged and expensive illness. We know that being sick and bedridden for an extended period of time is bad enough without having a person's income and life savings dwindling as the medical bills keep piling up.

This must not continue and I, as President, will not permit it to continue and, therefore, I recommended what I think is a good program to solve the problem. There is no reason that older Americans should have to go broke just to get well or stay well in the United States of America. Under my proposal, the individual's contribution to Medicare would go up very slightly, but consider what the increase would provide to you and to the other 24 million who would be covered. Nobody eligible for Medicare would have to pay more than $500 per year for hospital or nursing home care or more than $250 a year for a physician's services. Medicare would pay the rest, whether it is $1,000, $10,000 or $50,000.

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That is good protection, and I think it is a good program, and I hope you will support it. This proposal provides the full protection so vitally needed by older Americans and, if the Congress passes it, the ruinous economic burden of catastrophic illness is one thing America's older citizens will never have to worry about again.

Another of my programs would consolidate 16 Federal health programs, including Medicare, into a single $10 billion block grant program to the States. If we can consolidate these programs, we can make them far more humane and far more effective.

We can improve the services that they provide to you and millions like you, and we can get those services to more people who really need them. Programs of this kind, despite some abuses, do a tremendous amount of good. They provide food services and health care for many of our older citizens. For some of our elderly neighbors, they provide the means for life itself.

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I know it is all too easy to say that the Federal Government is too big, that this program and that program ought to be cut out of the Federal budget, tossed back to the States to cope with it if their taxpayers will permit it.

Jim Rhodes knows and I think most of you know it is not that simple. I know it and anyone who has thought it out knows it very, very well. The programs -- if I can put it this way -- the problems and the challenges discussed at this conference will center on the needs of Ohio's older citizens. They are often very, very special needs.

But, the elderly of our nation are also vitally affected by the problems and concerns that face all of the 215 million Americans. Perhaps the greatest of these are the problems of inflation. During 1974, August 9 to be precise, when I became President, inflation was ranging at an annual rate of 12 percent or higher, eating away at everybody's buying power, but absolutely devouring the livelihood of people on fixed incomes.

Americans living on fixed incomes could see their purchasing power eroding with each visit to the supermarket. I knew that something had to be done to bring the situation under control as quickly and as effectively as possible. I knew that deficit spending by the Federal Government was a major contributor to inflation, that slowing the growth of Federal spending was essential to solve the problem. In short, I believe our Government should spend less and our Government should tax less.

I am proud to say to each and every one of you, I am proud of the sound and steady policies of my Administration that have succeeded. In the last four months -- from January through the month of April -- the rate of inflation on an annual basis is less than 3 percent, and that is a 75 percent reduction from what it was when I became President.

It is a victory for all Americans because inflation is no respecter of age. The old as well as the young suffer. What I want -- and I think all of us want, young or old, black or white, rich or poor -- is to live in dignity, to live in security and to live in peace.

If we continue making the progress America has made in the last 12 months, we will see that goal achieved. If I had to sum up the record of my Administration in just a very few words, it would be peace, prosperity and trust.

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Today, America is at peace. There are no American boys fighting anywhere on the face of the earth, and I intend to keep it that way. I will continue my policies of cutting your taxes, expanding the private economy, reducing bureaucracy and useless regulation and restraining Federal spending.

My policies have brought us from the depths of a recession to a sustained recovery, and will insure that runaway inflation never again robs us or our loved ones of the rewards of honest work and lifetime savings.

Finally, I want to finish the most important job -- the restoration of trust in the Presidency itself. As your President, I will promise no more than I can deliver and I will deliver everything that I promise.

I need your support to insure peace, prosperity and trust for the future, the good, secure, fulfilling future that we owe to our children and to our grandchildren. Americans have always wanted a life to be better for our children than what it was for us because life for us has been better than it was for our parents.

Now, what do I see for this great country of ours in the future? I see a strong and confident America, secure in a strength that cannot alone be counted in megatons, a nation rejoicing in riches or blessings that cannot be eroded by inflation or by taxation.

I see an America where life is valued for its quality as well as for its comfort, where the individual is inviolate in his constitutional right, where the Government serves and the people rule.

Thank you very, very much.

END (AT 4:44 P.M. EDT)

FOR IMMEDIATE RELEASE MAY 26, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY
(Columbus, Ohio)

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
AT THE
OHIO GOVERNORS' CONFERENCE ON AGING

THE STATE FAIRGROUNDS

4:24 P.M. EDT

Jim, distinguished members of the Ohio delegation--and let me personally introduce each and every one of them to you because they are old and very dear friends of mine. They are strong supporters of what all of you are interested in. Would you please stand up and remain standing while I introduce the others, Andy Devine, Bill Harsha, Chuck Mosher, Bud Brown, Chalmers Wiley, Tennyson Guyer, and Tom Kindness.

They are great people, they have been invaluable in their aid and assistance to me, and I thank each and every one of them. Of course, we have on the platform here a man who spoke from the heart to you just a few moments ago and who has been a tremendous asset to me as a member of my Cabinet, Earl Butz. Earl, come on, get up again.

Then it is great to be in the City of Columbus and Tom Moody, it is nice to see you, your great, great Mayor here in the City of Columbus. May I also thank the Walnut Ridge Band -- great music. You play that Victors very well.

In 1952, Winston Churchill, then a mere 77 years old, had been called into the service of his country for a second term as Prime Minister of Great Britain, and smiling somewhat impishly he told the British Commons, and I quote, "Everyone has his day, and some days last longer than others."

Today, I welcome this great opportunity to be a part of your annual Governors' Conference, and I congratulate Jim Rhodes for undertaking it back in 1968, a conference concerned with the many, many Americans whose days have lasted longer than others.

MORE

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The careers of Winston Churchill, as well as others who rose to prominence in later years, reminds all of us -- if we need to be reminded -- that advancing years need not mean a retreat from active, even future enjoyable life, nor should advancing years be the certain barrier of poor health, meager income or social isolation.

The ancient philosophers taught us that the measure of a civilization's advancement and greatness can be found in its proper treatment of the elderly.

Let me say that here in Ohio you have demonstrated your concern in a very solid and a very practical way.

This conference is but just one example of your ongoing commitment. I congratulate Jim and all those associated with him for initiating it in 1968 and continuing it in his term at the present time.

You all know, and so do those of us from outside of Ohio, that this State has pioneered in providing senior citizens' centers that offer a very broad range of services to the elderly.

The two golden age villages constructed by your State provide a model alternative to institutional care at a very reasonable cost.

Now let me thank and commend Jim Rhodes for my participation in the Golden Buckeye program, which was begun some three months ago.

I am told that in the very short span of 90 days 178,000 Ohioans have signed up and now it is 178,001. (Laughter)

Obviously, I am very proud of the fact that the Federal Government was able to make a contribution to the Golden Buckeye program, making it a reality by providing to the Governor's office for use as he saw fit -- through the comprehensive education and training legislaton -- and I have been so impressed with the program as a whole.

MORE

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When I get back to Washington, we are going to take a real good look to see if we can't, on a national scale, implement something comparable to this. We have to, of course, see what the law says, what the money is, but the concept is good and we are going to do our best to expand it beyond the borders of the State of Ohio.

For more than 40 years, through the vehicle of Social Security and other programs, the Federal Government has made a firm commitment of support for older citizens of our society. I pledge to you that I will continue without hesitation, reservation, to uphold that commitment.

In recent years there has been some very dramatic progress to meet the needs of America's older generation. I want to do better and, with your help and with the help of a responsible Congress, I will, and we will. And this is something that all of us owe to this great generation of Americans, those at the present and those that are to follow. And as President of the United States, I will do everything possible in my power to help our Nation demonstrate its deep, deep concern for the dignity, for the well-being of our older generations.

The Social Security program, the largest of its kind in the world, will pay almost $83 billion to more than 32 million Americans in this next fiscal year. This is more -- and I emphasize more -- than a $10 billion increase over the current year. And, of course, I suspect many of you know -- but I want to reemphasize it to show my commitment -- in my budget for the next fiscal year, which begins October 1, 1976, I am recommending that the full cost of living increase in Social Security benefits be paid in that year.

As you also know, however, there are problems facing our Social Security system. Next year, unless my reforms are adopted, the Social Security Trust Fund will run a deficit of nearly $3-1/2 billion, and the next 12 months after that, if we don't follow a responsible course as I have proposed, the deficit will be $4 billion in a 12-month period.

But let me assure you very emphatically, my Administration intends to preserve the integrity and the solvency of the Social Security for your benefit and that of all working Americans now as well as in the future. As long as I am President, we are going to keep our Social Security protection and every other retirement program strong, sound and certain.

In addition to the Social Security program, we are continuing our commitment to benefit programs for more than 3 million railroad, military and Federal Government employees.

MORE

After many, many years of sacrifice and hard work, these Americans have contributed much to our great Nation. They have earned our respect as well as our admiration. They have earned more than the prospect of poverty in their retirement years.

In my budget, the Supplemental Security Income program, or SSI, will pay almost $6 billion in Federal benefits to more than 5 million disabled and disadvantaged older Americans in 1977, 140,000 of them right here in the great State of Ohio.

In the field of health care, the Federal Medicare program, in 1976, will provide more than $17 billion for the health care of 24 million older and disabled Americans, 1,200,000 again right here in the great State of Ohio.

Now, there are some flaws in this program, which actually help raise the cost of your medical care and which fail, unfortunately, to provide or to protect you adequately against the economic burdens of a prolonged illness. I have proposed major improvements in the Medicare program to make it serve you better. One of the most important improvements would provide for the payment of all but a very small fraction of the catastrophic costs of complex or extended care as well as treatment.

I don't have to tell you that medical treatment is very, very expensive these days. If you have to stay in a hospital or in a nursing home or under a doctor's care for a very long, long time, it puts an incredible strain on your lifetime savings or on your peace of mind, and that strain is felt by your loved ones just as well as yourself. All of us know cases -- a friend, a neighbor, a part of your family -- in which someone has been stricken with an illness that lingers on and on and on. We know of the pain, we know of the heartache associated with a prolonged and expensive illness. We know that being sick and bedridden for an extended period of time is bad enough without having a person's income and life savings dwindling as the medical bills keep piling up.

This must not continue and I, as President, will not permit it to continue and, therefore, I recommended what I think is a good program to solve the problem. There is no reason that older Americans should have to go broke just to get well or stay well in the United States of America. Under my proposal, the individual's contribution to Medicare would go up very slightly, but consider what the increase would provide to you and to the other 24 million who would be covered. Nobody eligible for Medicare would have to pay more than $500 per year for hospital or nursing home care or more than $250 a year for a physician's services. Medicare would pay the rest, whether it is $1,000, $10,000 or $50,000.

MORE

That is good protection, and I think it is a good program, and I hope you will support it. This proposal provides the full protection so vitally needed by older Americans and, if the Congress passes it, the ruinous economic burden of catastrophic illness is one thing America's older citizens will never have to worry about again.

Another of my programs would consolidate 16 Federal health programs, including Medicare, into a single $10 billion block grant program to the States. If we can consolidate these programs, we can make them far more humane and far more effective.

We can improve the services that they provide to you and millions like you, and we can get those services to more people who really need them. Programs of this kind, despite some abuses, do a tremendous amount of good. They provide food services and health care for many of our older citizens. For some of our elderly neighbors, they provide the means for life itself.

MORE

HEW NEWS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

File
Aging

FOR RELEASE- A.M.s, May 1
National Institutes of Health
Jane E. Shure (301) 496-9121

Dr. Robert N. Butler, psychiatrist and gerontologist, has been appointed the first Director of the National Institute on Aging, (NIA). The announcement was made today by Dr. Donald S. Fredrickson, Director of the National Institutes of Health.

NIA was established by Public Law 93-296 in 1974 to conduct and provide support for biomedical and behavioral research and training related to the aging process and to the diseases and other special problems and needs of the aged. The goal of all Institute efforts is to contribute to the enhancement of the quality of life by extending the healthy middle years.

NIA's research programs range from basic studies of the aging process at the level of the tiny molecular building blocks of life to the broad age-related changes that occur over long periods of time such as the decline in the body's ability to respond to disease.

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Before becoming Institute Director, Dr. Butler was in private practice in Washington, D. C. as a psychiatrist and psychoanalyst. He has also worked with and for the elderly for more than 20 years and is the author and co-author of several books on aging including Aging and Mental Health (with Myrna I. Lewis), Human Aging (co-author) and Why Survive? Being Old in America.

In addition to his private practice, Dr. Butler has been an active participant in community and public affairs. He has also served as a psychiatrist and gerontologist at the Washington School of Psychiatry and has been on the faculty of the Howard and George Washington Schools of Medicine as well as the Washington Psychoanalytic Institute.

Dr. Butler also served as consultant to the U. S. Senate Special Committee on Aging, to the National Institutes of Health, the National Institute of Mental Health, the Langley Porter Neuropsychiatric Institute of the University of California, and the consumer-oriented Center for Law and Social Policy.

A native of New York, the 49 year-old Dr. Butler received his undergraduate and medical training at Columbia University. He served in the U. S. Public Health Service and was stationed at the National Institutes of Health from 1955 to 1962. During this time, he collaborated with scientific investigators of other disciplines in major comprehensive studies of the normal process of aging. This work resulted in the book, Human Aging, which questioned many traditional stereotypes and myths concerning the aged such as the inevitability of "senility," the inability of the elderly to change and the extent of age-connected physiological decline.

In the psychiatric field, Dr. Butler's work on reminiscence led to his theory of the "life review" which has been a stimulus to many other studies in the United States and abroad and has formed one basis for psychotherapy for older people. He also introduced the widely adopted term "ageism" in his delineation of the pervasive individual and institutionalized prejudices and discrimination against the elderly.

Dr. Butler is a member of the editorial boards of several gerontological publications and also is a member of the Boards of Trustees of the Group for the Advancement of Psychiatry, National Council on the Aging, National Caucus on the Black Aged, and the Washington School of Psychiatry. He was named one of the "Washingtonians of the Year" by the Washingtonian magazine.

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Note to the Editors:

The National Institute on Aging (NIA) is one of eleven Institutes and four Divisions of the National Institutes of Health, the main medical research agency of the Federal government.

As a part of the NIH, the NIA conducts research in its laboratories at the Gerontology Research Center (GRC) in Baltimore, Maryland and supports through a program of grants and contracts research in universities, hospitals and research institutions in this country and abroad on the biomedical, social, and behavioral aspects of the aging process and on the diseases and other special problems and needs of the aged. In addition, NIA supports the training of young, promising researchers.

Examples of areas of interest at GRC include studies:

*to describe in quantative terms the behavioral changes that take place with age to try to determine the basic mechanism of these changes and to develop techniques to eliminate or modify them;

*to learn about the aging process in man; and

*to investigate aging at the molecular level;

Also the Institute is supporting research in areas such as connective tissue aging, societal aspects of aging, cognitive and intellectual changes with age, hormonal changes with age, and other social and psychological aspects of aging.

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MAJOR LAWS SIGNED BY PRESIDENT FORD THAT BENEFIT OLDER AMERICANS

- Older Americans Act Amendments of 1975 (P.L. 94-135)

  These amendments extend the Title III Community Service Program, Title IV Research and Training Programs, Title V Senior Center Program, Title VII Nutrition Program, and Title IX Employment Program for three years. They also enact the Age Discrimination Act, which prohibits unreasonable discrimination on the basis of age. Also extends for one year Action volunteer programs for older persons. (Signed Nov. 28, 1975)

- Employee Retirement Income Security Act (P.L. 93-406)

  The nation's first comprehensive pension reform legislation; it will protect an estimated 26 million worker's investments and provides tax incentives for workers to save who are not covered by private pension plans. (Signed Sept. 2, 1974)

- Housing and Community Development Act of 1974 (P.L. 93-383)

  Provides Community Development Block Grants to communities for the development of decent housing and a suitable environment. Senior centers and housing for older persons, in addition to important social services, may be funded by communities with Community Development funds. Also re-authorized the Section 202 housing program for the elderly and handicapped. (Signed Aug. 22, 1974)

- Medicaid Eligibility Protection Act (P.L. 94-48)

  Made permanent protection against the loss of Medicaid eligibility because of the 1972 Social Security benefit increase. (Signed July 1, 1975)

- Equal Credit Opportunity Act Amendments of 1975 (P.L. 94-239)

  Prohibits discrimination on the basis of age in extending credit. (Signed March 3, 1976)

- Social Services Amendments of 1974 (P.L. 93-647)

  Amended Social Security Act, establishing new Title XX, to provide $2.5 billion annually to the States for the provision of social services. (Signed Jan. 4, 1975)

o National Health Planning and Resources Development Act of 1974 (P.L. 93-641)

Amends the Public Health Service Act to assure the development of a national health policy and of effective State and area health planning and resource development programs. (Signed Jan. 4, 1976)

o National Mass Transportation Act of 1974 (P.L. 93-503)

Establishes an $11.3 billion, six year urban mass transit program, in addition to authorizing $500 million a year for non-urbanized areas. The law requires recipients of funds to charge no more than half-fare for the elderly and handicapped during off-peak hours. (Signed Nov. 26, 1974)

o Tax Reduction Act of 1975 (P.L. 94-12)

Provides a special $50 payment to each recipient of Social Security, Railroad Retirement, or SSI; refunded a portion of 1974 taxes; increased the minimum standard deduction and percentage standard deduction; provided a tax credit of $30 for each taxpayer, spouse, and dependent; liberalizes rules for claiming deductions for caring for a child or older relative. (Signed March 29, 1975)

o Swine Influenza Immunization (P.L. 94-266)

Made available $135,064,000 for a nationwide influenza program.

Made available an additional $1.728 billion for manpower assistance under the Comprehensive Employment and Training Act program of 1974, and $55.9 million to carry out Title IX of the Older Americans Act. (Signed April 15, 1976)

o Veterans and Survivors Pension Adjustment Act of 1974 (P.L. 93-527)

Increases and liberalizes benefits for veterans and their survivors. (Signed Dec. 21, 1974)

o Federal-Aid Highway Amendments of 1974 (P.L. 93-643)

Amended Federal-Aid to Highway Act to provide that any project receiving assistance under the Act shall be planned, designed, constructed and operated to allow effective utilization by the elderly and handicapped. (Signed Jan. 4, 1975)

o Headstart, Economic Opportunity and Community Partnership Act of 1974 (P.L. 93-644)

Extends programs under the Economic Opportunity Act through FY 1977, including the Senior Opportunity Service (SOS) program. (Signed Jan. 4, 1975)

o Rehabilitation Act Amendments of 1974 (P.L. 93-516)

Provides for particular emphasis to be placed on special projects and demonstrations for older blind individuals. (Signed Dec. 7, 1974)

o FY 1975 Labor-HEW Appropriations Act (P.L. 93-517)

Appropriates funds for FY 1975 for most Labor and HEW programs, including Titles III and IV of the Older Americans Act. (Signed Dec. 7, 1974)

o Supplemental Labor-HEW Appropriations Act, 1975 (P.L. 93-554)

Appropriates funds for several Labor-HEW programs, including Title VII of the Older Americans Act, for FY 1975. (Signed Dec. 27, 1974)

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BILLS VETOED BY PRESIDENT FORD THAT WOULD
HAVE BENEFITTED OLDER AMERICANS

- Health Revenue Sharing and Services Act of 1974 (H.R. 14214) - Vetoed December 21, 1974; Sustained.

  Would have authorized funds for a variety of health services, provided for startup funds for home health services, and established a Commission on Mental Health and Illness of the Elderly.

  Vetoed because of excessive appropriation levels.

- Health Revenue Sharing and Health Services Act of 1975 (S.66) - Vetoed July 26, 1975; Over-ridden July 29, 1975.

  Authorizes funds for a variety of health services, provides funds for startup of home health services, and establishes a Commission on Mental Health and Illness of the Elderly.

  Vetoed because of excessive appropriation levels.

- Emergency Employment Appropriations Act, 1975 (H.R. 4481) - Vetoed May 28, 1975; Sustained June 4, 1975.

  Would have appropriated emergency employment funds, including $30 million for the Title IX Senior Community Service Employment Program.

  Vetoed because it would exacerbate budgetary and economic pressures; accelerative influences of the bill would come much too late to give impetus to economic recovery.

- FY 1976 Labor-HEW Appropriations Bill (H.R. 8069) - Vetoed Dec. 19, 1975; Over-ridden Jan. 27, 1976

  Appropriated funds for most Labor-HEW programs, including the Title VII Nutrition Program.

  Vetoed because it would authorize excessive authorization levels, and because it would increase permanent Federal employment by 8000 people.

o Railroad Retirement Act (H.R. 15301) - Vetoed October 15, 1974; Over-ridden October 16, 1974. (P.L. 93-445)

Provided for restructuring the Railroad Retirement Benefit Program to reflect a basic social security covered employment and railroad service, and a pension based on a formula applicable only to railroad service.

Provided for elimination of dual benefit rights for future beneficiaries.

Vetoed because it would authorize excessive appropriation levels.

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Washington Plans Special Services Program for Elderly

OLYMPIA, Wash. (AP)—Thanks to a $7.5 million experiment, about 100,000 senior citizens will be getting free legal advice, death counseling and hot meals delivered to their homes.

These are just a few of the special services the state Office of Aging will offer starting this fall in a program aimed at keeping the elderly healthy and relatively self-sufficient.

"This is landmark from my perspective as a physician," said state office director Dr. Roy Schindelheim. "It's landmark in terms of trying to protect people from the rapid deterioration of the aging process.

"This will be a model project for the whole country for a coordinated system of services for old people. We want to help those who are trying to stay in their own homes rather than having to go into nursing homes."

Gov. Dan Evans, an early supporter of the idea, this week signed legislation creating the program and appropriating $1.9 million in state tax funds. Sponsors say the federal government, which hopes to use the experiment as a national test case, will provide $5.6 million.

The office on aging is scrambling to have the new services available by October. The program will involve 100,000 Washington residents 65 and older, Schindelheim said.

The project, which also will offer light housekeeping, minor home repairs, health screening, and adult day care, will be evaluated after a year.

About 70% of the state's over-65 population, or about 247,000 persons, will be eligible.

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placed in jobs (about 38 percent of all individuals placed), some 238,000 received employment counseling and 222,000 were tested to determine aptitudes, interests, and achievement levels.

JOB CORPS—Established by the Economic Opportunity Act of 1964, Job Corps is now included as Title IV of CETA. Job Corps has 60 centers across the country and in Puerto Rico and Hawaii providing youth with skill training, on-the-job work experience, remedial education, social direction and health services. Nearly two-thirds of the enrollees are high school dropouts who, as corps members, are offered programs geared to their individual needs and learning pace, from basic education through high school equivalency. As a result, the outlook for youth completing Job Corps training is bright: 93 percent of those available for placement in the first six months of 1975 got jobs, entered the Armed Forces, or went back to school.

WHO ARE SERVED? — Unemployed, underemployed and economically disadvantaged youth. Apprenticeship applicants must be physically able to do the work and must pass an entrance examination. Job Corps enrollees must be between 16 and 21 years of age.

AUTHORIZATION — Comprehensive Employment and Training Act of 1973, as amended; National Apprenticeship Act of 1937, as amended; Wagner-Peyser Act of 1933, as amended.

HOW TO APPLY—For CETA projects, get in touch with the agency designated to run the CETA program in your area—it may be a unit in the mayor's office or the local human resources agency. To find out about apprentice openings, call or visit the local office of the U.S. Bureau of Apprenticeship and Training (there are 150 of them) or the office of the State Apprenticeship Council. Or stop in at one of the apprenticeship information centers located in many state employment service offices. To enroll in Job Corps, apply for a job, see job listings, or find out about training and services, go to the nearest office of the state employment service.

FOR FURTHER INFORMATION—Employment and Training Administration (specify CETA, apprenticeship, employment service or Job Corps), U.S. Department of Labor, 601 D Street NW, Washington, D.C. 20213, or any of the regional offices.

OLDER MEANS SMARTER

Senior citizens with a reasonable educational background "do not lose their marbles" with age. Just the opposite--claims Gisela Lavouvie-Vief, professor of educational psychology at the University of Wisconsin.

So long as a senior citizen retains good health, his or her verbal ability will remain constant or improve with age. A study by the National Institutes of Health holds that if as a college graduate you knew 20,000 words, you will know 65,000 by age 65.

R
sent 4/21
send copy to
Grady Means pls
and file "aging"

NOTE.—DO NOT USE THIS ROUTE SLIP TO SHOW FORMAL CLEARANCES OR APPROVALS | DATE 4/16

TO: (AGENCY / BLDG. / ROOM)

Sarah Massengale

☐ APPROVAL ☐ REVIEW ☐ PER CONVERSATION

☐ SIGNATURE ☐ NOTE AND SEE ME ☐ AS REQUESTED

☐ COMMENT ☐ NOTE AND RETURN ☐ NECESSARY ACTION

☒ FOR YOUR INFORMATION

☐ PREPARE REPLY FOR SIGNATURE OF

REMARKS:

(Fold here for return)

To

From John Weiner, ESA

PHONE 56111 | BUILDING 5 | ROOM 5614

FORM HEW-30 REV. 11/56 **ROUTE SLIP** ☆ GPO : 1975 O - 590-173

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

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Department of Human Development
Administration on Aging

PROGRAM INSTRUCTION
AoA-PI-76-14
March 27, 1976

TO : STATE AGENCIES ADMINISTERING PLANS UNDER TITLES III AND VII OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

INFO FOR : Area Agencies on Aging and Nutrition Projects.

SUBJECT : Release of Additional FY 1976 Funds for the Title VII Nutrition Program.

PURPOSE : The purpose of this Program Instruction is to authorize State Agencies on Aging to obligate and expend additional funds for the Title VII Nutrition Program for the elderly and to increase the authorized annual operating level to $187,500,000.

CONTENT : The FY 1976 Labor-HEW Appropriations Bill became Public Law 94-206. This bill provided $125,000,000 in appropriated funds for FY 1976, plus $31,250,000 for the July-September, 1976 transition period for the Title VII, Nutrition Program for the Elderly. In addition, Congress increased the Title VII annual operating level for FY 1976 to $187,500,000. This represents an increase of $37,500,000 over the authorized operating level of $150,000,000 previously issued by PI-76-4, dated September 22, 1975.

Attachment A, Column 1 of this Program Instruction sets forth the revised operating level for each State for FY 1976 based on the new operating level of $187,500,000.

This Program Instruction officially releases additional FY 1976 funds in the amount of $37,500,000. This amount plus the $50,400,000 in FY 1976 appropriations released by PI-76-4 provides $87,900,000 in appropriated funds for FY 1976 now available for funding the FY 1976 Nutrition Program under Title VII. (See Attachment A, Column 3.) This $87,900,000 together with the $99,600,000 of FY 1975 funds released to the States by PI-75-21 now authorizes a total of $187,500,000 in appropriated funds available for obligation to reach the $187,500,000 operating level in FY 1976. The release of the $37,500,000 for use in FY 1976 may result in some States carrying over for future use significant dollar balances.

States are prohibited from utilizing these funds in such a manner as to increase for future years their operating levels above their formula share of $187,500,000. A violation of this prohibition could lead to a State being required at some point in the future to reduce the levels of its operating programs.

Attached is a chart which explains how the Fiscal Year appropriations are distributed to support the $187,500,000 operating level. (See Attachment B before reading further.) You will note that the FY 1976 operating level of $187,500,000 is supported by the FY 1975 appropriation of $99,600,000 forward funded for use in FY 1976 and $87,900,000 of the FY 1976 appropriation. The July-September 1976 transition period operating level of $46,875,000 will be supported by $37,100,000 of the FY 1976 appropriation forward funded into the transition quarter and $9,775,000 of the July-September, 1976 transition period appropriation. This will leave $21,475,000 of the July-September 1976 transition period appropriated funds to be forward funded for use in FY 1977.

The President's original budget request for $24,900,000 in the July-September 1976 transition period and $88,000,000 for FY 1977 were predicated on phasing out forward funding in FY 1977. These sums would have provided dollar for dollar support of the then $150,000,000 operating level with appropriated funds through September 30, 1977. It is still the intention of the Administration to eliminate forward funding by the end of FY 1977 and to convert to an annual funding mode for the Title VII - Nutrition Program in FY 1978.

Program Instruction 76-4 allocated $50,400,000 of FY 1976 funds for use in FY 1976. This Program Instruction releases an additional $37,500,000 of FY 1976 funds for use in FY 1976. The remaining $37,100,000 of FY 1976 appropriations and the July-September 1976 transition period funds of $9,775,000 will be released for use in the July-September, 1976 transition period prior to July 1, 1976. The remaining $21,475,000 will be released for use in FY 1977 prior to October 1, 1976.

THIS IS AN OFFICIAL AWARD DOCUMENT. The FY 1976 funds authorized by Attachment A under Column 3 are available for obligation and expenditure by State Agencies as of this date. State Agencies should note that Fiscal Year 1975 funds must be reported on the Financial Status Report (Form 601T) against the FY 1975 appropriations and

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Fiscal Year 1976 funds must be reported against the FY 1976 appropriations on all fiscal reports regardless of the year in which they are expended.

FY 1976 funds allotted to the States will be available for obligation by the States through September 30, 1977. The July-September 1976 transition period funds will also be available for obligation by the States through September 30, 1977.

The reallotment process for FY 1976 and the July-September, 1976 transition period funds for Title VII will take place during the July-September, 1976 transition period.

PROGRAM GUIDANCE

The law and regulations set forth that preference shall be given to projects serving primarily low-income individuals, and that to the extent feasible, grants will be awarded to projects operated by and serving the needs of minority individuals at least in proportion to their numbers of the eligible individuals in the State. This large increase in operating level for the program gives each State an opportunity to improve its performance in serving low-income and minority persons through the Title VII program.

State Agencies, therefore, must assure that the elderly living in all geographic areas of the State having high concentrations or proportions of low-income or minority older persons have ready access to a Title VII project before projects are initiated in other geographic areas. Similarly, expansion of existing projects should be based on outreach activities designed to make sure that low income and minority older persons within the project area, who are often times isolated and cut off from society, know about the program and have been given an opportunity to participate in it.

No later than May 1 States should file, after consultation with State Advisory Councils, with the Director of the Regional Offices on Aging, a statement relative to their plans for the utilization of these additional funds. The Administration on Aging will not act formally on these plans but will regard them as a part of the monitoring and assessment process and will use them as a basis for raising

and discussing issues with the States. States should follow similar procedures with Area Agencies and Nutrition Project Agencies including a requirement of consultation with appropriate Area and Nutrition Project Advisory Councils.

INQUIRIES : State Agencies should address inquiries to Directors, Office of Aging, Regional HEW Office.

Area Agencies on Aging should address inquiries to their grantor (State Agency on Aging or Area Agency on Aging).

Title VII Nutrition Projects should address inquiries to their grantor (State Agency on Aging or Area Agency on Aging).

Arthur S. Flemming
Commissioner on Aging

Attachments A and B

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ATTACHMENT-A

REVISED OPERATING LEVEL AND AUTHORIZED FUNDING LEVEL FOR THE TITLE VII NUTRITION PROGRAM FOR FISCAL YEAR 1976 UNDER THE OLDER AMERICANS ACT OF 1965, AS AMENDED. THE $87,025,000 IN COLUMN 3 IS AVAILABLE NOW FOR OBLIGATION. THIS IS AN OFFICIAL AWARD OF FUNDS. (Note: The Allotment Table in PI-76-14 supersedes the Allotment Table in PI-76-4)

	Revised Operating Level (PI-76-14) 1/	Authorized FY-75 Funds for use in FY-76 (PI-75-21) 1/	Authorized FY-76 Funds for use in FY-76 (PI-76-14) 1/
	Column 1	Column 2	Column 3
Total 56 "States"	$185,625,000	$98,600,000	$87,025,000
Alabama	2,971,296	1,566,030	1,405,266
Alaska	928,125	493,000	435,125
Arizona	1,720,227	836,260	883,967
Arkansas	2,079,313	1,102,485	976,828
California	16,160,931	8,453,431	7,707,500
Colorado	1,678,630	883,241	795,389
Connecticut	2,573,105	1,356,182	1,216,923
Delaware	928,125	493,000	435,125
District of Columbia	928,125	493,000	435,125
Florida	9,625,386	4,729,411	4,895,975
Georgia	3,423,918	1,800,935	1,622,983
Hawaii	928,125	493,000	435,125
Idaho	928,125	493,000	435,125
Illinois	9,232,285	5,020,693	4,211,592
Indiana	4,202,679	2,255,083	1,947,596
Iowa	2,785,559	1,519,049	1,266,510
Kansas	2,180,823	1,174,523	1,006,300
Kentucky	2,903,623	1,547,238	1,356,385
Louisiana	2,755,763	1,472,068	1,283,695
Maine	965,139	516,790	448,349
Maryland	2,790,045	1,472,068	1,317,977
Massachusetts	5,258,489	2,840,779	2,417,710
Michigan	6,540,992	3,507,908	3,033,084
Minnesota	3,364,077	1,810,331	1,553,746
Mississippi	1,957,921	1,042,976	914,945
Missouri	4,622,853	2,505,648	2,117,205
Montana	928,125	493,000	435,125
Nebraska	1,473,723	801,808	671,915
Nevada	928,125	493,000	435,125
New Hampshire	928,125	493,000	435,125
New Jersey	6,199,314	3,304,324	2,894,990
New Mexico	928,125	493,000	435,125
New York	16,291,650	8,951,428	7,340,222
North Carolina	3,946,332	2,051,500	1,894,832
North Dakota	928,125	493,000	435,125
Ohio	8,493,377	4,569,677	3,923,700
Oklahoma	2,589,498	1,378,107	1,211,391
Oregon	2,035,758	1,064,901	970,857
Pennsylvania	11,013,262	5,900,802	5,112,460
Rhode Island	928,125	493,000	435,125
South Carolina	1,852,762	964,674	888,088
South Dakota	928,125	493,000	435,125
Tennessee	3,477,673	1,835,387	1,642,286
Texas	9,100,516	4,760,732	4,339,784
Utah	928,125	493,000	435,125
Vermont	928,125	493,000	435,125
Virginia	3,429,062	1,788,407	1,640,655
Washington	2,833,831	1,497,125	1,336,706
West Virginia	1,685,910	905,165	780,745
Wisconsin	3,999,623	2,136,065	1,863,558
Wyoming	928,125	493,000	435,125
American Samoa	464,062	246,500	217,562
Guam	464,062	246,500	217,562
Puerto Rico	1,631,532	895,769	735,763
Trust Territory	464,062	246,500	217,562
Virgin Islands	464,062	246,500	217,562

1/ $1,000,000 of FY 1975 funds and $875,000 of the FY 1976 funds have been retained for Federal program evaluation.

Administration on Aging 13.635
Office of Human Development
DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE
MARCH, 1976

ATTACHMENT B

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ADMINISTRATION ON AGING
TITLE VII - NUTRITION PROGRAM FOR THE ELDERLY
APPROPRIATIONS IN SUPPORT OF THE OPERATING LEVEL

	FY 74	FY 75	FY 76	July-Sept.	
Operating level.....	100,000,000	150,000,000 1/	187,500,000	46,875,000	
Appropriations					
1973	100,000,000	100,000,000			
1974	99,600,000		99,600,000		
1975	125,000,000		25,400,000	99,600,000	
1976	125,000,000			87,900,000	37,100,000 2/
J-S, 76	31,250,000				9,775,000 21,475,000

1/ The FY 1975 authorized operating level was $150,000,000. However, $125,000,000 was allotted to the States to reach the annualized $150,000,000 operating level by June 30, 1975.

2/ Amount available for use in FY 1977 (Forward Funding).

The New York Times/Gary Settle

ıe West Side of Chicago. Mr. Hocker, who was beaten and robbed , said "We don't walk in the neighborhood like we used to."

W: , of Life of Old People Curbed by Fear of Crime

By PAUL DELANEY

Special to The New York Times

CHICAGO, April 11—Silver-haired and handsome at age 80, Eugene Hocker can now look back and laugh without bitterness to three years ago when he was beaten and robbed half a block from home.

It was a mugging that left him walking with a stiff left leg aided by a cane. It also altered the life style of the retired chauffeur and his wife, Ida, also 80.

"Mama and I stopped going out at night by ourselves," he remarked during an interview at their West Side home. "We still go to the senior citizens center every Tuesday, but that's in the daytime. We go to church every Sunday that we can."

"But we don't walk in the neighborhood like we used to," he continued. "I don't walk through the alley anymore—I was robbed by a bunch of kids at the alley. And we don't go to Wednesday night prayer meetings unless one of the younger fellows picks us up."

The Hockers are typical of America's urban elderly, though maybe a little better off than a good many who remain behind locked doors, too terrified to venture out day or night.

It seems to them that the city and America's youth-oriented society have turned violently against them, leaving them easy prey to attacks that result in deep psychological scars at the least and death for many of them.

Police officials and experts on the elderly consider them to be the most vulnerable c city dwellers, the victims of

Continued on Page 22, Column 3

Comic strl artists in person! Auctions! NCS Convention Apr. 16-19 Hotel Commodore.-Adv.

ın home. 's going nued. "I se young They're kill me ut I try best I

homes elderly Dixon, inside in New a group into the erly sis- and so

terrorized them that one, Ellen Breslin, 85, died of a heart attack.

In Chicago, a police lieutenant, Paul Blaney, reported that home-invasion gangs were a major menace to the elderly. Last summer, the police broke up one such gang that had killed several elderly people on the North Side.

And not too far away, Frederick von Harten, 81, fights his private war against crime: He has constructed a 9-foot, bunker-like fence around his 10-room home, to the consternation of some of his neighbors.

"This is the only answer. You have to build a de-fence, Get it, de-fence," chuckled the 5-foot 4-inch, 120-pound insurance representative who has lost three bouts with muggers.

"This is our family home. We've lived here since 1896 when by father built it," he said. "Many others who had homes around here ran away instead of putting up a fence. They're going to have to put up fences around homes not only in St. Louis, but all over the country. This is a situation that has come up in modern times."

Fear of Crime Curbs Lives of the Elderly

Continued From Page 1, Col. 5

increasing beatings, robberies, maimings and killings.

Dozens of authorities reached in several major cities concurred that crime against old people was increasing rapidly, although none had kept statistics on the problem. Some cities have just begun collecting data on the ages of victims.

The cities checked were Chicago, New York, Boston, Philadelphia, Miami, St. Louis, Cleveland Houston, Phoenix and Los Angeles. In all except Houston, crime was listed as the top problem of the aged.

The police reported that the elderly were especially vulnerable to such crises as burglary, robbery, larceny, purse snatching, assault, fraud, rape and homicide. A study in Kansas City, Mo., showed that of 1,831 crimes against the elderly, 55.9 percent were burglary, 24.6 robbery, 13.9 larceny, 2.5 assault, and 2.5 fraud. There were five rapes and four homicides.

"Statistically, the elderly are no more victimized than other people, and there have been studies that showed that," remarked Dennis McDonald, staff assistant of the Chicago Mayor's Office for Senior Citizens.

"But the statistics tend to distort the greater impact crime has on older people," he continued. "Their whole lifestyle is determined by fear of crime. 'They're already psychologically scarred in that most older people who are poor were not so until they got old, especially those retired mandatorily. They suffered not only a loss of job, but loss of friends, status and income."

"They also suffer a loss of health," he went on. "Most older people live in urban areas and because of their income they're locked into poorer sections, which tend to be high-crime areas. Now, the average loss in a robbery of an old person is $40. That might seem small, but to an old person it represents a big chunk out of his income, compared to others. A younger person might not get hurt if he is knocked down, but an old person could suffer broken bones."

Why They Don't Move

Why don't they move to safer neighborhoods? Stephen Z. Cohen, an expert on the aged at the University of Illinois, Chicago, said moving was "mortifying to the elderly" and "causes a lot of hardships."

"They're reluctant to move even though others of their same class, social status and ethnicity have left," Mr. Cohen said. "They remain after their kids have moved to the suburbs. There is an unconscious waiting, and a danger. The prospect of moving is more fearful than staying."

The increase in crime against old people has prompted many cities to take steps to counter it. This is being done by beginning to collect data; setting up special police units, called "granny squads" in St. Louis, and establishing governmental agencies on the aged, such as the Mayor's Office for Senior Citizens here.

Additionally, there are Federal agencies, such as the Administration on Aging and the Office of Aging Services in the Department of Health, Education and Welfare. Further there are a number of independent organizations, such as the National Council on the Aging and the National Association of Retired Persons.

The Administration on the crime in Kansas City, Mo., and the Law Enforcement Assistance Administration is considering proposals for other major surveys from Chicago, Los Angeles and Milwaukee.

The police in the Bronx said that a senior citizens robbery unit, set up in 1974 and made up of six detectives and two uniformed officers, had led to a substantial decrease in crimes against the elderly. Detective Irwin Silverman of the 48th Precinct, a member of the squad, said the unit has given some 40,000 lectures to the aged on preventive measures.

Bronx Robbery Unit

"We tell them to go in groups of two or three to the bank and the supermarket," Detective Silverman said. "We inform them that if anyone suspicious-looking is in the hallway or on the elevator, to back out and wait until another person they know can accompany them."

As in other cities, the Bronx community has a "whistle" campaign where the elderly are given free whistles by the Chamber of Commerce to use if they witness or become victims of a crime. Another program is the "watchdog" service that includes officers patrolling on scooters, on foot and sometimes in taxi cabs and on buses with the elderly. Police officers also accompany the elderly to the bank or supermarket, especially at the first of the month when Social Security and welfare checks arrive in the mail.

Senior citizens are also advised to have monthly checks mailed to banks, Mr. McDonald and others said that many of the elderly do not use banks out of distrust or ignorance.

For a Safer Harlem

Sgt. James Hargrove, chairman of the National Black Police Association, said that one group, Citizens Action for a Safer Harlem, has as a goal a program for youths to act as escorts for old people. He said its purpose would be twofold, protection for the elderly and jobs for the youngsters.

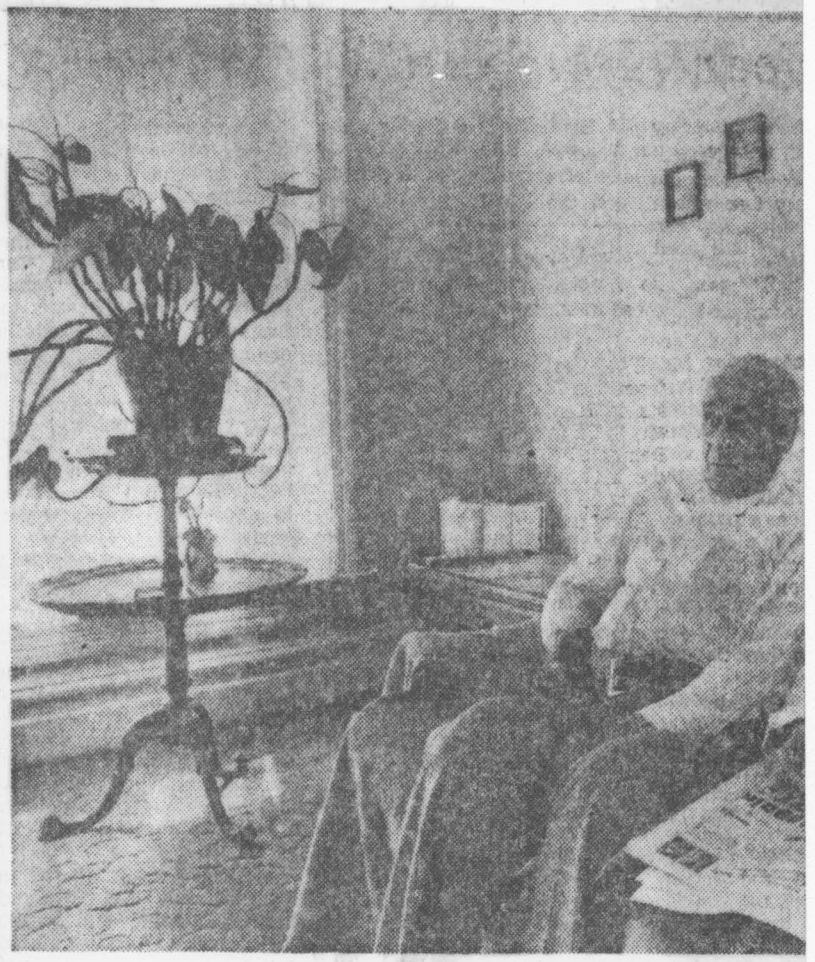
In 1970, persons 65 and over totalled 20,065,502, or 9.9 percent of the population of the United States, according to the Bureau of the Census. One-third of them lived in New York, Illinois, Pennsylvania and California.

Of the 10 largest cities in that Census, New York had the highest proportion of people over 65, with 949,313, or 12.1 percent of the population. The rest of the 10 largest were as follows:

	Over 65	Percent
Chicago	355,298	10.6
Los Angeles	282,472	10.1
Philadelphia	226,432	11.7
Detroit	172,911	11.5
Baltimore	95,192	10.6
Cleveland	79,226	10.6
Houston	79,183	6.4
Washington	70,337	9.6
Dallas	66,768	7.9

The Hockers are similar to many of the urban elderly in America. While they are not terrified, they are worried about their safety and take precautions. Mr. Hocker said that once they had considered moving, but "we thought we were too old to get financing for a new home." Besides, they were attached to the neighborhood where they have spent 53 of their 60 married years.

Their neighborhood on Chicago's West Side has changed drastically. Mrs. Hocker said it used to be a lively, integrated section where people were "warm, friendly and close, both



Mr. and Mrs. Eugene Hocker at their home on the West Side of Chica
a half block from their home three years ago, said "We don't wall

safe." But in the last 25 years, the West Side has turned into one of the worst urban slums in the country. Where once its neighborhoods were tree-lined with comfortable and neat single-family two- and three-story homes and well-kept row houses, they are now in various stages of deterioration.

While the vast majority of the urban elderly is poor and tends to be unseen, the very small proportion that is well-off lives conspicuously by comparison. In Chicago, 81.5 percent of persons over 65 have incomes under $5,000, while 2.2 percent earn $15,000 or more. Some of the latter group can be seen in the small restaurants and boutiques on Michigan Avenue and the near North Side, driving or being chauffeured in expensive cars, living in high-rise luxury apartments in the "Gold Coast" section and flying to Florida or Acapulco for the winter.

But for most of the urban elderly, surviving is a daily challenge. Jessie Flournoy, 62, lives in a high-crime area in West Philadelphia. Two years ago, she went about freely. Now she will shop only during the day and will never go out alone at night. Recently, she changed her bus stop because gang members hang out at the old one.

W. J. Daniel, 75, said he has been held up twice in downtown Philadelphia. Now he will not go out alone at night. He carries a tear gas gun.

Irma Rosen, 73, of Miami Beach, said she did not attend religious services any more out of fear of crime.

"I used to go to the temple on Friday night, but I wouldn't dare take the chance and go out now. There have been too many muggings on Ocean Drive," said the former New Yorker.

In St. Louis, Lula Dixon, 71, spends long hours looking out the window of her match box apartment in the city's West End to the streets below where she can see litter, battered automobiles and idle men.

"You wouldn't believe how nice this neighborhood used to be," she remarked. "I used to walk these streets in peace. I wasn't afraid of nothing. Now I'm not safe in my own home.

"I'm afraid someone's going to bust in," she continued. "I got no money, but these young punks don't know that. They're liable to come in and kill me for not having any. But I try to protect myself the best I can."

Fear of having their homes invaded is real to many elderly people who, like Mr. Dixon, barricade themselves inside their homes. It happens in New York, where last fall a group of young thugs broke into the apartment of two elderly sisters in the South Bronx and so

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file - aging

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

WASHINGTON, D.C. 20201

Office of Human Development
Administration on Aging

OFFICE OF THE SECRETARY

April 6, 1976

MEMORANDUM FOR HONORABLE SARAH MASSENGALE

Attached for your information is a copy of the draft Administration on Aging-Law Enforcement Assistance Administration Interagency Agreement relative to reducing victimization of older persons.

Dr. Flemming discussed this with Dr. Cavanaugh Tuesday afternoon. We hope that the final agreement will be signed Friday.

Decker Anstrom
Assistant to the Commissioner

Attachment

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STATEMENT OF UNDERSTANDING
CONCERNING THE NECESSITY OF ADDRESSING
THE PROBLEMS OF CRIME AND THE OLDER PERSON
BETWEEN THE
ADMINISTRATION ON AGING, OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
AND
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION, DEPARTMENT OF JUSTICE

BACKGROUND

There is a growing recognition that there is a distinctiveness about crimes against older persons, and that, when considered broadly in terms of the physical, economic, social and psychological impact, these crimes warrant treatment as a special category.

The case for singling our older persons as victims of crime from the general population for special attention may be summarized as follows:

1. There is a high incidence of reduced or low income among older persons. Thus, the impact of any loss of economic resources is relatively greater.

2. Older people are more likely to be victimized repeatedly - often the same crime and the same offender.

3. Older people are more likely to live alone. Social isolation increases vulnerability to crime.

4. Older people often have diminished physical strength and stamina; when this is the case, they are less able to defend themselves or to escape from threatening situations.

5. Older people are more likely to suffer from physical ailments such as loss of hearing or sight, arthritis and circulatory problems which

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increase their vulnerability.

6. Older people are more easily hurt should they try to defend themselves. For example, bones are more easily broken, and recovery is more difficult.

7. Potential criminals are more likely to seek out an elderly target (whose aged status is easily visible.)

8. There is a greater likelihood that older people will live in high crime neighborhoods as a result of diminished income and of being rooted in central cities.

9. The dates of receipt by mail of monthly pension and benefit checks (and hence the dates when older people are most likely to have cash on their persons or in their dwelling) are widely known.

10. Dependency on walking or on public transportation is more likely among older people who, for physical, financial or other reasons, are less likely to drive or own a private automobile.

11. There is evidence that some older people are particularly susceptible to fraud and confidence games.

12. The highest rate of the crime of personal larceny with contact (theft of purse, wallet or cash directly from the person of the victim, including attempted purse snatching) is among older persons.

13. Awareness of their increased vulnerability to criminal behavior has a chilling effect upon the freedom of movement of older Americans. Fear of criminal victimization causes self-imposed "house arrest" among older people, who may refuse to venture out of doors. Even in those situations where the fear of being victimized may be somewhat exaggerated or unwarrented by local conditions, the effect on the older persons is just as severe as when the fears are justified.

14. Because of a loss of status and a decreased sense of personal efficacy older people may be less likely to process complaints through the criminal justice system and to draw upon available community resources for protection and redress.

OBJECTIVES

In recognition of the unique and critical problems associated with crimes against older persons the Law Enforcement Assistance Administration and the Administration on Aging, Office of Human Development, Department of Health, Education and Welfare agree to work cooperatively to achieve the following objectives:

1. To expand the base of knowledge about the actual extent of criminal victimization of older persons, the factors relating to such victimization and the constraints imposed upon older persons due to fear of actual or presumed danger of victimization.

2. To increase the level of public awareness and to encourage citizen

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involvement in efforts to reduce the circumstances of crime against older persons, particularly older persons in urban communities where the incidence of victimization is highest.

3. To involve other Federal agencies and private organizations representing older persons in the creation of a consortium to formulate a national strategy for crime prevention programs for aging persons.

4. To increase the level and accessibility of legal services and counseling available to older persons to protect their rights and redress the injustices they suffer as a result of criminal victimization and/or failure to receive rightful benefits under established programs.

5. To expand the level of commitment of resources at the Federal, State and local levels applied to address the problem of crime and the older person.

OBJECTIVE ONE: To expand the base of knowledge about the actual extent of criminal victimization of older persons, the factors relating to such victimization and the constraints imposed upon older persons due to fear of actual or presumed danger of victimization

To the end of promoting this objective the Law Enforcement Assistance Administration will (1) seek to develop instruments that will uncover the factors impinging on victimization of older persons and use the data as a foundation for planning future efforts; (2) work with the Administration on Aging to field test in selected communiti-s the instruments which are

developed. (3) gather from local communities data on the frequency, type and location of reported crimes against older persons, and communicate such data to the Administration on Aging.

The Administration on Aging will: (1) assist the Law Enforcement Assistance Administration, as requested, in development and/or field testing instruments to uncover factors impinging upon victimization of the elderly; (2) will disseminate to State and area agencies data received from the Law Enforcement Assistance Administration on crimes against older person.

OBJECTIVE TWO: To increase the level of public awareness and citizen involvement in efforts to reduce the circumstances of crime against older persons, particularly in urban communities where the victimization of older persons is highest.

To the end of promoting this objective the Law Enforcement Assistance Administration, in cooperation with the Administration on Aging, will: (1) participate in gathering documentation on the following two components of a project currently funded in Kansas City as a joint effort of the Law Enforcement Assistance Administration and the Administration on Aging (a) the public education programs conducted through the project on ways to reduce crimes against the elderly; (b) the involvement of social service agencies with the criminal justice system to provide better service to older persons; (2) in cooperation with the Administration on Aging contribute to the preparation of a publication embodying a report on the methods used and the subject content developed by the Kansas City project on items (a) and (b) above; (3) distribute the subject publication, which will be printed by the Administration on Aging, to State and local agencies and organizations which are components of the law enforcement network.

The Administration on Aging, in cooperation with the Law Enforcement Assistance Administration, will: (1) assume primary responsibility to work with the grantee of the Kansas City project to develop appropriate documentation and reporting procedures to assure the collection of content material related to (a) the public education programs conducted through the project on ways to reduce crime against the elderly; (b) the involvement of social service agencies with the criminal justice system to provide better services to older citizens; (2) in cooperation with the Law Enforcement Assistance Administration, accept lead responsibility to prepare a publication embodying a report on the methods and subject content developed by the Kansas City project on items (a) and (b); (3) assume responsibility for printing the subject publication in sufficient quantity for distribution to components of both the law enforcement and aging networks; (4) distribute the printed publication as a technical assistance document to the aging network of State and area agencies and Title VII nutrition projects.

OBJECTIVE THREE: To involve other Federal agencies and private organizations representing older persons in the creation of a consortium to formulate a national strategy for crime prevention programs for aging persons.

To the end of promoting this objective the Law Enforcement Assistance Administration will: (1) designate a staff person responsible to continue discussion with other Federal agencies and private organizations representing the elderly for the purpose of establishing a national consortium; (2) invite, in cooperation with the Administration on Aging, designated representatives of such other Federal and private organizations to attend an exploratory, full day planning meeting for the purpose of establishing an action plan designed to bring the subject consortium into being; (3) provide, with

the support of the Administration on Aging, initial staff and logistical support for the conduct of the exploratory planning meeting; (4) as appropriate, provide continuing staff support to the end of bring the consortium into being.

The Administration on Aging will: (1) designate a staff person responsible to work with the staff person designated by the Law Enforcement Assistance Administration to support, as requested, the efforts of the Law Enforcement Assistance Administration in interesting other Federal agencies and private organizations representing older persons to participate in a consortium to formulate a national strategy for crime prevention programs for older persons; (2) invite, as co-sponsor with the Law Enforcement Assistance Administration designated representatives of other Federal agencies and private organizations to attend an exploratory meeting for the purpose of establishing an action plan designed to bring into existence the subject consortium; (3) provide the Law Enforcement Assistance Administration, as requested, staff support for the conduct and planning of the meeting; (4) as appropriate, continue to provide staff support to the end of bringing the consortium into being.

OBJECTIVE FOUR: <u>To increase the level of accessible legal services and counseling available to older persons to protect their rights and redress the injustices they suffer as a result of criminal victimization and/or the failure to receive rightful benefits under established programs</u>.

To the end of promoting this objective the Law Enforcement Assistance Administration will: (1) provide the Administration on Aging with program description materials of the National District Attorney's Association

Economic Crime Project funded by the Law Enforcement Assistance Administration for the purpose of allowing the Administration on Aging to disseminate such materials as technical assistance to the aging network; (2) encourage recipients of awards under the National District Attorney's Association Economic Crime Project to contact and work cooperatively with area agencies on aging in their respective communities to identify and assist older victims of fradulent schemes in such areas as auto repair, home improvements, land swindles; (3) receive from the Administration on Aging, and disseminate to the law enforcement network, program description materials on the legal services projects funded by the Administration on Aging

The Administration on Aging will: (1) provide the Law Enforcement Assistance Administration with program description materials on the legal services projects funded by the Administration on Aging for the purpose of distribution to the law enforcement network; (2) disseminate to the aging network program description materials, as technical assistance, on the National District Attorney's Association Economic Crime Project, which is funded by the Law Enforcement Assistance Administration; (3) direct recipients of legal service awards from the Administration on Aging to contact and work cooperatively, as appropriate, with grantees under the National District Attorney's Association Economic Crime Project.

OBJECT FIVE: <u>To expand the level of commitment of resources at the Federal, State and local levels for addressing the problem of crime and the older person</u>

To the end of promoting this objective the Law Enforcement Assistance Administration will: (1) set aside in Fiscal Year 1976 for discretionary grants $00,000 for a special police program to improve protection for the

elderly. The two phased program will create a training team to present a program in service for the elderly at the police academies throughout the nation; (2) will continue to encourage and endorse consideration, under the Law Enforcement Assistance Administration system of block grants, of the needs of older persons who are actual or potential victims of crime; (3) will encourage designated agencies at the State level which receive block grants from the Law Enforcement Assistance Administration to consult with State Agencies on Aging about the needs of older persons in the process of developing State plans.

The Administration on Aging will: (1) exercise its authority under Section 404(c) of the Older Americans Act to make grants to support training of lawyers and paraprofessional persons to provide legal counseling and services to older persons; and train persons employed by or associated with public and private non-profit agencies or organizations who will identify legal problems affecting older persons, develop solutions for such problems and mobilize the resources of the community to respond to the legal needs of older persons; (2) encourage State and area agencies to determine needs for crime prevention programs and low-cost protective devices for older persons, such as burglar alarms for homes and apartments; and to mobilize other resources at the State and local level to support such programs of prevention; (3) promote cooperative efforts between State and area agencies on aging and State and local law enforcement agencies to support sommunity education programs for crime prevention against older persons.

Signed in Washington:_____

Richard W. Velde Administrator Law Enforcement Assistance Admin.	Arthur S. Flemming Commissioner Administration on Aging

FOR IMMEDIATE RELEASE APRIL 5, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
UPON SIGNING THE PROCLAMATION FOR
OLDER AMERICANS MONTH - 1976

THE ROSE GARDEN

3:06 P.M. EST

Secretary Mathews and distinguished guests:

It is especially fitting this year that we set aside a period to honor our older citizens. Their insight and experience, their wisdom and their courage has contributed beyond measure to the developments of our 200-year-old Nation. We must make it possible for older Americans to continue their involvement in our national life.

One of the best ways we can draw upon their strengths and skills is in the job and volunteer markets. Too often older and even middle-aged Americans are the victims of myths and prejudices regarding their capabilities. Americans must repudiate these myths and prejudices, as we have repudiated others, and assure our older Americans the chance to prove that time has only enhanced their demonstrated abilities.

It is important that our Nation makes every effort to recognize the worth and the dignity of our older citizens. To this end, the Federal Council on Aging has prepared a Bicentennial charter for our older Americans. This charter sets forth principles to guide us in evaluating our Nation's response to the problems facing older persons and appreciating the response to the problems now confronting our Nation.

One of these principles is the right to an adequate standard of living in retirement. Let me reaffirm that older Americans have earned the right to live securely, comfortably and independently.

GERALD R. FORD LIBRARY

As I said before, the value of our Social Security system is beyond question. I will do all that I can to insure the integrity of the trust fund so that future generations of retirees may continue to rely on it.

With these thoughts and commitments in mind, I am happy today to join in this annual proclamation designating an Older Americans Month. I urge all organizations concerned with employment and volunteer services to observe this month with ceremonies, activities and programs designed to increase opportunities for older persons, and I urge that such programs include public forums for discussion of the Bicentennial charter for older Americans.

I ask all Americans to join me in reflecting upon the achievements and the needs of our older citizens.

END (AT 3:10 P.M. EST)

FOR IMMEDIATE RELEASE APRIL 5, 1976

Office of the White House Press Secretary

THE WHITE HOUSE

OLDER AMERICANS MONTH, 1976

- - - - - - -

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Among our Nation's most precious natural resources are the collective wisdom, experience and abilities of our older citizens.

In recent years we have become more aware of the important contributions older Americans have made in the past and in the tremendous potential they hold for the future. We are increasing our efforts to ensure that they have the opportunity for independent living through security of income, maintenance of health and continued useful involvement in the life of our Nation.

America's older citizens have earned the gratitude and respect of our society, as well as our recognition of their worth and dignity. In this spirit, the Federal Council on Aging has prepared the Bicentennial Charter for Older Americans expressing their rights and obligations.

The job market and the area of volunteer services provide some of the best opportunities to draw on the strengths and talents of older Americans. Unfortunately, older, and even middle-aged workers, are too often the victims of myth and prejudice regarding their capabilities. Our society needs the know-how, experience, judgment and eagerness to serve that these citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all State and Area Agencies on Aging and other private and public organizations that are related to the field of aging to observe this month by arranging public forums where the Bicentennial Charter for Older Americans will be discussed and recommendations developed for implementation.

I urge all organizations concerned with employment to observe this month with ceremonies and programs designed to increase employment opportunities for older workers.

I urge all organizations engaged in the delivery of services to persons in need to observe this month by increased emphasis on efforts to recruit, train and place older volunteers.

more

And I urge all Americans to observe this month by focusing on the achievements of older persons and supporting programs to make the last days of life the best days for increasing numbers of our older Americans.

IN WITNESS WHEREOF, I have hereunto set my hand this fifth day of April in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

GERALD R. FORD

# # # # #

FOR IMMEDIATE RELEASE APRIL 5, 1976

Office of the White House Press Secretary

THE WHITE HOUSE

OLDER AMERICANS MONTH, 1976

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GERALD R. FORD

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Office of the White House Press Secretary

THE WHITE HOUSE

OLDER AMERICANS MONTH, 1976

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IN WITNESS WHEREOF, I have hereunto set my hand this fifth day of April in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

GERALD R. FORD

# # # # #

THE WHITE HOUSE

WASHINGTON

April 2, 1976

SIGNING OF THE OLDER AMERICANS PROCLAMATION
Monday, April 5, 1976
3:00 p.m. (15 minutes)
The Oval Office

From: Jim Cannon

I. PURPOSE

To sign the Older Americans Proclamation designating May as Older Americans Month.

II. BACKGROUND, PARTICIPANTS & PRESS PLAN

A. Background: Each year a proclamation is issued designating May as Older Americans Month. This year the proclamation discusses the importance of employment and volunteer service for older citizens and for society and the Bicentennial Charter for Older Americans prepared by the Federal Council on Aging. The Charter is an update of the Charter for Senior Citizens developed by the 1961 White House Conference on Aging.

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B. Participants: List attached at Tab A

C. Press Plan: Open Press Opportunity: to be announced

III. TALKING POINTS

1. It is especially fitting this year that we set aside a period of time to honor our older citizens. Their insight and experience, their wisdom and courage, has contributed beyond measure to the development of our 200-year-old nation.

2. We must make it possible for older Americans to continue their involvement in our national life. One of the best ways we can draw upon their strengths and skills is in the job and volunteer market. Too often older, and even middle-aged, Americans are the victims of myths and prejudices regarding their capabilities. Americans must repudiate these myths and prejudices, as we have repudiated others, and

assure older Americans the chance to prove that time has only enhanced their demonstrated abilities.

3. It is important that our Nation make every effort to recognize the worth and dignity of our older citizens. To this end, the Federal Council on Aging has prepared a Bicentennial Charter for Older Americans. This Charter sets forth principles to guide us in evaluating our nation's response to the problems facing older persons, and in appreciating their response to the problems now confronting our nation.

4. One of these principles is the right to an adequate standard of living in retirement. Let me reaffirm that older Americans have earned the right to live securely, comfortably and independently. As I have said before, the value of our Social Security system is beyond question. I will do all I can to ensure the integrity of the trust fund so that future generations of retirees may continue to rely on it.

5. With these thoughts and commitments in mind, I am happy today to sign this annual proclamation designating May as Older Americans Month. I urge all organizations concerned with employment and volunteer services to observe this month with ceremonies, activities and programs designed to increase opportunities for older persons. And I urge that such programs include public forums for discussion of the Bicentennial Charter for Older Americans.

6. I ask all Americans to join me in reflecting upon the achievements and the needs of our older citizens.

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PARTICIPANTS

Government

Secretary F. David Mathews

Stanley Thomas
Assistant Secretary for
Human Development
Department of Health, Education
and Welfare

Dr. Arthur Flemming
Commissioner of Aging
Department of Health, Education
and Welfare

Victor Hruska
Director, Older Americans
Volunteer Programs
ACTION

John Martin
Federal Council on Aging

Cleo Tavani
Executive Director
Federal Council on Aging

Associations

John F. McClelland
President
National Association of
Retired Federal Employees

Nelson Cruikshank
President
National Council of Senior Citizens

William Hutton
Executive Director
National Council of Senior Citizens

Joseph C. Davis
Grey Panthers

Austin Kerby
Director of Economics
American Legion

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Jack Ossofsky
Executive Director
National Council on the Aging

Mrs. Alice Van Landingham
President-Elect
American Association of Retired Persons

Cy Brickfield
Counsel
American Association of Retired Persons

Miss Harriet Miller
Executive Director
American Association of Retired Persons

Mrs. Crettie Lee
National Center on Black Aged

Mrs. Mae B. Phillips
National Center on Black Aged

Fred Brummitt
Treasurer
National Retired Teachers Association

Colonel Donald C. Foster
Executive Director
Retired Officers Association

Colonel Minter L. Wilson, Jr.
Director of Communications
Retired Officers Association

Arthur C. Clinkscales, III
Director
National Alliance for Senior Citizens

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Others

Mr. and Mrs. James E. Mills
President Ford Committee

Z. D. Blackistone
Florist

Participants

Dr. Arthur Flemming
Commissioner of Aging
Department of Health, Education
and Welfare

Stanley Thomas
Assistant Secretary for
Human Development
Department of Health, Education
and Welfare

John F. McClelland
President
National Association of Retired
Federal Employees

Nelson Cruikshank
President
National Council of Seniro Citizens

Alvin Rucker-
asst to the
Pres.
DOB- 6. 21, 1904
355-05-
9830

Mr. William Hutton
Executive Director
National Council of Senior Citizens

Joseph C. Davis
Grey Panthers 363-5765

Al Abrams
President
National Council on the Aging

Jack Ossofsky
Executive Director
National Council on the Aging

Mrs. Alice Van Landingham
President-Elect
American Association of Retired
Persons

Fred Brummitt
Treasurer
National Retired Teachers Associations

Cy Brickfield
Counsel
American Association of Retired Persons

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12 Colonel Donald C. Foster
Executive Director
Retired Officers Association

13 Colonel Minter L. Wilson, Jr.
Director of Communications
Retired Officers Association

14 Arthur C. Clinkscales, III
Director
National Alliance for Senior Citizens

15 Secretary F. David Mathews

16 John Martin
Federal Council on Aging

17 Mrs. Crettie Lee
National Center on Black Aged

18 Mrs. Mae B. Phillips
Naitonal Center on Black Aged

Harriet Miller
Executive Director
American Association of Retired Persons

19 Austin Kerby
Director of Economics
American Legion

Victor Hruska
Director, Older Americans
Volunteer Programs
ACTION

Z. D. Blackistone
Florist

Cleo Tavani
Exec Direc Fedl Council on Aging

Mr. and Mrs. James E. Mills
President Ford Committee

331-1111

338-5632

785-8766

Agencies

Associations

Others

other

Other

Dawn

Christ

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yes (17) 22 Victor Hruska 341-10-4583
341-10-4583
2/5/08

yes (18) 23 Art C. Clinkscales, III, 338-5632
SS: 248-80-1178
DOB 1/26/47

yes 15. Joseph C. Davis, Grey Panthers (19)
SS: 105-01-3135
DOB - 12/30/08

yes 24 E. D. Blackstone - DI-7-1300 (20)
SS: 577-20-3944
DOB: ~~1847~~ Feb 16, 1871

1976
1871
105

~~25~~. Cy Buckfield, 872-4822
1/30/19 (21)
119-01-4131.

yes 26 Cles Tavani
Jan 6, 1929 (22)
164-24-7496

✓ Jim Mills - 547-

✓ Ulrike Mills

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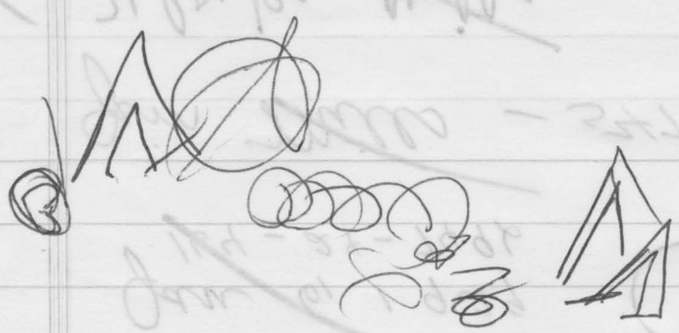

27 Mrs. Cretie Lee, National Center on Black Aged
SS: 577-18-9500A
DoB - 6/25/08

28 Mrs. Mae B. Phillips
SS: 577-24-8558A
D 9/17/1895

1

872-4869

Nat'l Alliance for Sr. Citiz
1300 35th St NW
338-5632

D - Aust C. Clinkscales III

Grey Panthers
Ms. Maggie Kuhn
215-EV2-6644 (o)
848-20 38-(h)

6342 Greene St.
Phila.
19144

737-3703

15 Ms. Maggie Kuhn, Grey Panthers
SS.
DOB. 363-5765 215-EV-2-6647 (o)
Lee Pickers + 848-2038 (h)
Joe Davis 215 - CH-2-0842

16 Al Abrams ⇒ Retired
SS
DOB

17. Jack Ossofsky
SS: 112-16-2636
DOB: 9/24/25

18 Lt. General John Carpenter Retired officers assn.
SS
DOB Pres. aug 19, 1925 331-1111
Col. Minter L. Wilson Jr. (Chandler)
236-32-5498.

19. Col. Donald C. Foster, E.D, Retired officers assn.
SS: 250-03-7135
DOB: June 2, 1917

No 20. Bertha Atkins - 301 226-5548
SS
DOB

~~21. Ted Mass~~ (16)

Yes 21. Austin Kerby Director of Economics
SS: 518-01-2842
DOB. May 26, 1915

AARP NRTA

✓ ~~Mary Mullen~~, Pres. NRTA

✓ ~~Douglas Woodruff~~. Pres. AARP

Miss ✓ Harriet Miller - ~~DD~~ Dir AARP-NRTA
Judy 872-4700, 4480

✓ [Natl Council of Senior Citizen
✓ Nelson Cruikshank, Pres. Mary]
✓ Bill ~~Hutton~~ DD, Dir,
783-6850

Ntl Council ✓ Aging
✓ Al Adams - Pres. - Sec
✓ Jack ~~Ossofsky~~ - ~~DD~~ ~~Dir~~
~~383~~-6250

The Natl Caucus ✓ ~~Black~~ Jack Agee
✓ Coelos → Aaron ~~Henry~~ Chairman
✓ Miss Dr. Delaries ~~Jones~~ DD Dir →
785-8766

~~The~~ ✓ Assn. of Retired Fed Emps.
Yes 3/9-16 ✓ 855-2264-3646 John F. McClelland, Pres
234-0832

✓ Retired Officers Assoc
✓ P - Lt Gen ~~John~~ Carpenter 7 331-1111
✓ ED - Col ~~Donald~~ C Foster S

exec + P of major nat'l orgs

- Bernard von Kennedeer
- Blackstone

(6 7 6)

Secy. - no

Dr. Fleming orgs

Stan Thomas

Bertha Adkins FCA

Jason Myers - vice chrmn FCA

Amer Legion

John Martin

Dr.

- Hruska - Action

AARP

NRTA

Retired officer's Assoc (8/74 mtg)

call Ted

yes 1. John J. McClelland, Assn Retired Fed Emps
3/9/16
226-14-3646

yes 2. John Martin.
10/3/09
295-09-9387

3. Bernard Van Rensalaer, RNC ~~#1500~~
SS:
DOB:

NO 4. Gerson Meyer, V. Chairman, Federal Council on the Aging, 716-544-5990
SS:
DOB:

yes 5. Dr. Arthur Flemming
DOB June 12, 1905
SS 269-30-6600

6. Secretary Mathews
DOB
SS

yes 7. Stanley Thomas
SS 066-34-7173
DOB 4/28/42

MEMORANDUM OF CALL

TO:

☐ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

OF (*Organization*)

☐ PLEASE CALL ⟶ PHONE NO. CODE/EXT.

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

Ureka ⟶ E
550-27-5617 Jim Mills
Hanna Ulrike Mills
1/30/50
526-62-0921
4/20/45

RECEIVED BY | DATE | TIME

STANDARD FORM 63 GPO : 1969—o48—16—80341-1 332-389 63-108
REVISED AUGUST 1967
GSA FPMR (41 CFR) 101-11.6

45 7-6402

8. Aarp Henry
SS:
DOB

9. Dr. Dolores Davis
SS:
DOB

10 Mary Mullen
SS
DOB

11 Douglas Woodruff
DOB
SS

6
870-4822
Cy Brickfield
Dir.
(Council of Adg.)

10
yes AARP
Mrs. alfred Dan Landingham
Pres.-Elect
DOB - Aug 27, 1904
SS: Sida Lee
234-64-1753

yes 7 Harriet Miller
SS 538-20-9877
DOB July 4, 1919

yes 7 13. Nelson H. Crickshank
SS: 302-22-7726
DOB: June 1902

yes 9 Bill R. Hutton
SS: 557-26-7854
DOB - Nov. 2, 1916

yes 11
Fred Brummitt
Treasurer -
NRTA
DOB - Aug 27, 1901
SS: 246-09-9936
Granville Cty NC

(Boorstin)

April 2, 1976
FIRST DRAFT

TALKING POINTS: PROCLAMATION OF OLDER AMERICANS MONTH, 1976

It is especially fitting this year that we set aside a period of time to honor our older citizens. Their insight and experience, their wisdom and courage, has contributed beyond measure to the development of our 200-year-old nation.

We must make it possible for older Americans to continue their involvement in our national life. One of the best ways we can draw upon their strengths and skills is in the job and volunteer market. Too often older, and even middleaged, Americans are the victims of myths and prejudices regarding their capabilities. Americans must repudiate these myths and prejudices, as we have repudiated others, and assure older Americans the chance to prove that time has only enhanced their demonstrated abilities.

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With these thoughts and commitments in mind, I am happy today to sign this annual proclamation designating May as Older Americans Month. I urge all organizations concerned with employment and volunteer services to observe this month with ceremonies, activities and programs designed to increase opportunities for older persons. And I urge that such programs include public forums for discussion of the Bicentennial Charter for Older Americans.

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I ask all Americans to join me in reflecting upon the achievements and the needs of our older citizens.

DRAFT
4/2/76

July Proclamation
9.f. b.h.

RE: Older Americans Month, 1976: A Proclamation

Among our nation's most precious natural resources ~~is~~ are the collective wisdom, experience, and productive ability of our senior citizens.

N.B. wisdom, experience & ability are = among.

In recent years we have become more aware of the ~~truly~~ important contributions older Americans have made in the past and in the tremendous potential they hold for the future. We ~~have begun to make progress toward ensuring senior citizens of~~ are increasing our efforts to ensure they have the opportunity for security of income, maintenance of health, and continued ~~use~~ing fulness. ~~and we are increasing these efforts.~~

better, more direct, & shorter

This is a negative statement, suggesting we have only just started to make any progress; rather than stating the positive aspect of increasing efforts to achieve a goal.

"ing" is more on going tense; rather than past tense.

~~We are recognizing~~ As they have expressed their rights and ~~our~~ obligations ~~to them through~~ ~~are recognized~~ in the Bicentennial Charter for Older Americans prepared by the Federal Council on Aging, we should express our

It's my understanding that this is inaccurate. The Charter sets forth the Rights and Obligations of Older Americans

America's senior citizens have earned the gratitude and respect ~~of our society, and now we should afford them a future of pride and human dignity.~~ by providing opportunities for a meaningful and productive future.

~~meaningful future~~ this word suggests its about time we did something, rather than being a reminder of our continuing obligation.

The thrust of the Proclamation was that it was good & beneficial for the Nation to utilize the resources of our older citizens, rather than simply it's a decent thing to give them some way to have something to do.

The job market and volunteer services provide some of the best ~~outlets for~~ opportunities for engaging the talents of older Americans. Unfortunately, older and even middle-aged worked are too often the victims of

how's that?

Its good to do, not because its humane, but because it's better for everyone -

GERALD R. FORD LIBRARY

myth and prejudice regarding their capabilities. Our society needs the know-how, experience, judgment and eagerness these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

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I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

cc: Sarah Massengale

Jim Cavanaugh

Judy Johnston

file -
Older American
Month Proclamation,
1976.

(Boorstin)

April 2, 1976
FIRST DRAFT

TALKING POINTS: PROCLAMATION OF OLDER AMERICANS MONTH, 1976

1. It is especially fitting this year that we set aside a period of time to honor our older citizens. Their insight and experience, their wisdom and courage, has contributed beyond measure to the development of our 200-year-old nation.

2. We must make it possible for older Americans to continue their involvement in our national life. One of the best ways we can draw upon their strengths and skills is in the job and volunteer market. Too often older, and even middleaged, Americans are the victims of myths and prejudices regarding their capabilities. Americans must repudiate these myths and prejudices, as we have repudiated others, and assure older Americans the chance to prove that time has only enhanced their demonstrated abilities.

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3. It is important that our Nation make every effort to recognize the worth and dignity of our older citizens. To this end, the Federal Council on Aging has prepared a Bicentennial Charter for Older Americans. This Charter sets forth principles to guide us in evaluating our nation's response to the problems

facing older persons, and in appreciating their response to the problems now confronting our nation.

4. One of these principles is the right to an adequate standard of living in retirement. Let me reaffirm that older Americans have earned the right to live securely, comfortably and independently. As I have said before, the value of our Social Security system is beyond question. I will do all I can to ensure the integrity of the trust fund so that future generations of retirees may continue to rely on it.

5. With these thoughts and commitments in mind, I am happy today to sign this annual proclamation designating May as Older Americans Month. I urge all organizations concerned with employment and volunteer services to observe this month with ceremonies, activities and programs designed to increase opportunities for older persons. And I urge that such programs include public forums for discussion of the Bicentennial Charter for Older Americans.

6. I ask all Americans to join me in reflecting upon the achievements and the needs of our older citizens.

In this 200th year of our independence it is appropriate to set aside a period of time to honor our older citizens who have contributed so much to the development of our nation. They possess the insight, the experience, the wisdom and the courage on which we must draw to deal constructively with today's challenging and complicated issues.

We must make it possible for older persons to continue to be involved in the life of our nation. One of the best opportunities for using the strengths of older Americans is in the job and volunteer market. Too often older, and even middle-aged, persons are the victims of myths and prejudices regarding their capabilities. There is no finer way of demonstrating our respect for older persons than to assure them the opportunity to prove that time has only enhanced their demonstrated abilities.

It is also important that our nation, by its deed, recognize the dignity and worth of our older citizens. The Federal Council on Aging has prepared a Bicentennial Charter for Older Americans. This Charter sets forth principles which should be used as the basis for discussion and evaluation of the responses of older persons and of our society to the problems that confront us.

While affirming the right of older Americans to continue to participate in the life of our nation, let me also affirm that they have earned the right to live securely, comfortably

and independently. As I have said before, the value of the Social Security system is beyond question. I will do all I can to assure the integrity of the trust fund so that older persons and future retirees may continue to rely on it.

I am very pleased today to sign this annual proclamation designating May as Older Americans Month. I urge all organizations concerned with employment and volunteer service to observe this month with ceremonies, activities and programs designed to increase employment and volunteer opportunities for older persons. And I urge that such programs include public forums for discussion of the Bicentennial Charter for Older Americans.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to join me in doing all in our power to make these years something to welcome.

Fleming draft

In this 200th year of our independence, it is important that our nation, by its deeds, recognize the dignity and worth of our older citizens. They have provided the strength which has made it possible for us to deal with developments that threatened to undermine and destroy the form of government bequeathed to us by our forefathers. They possess the insight, the vision, the wisdom, and the courage on which we must draw if we are to deal constructively with today's challenging and complex issues.

The Federal Council on Aging, created when the Older Americans Act was amended in 1973, has prepared a new Bicentennial Charter for Older Americans--an update of the Charter for Senior Citizens developed by the 1961 White House Conference on Aging. This Bicentennial Charter sets forth principles which can be used to analyze and to evaluate our nation's response to the problems that confront older persons and the response of older persons to the problems now confronting our nation.

The Bicentennial Charter, for example, speaks to the "right to an opportunity for employment free from discriminatory practices because of age" and the "right to an opportunity to participate in the widest range of meaningful civic, educational, recreational and cultural activities".

We must make it possible for older persons to continue to be involved in the life of our nation. One of the best opportunities for capitalizing on the strengths of older Americans is in the job market, where older, and even middle-aged, persons are too often the victims of ~~myths~~ and ~~stereotypes~~ about their capabilities. Likewise older persons are the victims of these same ~~myths~~ and ~~stereotypes~~ in the recruitment of volunteers who oftentime represent the difference between success and failure in the delivery of services to those who are in need.

There is no finer way of demonstrating our respect for older persons than to give them the opportunity of proving that time has only enhanced their demonstrated abilities.

NOW, THEREFORE, I GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

1. I urge State and Area Agencies on Aging, organizations of older persons and other private and public organizations that are related to the field of aging to observe this month by arranging for public forums where the Bicentennial Charter for Older Americans will be discussed by older persons and where older persons will develop recommendations for action, addressed to both public and private bodies, designed to implement the principles set forth in the Charter.

2. I urge all employer and employee organizations and other organizations officially concerned with employment, both public and private, to observe this month with appropriate ceremonies, activities and programs designed to increase employment opportunities for older workers.

3. I urge all organizations, both public and private, engaged in the delivery of services to persons in need to observe this month by placing increased emphasis on the utilization of volunteers and by intensifying their efforts to recruit, train and place older volunteers.

4. I urge all Americans to observe this month by focusing on both the achievements and needs of older persons and by resolving to support those programs in both the public and private sector which, if implemented, will help to make the last days of life the best days for increasing numbers of our older Americans.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

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DRAFT
4/2/76

(Smith) Messenger 220

RE: Older Americans Month, 1976: A Proclamation

Among our nation's most precious natural resources is the collective wisdom, experience, and productive ability of our senior citizens.

In recent years we have become more aware of the truly important contributions older Americans have made in the past and in the tremendous potential they hold for the future. We have begun to make progress toward ensuring senior citizens of the opportunity for security of income, maintenance of health and continued usefulness, and we are increasing these efforts.

We are recognizing their rights and our obligations to them through the Bicentennial Charter for Older Americans prepared by the Federal Council on Aging.

America's senior citizens have earned the gratitude and respect of our society, and now we should afford them a future of pride and human dignity.

The job market and volunteer services provide some of the best outlets for the talents of older Americans. Unfortunately, older and even middle-aged worked are too often the victims of

myth and prejudice regarding their capabilities. Our society needs the know-how, experience, judgment and eagerness these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all organizations concerned with employment and volunteer service to observe this month with appropriate ceremonies, activities, and programs designed to increase employment and volunteer opportunities for older persons. Such programs should include public forums for discussion of the Bicentennial Charter for Older Americans.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

cc: Sarah Massengale

Jim Cavanaugh

Judy Johnston

OLDER AMERICANS MONTH, 1976

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

The past few years have reminded us of the much needed lesson that we must preserve our precious natural resources. The collective wisdom, experience, and productive abilities of our older citizens are among our greatest natural resources.

We are becoming more aware of the importance of the contributions our older workers have made in the past. And we are increasing our efforts to ensure that our older citizens have the opportunity for security of income, maintenance of health, and continuing usefulness. The Bicentennial Charter for Older Americans prepared by the Federal Council on ~~Again~~ Aging describes those Rights and Obligations.

Respect for our older citizens is important. The opportunities we give them to take pride in themselves is no less important.

The job market and volunteer service provide some of the best opportunities for ~~utilizing~~ benefiting from the resources possessed by Older Americans. Unfortunately, older and even middle-aged workers are too often the victims of myths and prejudices regarding their capabilities. Our society needs the know-how, experience, judgment, and eagerness these solid citizens bring to the job.

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NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all organizations concerned with employment and volunteer service to observe this month with appropriate ceremonies, activities, and programs designed to increase employment and volunteer opportunities for older persons. Such programs should include public forums for discussion of the Bicentennial Charter for Older Americans.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

OLDER AMERICANS MONTH, 1976

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

The past few years have reminded us of the much needed lesson that we must preserve our previous natural resources. The collective wisdom, experience, and productive abilities of our older citizens is one of those greatest natural resources.

We are becoming more aware of the importance of the contributions our older workers have made in the past. And we are increasing our efforts to ensure that our older citizens have the opportunity for security of income, maintenance of health, and continuing usefulness.

Respect for our older citizens is important but the opportunities we give them to take pride in themselves is no less important. A very meaningful security is the knowledge, and the opportunity to prove, that time has only enhanced their demonstrated capabilities.

The Federal Council on Aging has prepared a new Bicentennial Charter for Older Americans -- an update of the Charter for Senior Citizens developed by the 1961 White House Conference on Aging. This charter sets forth principles which can be used to analyze and evaluate both our nation's response to the problems confronting older persons and the response of older persons to the problems confronting our nation.

One of the best opportunities for benefiting from the

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resources possessed by Older Americans, as pointed out in the Bicentennial Charter for Older Americans, is in the job market, where older and even middle-aged, workers are too often the victims of distortions and prejudices regarding their capabilities. Similarly, older persons are too often the victims of the same distortions and prejudices when they offer their invaluable services to help those in need. Our economy needs the know-how, experience, judgment, and eagerness which these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all employer and employee organizations, and other organizations officially concerned with employment to observe this month with appropriate ceremonies, activities, and programs designed to increase employment opportunities for older workers.

I urge all public and private organizations related to the field of aging to observe this month by arranging for public forums where older persons can discuss the Bicentennial Charter for Older Americans and develop recommendations for action.

And I urge all public and private organizations engaged in the delivery of services to persons in need to observe this

month with increased emphasis on the use of volunteers and expecially with intensified efforts to recruit, train and place older volunteers.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome, rather than dread. Most of all, I ask that we begin this joint effort today.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

The past few years have reminded us of the much-needed lesson that we must preserve our precious natural resources. The collective wisdom, experience, and productive abilities of our older citizens is one of those greatest natural resources.

Increasingly, we have become more aware of the contributions our older workers have made in the past. We have increased our efforts to ensure that our older citizens have the opportunity for maintenance of income and health and for self-realization and continuing usefulness.

While respect for our older citizens is important, the opportunities we give them to take pride in themselves is more so. The most meaningful security is the knowledge, and opportunity to prove, that time has only enhanced their demonstrated capabilities.

One of our best opportunities for capitalizing on the resources possessed by Older Americans is in the job market, where older, and even middle-aged, workers are too often the victims of myths and stereotypes about their capabilities. Our vital economy needs the knowhow, experience, judgment, and eagerness which these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all employer and employee organizations, and other organizations officially concerned with employment to observe this month with appropriate ceremonies, activities, and programs designed to increase employment opportunities for older workers.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome, rather than dread. Most of all, I ask that we begin this joint effort today.

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