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NATIONAL CONFERENCE OF STATE LEGISLATURES
SUBCOMMITTEE ON AGING

Agenda for Business Meeting of
Thursday, July 6, 1978

1. Introductory Remarks
 Senator Jim Caldwell (Arkansas)
 Chairman, NCSL Subcommittee on Aging
2. Review of Policy Resolutions Proposed during the Annual Meeting
3. Suggestions Relating to Coordination of Services
 Representative Gregory Cusack (Iowa)
4. Comments about Adult Day Services
 John Delury, Consultant to Speaker Leo T. McCarthy (California)
5. Discussion of Model Projects Grant Proposal
6. Preview of Fall Activities
7. Setting of Priorities for Future Directions
8. Other Business

Alternatives to long range care - integration of ^{Oct 6-8} service
Delivery
Meetings - NCSL around country
in states

Model licensing for home health care

Exchange of information on what states are doing
in field of aging.

NCSL - Health care cost containment

Educational money under health planning act.

Letters to ~~NCSL~~ congress members on NCSL resolutions.



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NCSL POLICY RESOLUTIONS ON OLDER AMERICANS

THE HUMAN RESOURCES COMMITTEE TAKES THE FOLLOWING POSITIONS ON ISSUES OF CONCERN TO OLDER PERSONS. THESE POSITIONS ARE BASED ON THE DELIBERATIONS AND RECOMMENDATIONS OF THE SUBCOMMITTEE ON AGING, WHICH HAS BEEN CREATED PURSUANT TO AN EARLIER RESOLUTION ADOPTED BY THE NCSL.

1. REAUTHORIZATION OF THE OLDER AMERICANS ACT

BY PASSING THE OLDER AMERICANS ACT IN 1965, THE FEDERAL GOVERNMENT SET FORTH OBJECTIVES FOR ASSISTING OLDER PERSONS AND ESTABLISHED THE ADMINISTRATION ON AGING AS THE FOCAL POINT FOR ITS EFFORTS TO MEET THE OBJECTIVES.

THREE GRANT PROGRAMS WERE CREATED: THE TITLE III PROGRAM OF GRANTS TO STATES FOR COMMUNITY SOCIAL SERVICE PROJECTS, THE TITLE IV PROGRAM FOR RESEARCH AND DEMONSTRATION PROJECTS, AND THE TITLE V PROGRAM FOR TRAINING IN THE FIELD OF AGING.

SINCE ITS INCEPTION, THE OLDER AMERICANS ACT HAS BEEN AMENDED SEVERAL TIMES. THE MORE IMPORTANT AMENDMENTS HAVE STRENGTHENED THE TITLE III COMMUNITY SERVICES PROGRAM; PROVIDED FOR MORE EFFECTIVE, COMPREHENSIVE AND COORDINATED SOCIAL SERVICE SYSTEMS AT THE LOCAL LEVEL; AUTHORIZED GRANTS FOR MULTI-PURPOSE SENIOR CENTERS AND THE COMMUNITY EMPLOYMENT PROGRAM; ENACTED A NATIONAL NUTRITION PROGRAM; AND AUTHORIZED THE FOSTER GRANDPARENT AND RETIRED SENIOR VOLUNTEER PROGRAMS.

IN 1966 THE TOTAL APPROPRIATION UNDER THE OLDER AMERICANS ACT WAS \$7.5 MILLION. THE APPROPRIATION FOR THE PRESENT FISCAL YEAR IS AROUND \$500 MILLION. PRESIDENT CARTER HAS REQUESTED A "HOLD THE LINE BUDGET" FOR OLDER AMERICANS ACT PROGRAMS FOR FISCAL YEAR 1979.

THE OLDER AMERICANS ACT MUST BE REAUTHORIZED BY CONGRESS BY SEPTEMBER 30, 1978. THE HUMAN RESOURCES COMMITTEE BELIEVES THAT THE PROGRAM AND SERVICES UNDER THE ACT HAVE SIGNIFICANTLY IMPROVED THE HEALTH AND WELL-BEING OF MANY OLDER PERSONS. THE OLDER WORKERS EMPLOYMENT PROGRAM PROVIDES PART-TIME JOBS FOR SOME 47,500 PERSONS. AN ESTIMATED 11 MILLION SERVICES ARE PROVIDED ANNUALLY THROUGH THE COMMUNITY SERVICES PROGRAM.

BECAUSE OF THE REAL GAINS MADE TO ASSIST OLDER PERSONS WHICH HAVE RESULTED FROM THE PROGRAMS AND SERVICES UNDER THE OLDER AMERICANS ACT, THE HUMAN RESOURCES COMMITTEE RECOMMENDS THAT THE ACT SHOULD BE REAUTHORIZED AND FUNDED FOR AT LEAST 3 YEARS.

HOWEVER, THE COMMITTEE BELIEVES THAT THE COORDINATION OF PROGRAMS AND SERVICES FOR THE ELDERLY CAN BE IMPROVED AND THAT STATE AND LOCAL PRIORITY-SETTING AND DECISION-MAKING CAN BE STRENGTHENED. ACCORDINGLY, THE HUMAN RESOURCES COMMITTEE RECOMMENDS THAT THE CONGRESS SHOULD INCLUDE IN THE REAUTHORIZING LEGISLATION FOR THE OLDER AMERICANS ACT PROVISIONS WHICH:

- GIVE STATES THE AUTHORITY AND FUNDING REQUIRED TO EFFECTIVELY IMPLEMENT THE PROGRAMS AND SERVICES UNDER THE ACT;
- REQUIRE THE COORDINATION OF THE MULTIPLICITY OF FEDERAL PROGRAMS AND SERVICES AUTHORIZED BY BOTH THE ACT AND OTHER FEDERAL LAWS;
- ENCOURAGE AND SUPPORT STATES' EFFORTS TO PROVIDE INNOVATIVE SERVICES TO THE ELDERLY;
- ENABLE STATES TO BE RESPONSIVE TO THE NEEDS OF THE ELDERLY PERSONS WITHIN THEIR JURISDICTIONS, BY PROVIDING FOR INCREASED DECISION-MAKING AND PRIORITY-SETTING AT THE STATE AND LOCAL LEVELS; AND
- ENSURE THAT THERE IS JOINT PLANNING AT THE FEDERAL, STATE AND LOCAL LEVELS IN ORDER TO MORE EFFICIENTLY USE THE RESOURCES AVAILABLE FOR OLDER PERSONS AT EACH OF THESE LEVELS.

IN ADDITION TO THE PRECEDING RECOMMENDATIONS ABOUT COORDINATION AND STATE AND LOCAL PRIORITY-SETTING, THE HUMAN RESOURCES COMMITTEE URGES CONGRESS TO INCLUDE THE FOLLOWING PROVISIONS IN THE LEGISLATION REAUTHORIZING THE OLDER AMERICANS ACT:

- FUNDING FOR THE RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) SHOULD BE CONTINUED AT AT LEAST ITS CURRENT LEVEL.
- THERE SHOULD BE A CONTINUING FOCUS ON THE PROBLEMS OF COORDINATION AND DUPLICATION OF TRANSPORTATION SERVICES.
- A GREATLY INCREASED CONCENTRATION ON DEVELOPING QUALITY ALTERNATIVES TO NURSING HOME CARE SHOULD BE INCLUDED IN THE ACT.
- STATE AND AREA AGENCIES ON AGING SHOULD BE REQUIRED TO ACT AS ADVOCATES ON BEHALF OF THE OLDER RESIDENTS OF THEIR COMMUNITIES. IN ADDITION, THE INTENT OF H.R. 11411, A BILL TO ESTABLISH A LONG-TERM CARE ADVOCACY PROGRAM SHOULD BE INCLUDED IN THE ACT.
- STATES SHOULD BE GIVEN A GREATER ROLE IN DECIDING WHO WILL BE THE NATIONAL CONTRACTORS UNDER THE TITLE IX OLDER AMERICANS EMPLOYMENT PROGRAM. THE ELIGIBILITY REQUIREMENTS THAT ARE USED FOR TITLE XX OF THE SOCIAL SECURITY ACT SHOULD ALSO BE USED FOR TITLE IX.
- THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE SHOULD BE MANDATED TO COORDINATE CONGREGATE HOUSING PROGRAMS WITH SOCIAL SERVICES.
- THE EXISTING 1-YEAR PLANNING CYCLE SHOULD BE DISCONTINUED AND REPLACED WITH A 3-YEAR PLANNING CYCLE.
- THE PRESENT ARRAY OF DIFFERENT FUNDING RATIOS UNDER THE ACT SHOULD BE REPLACED WITH A UNIFORM RATIO OF 90% FEDERAL/10% STATE FUNDING FOR ALL PROGRAMS.

- STATES SHOULD HAVE INCREASED FLEXIBILITY AND AUTHORITY TO DIRECT THE FLOW OF FUNDS UNDER THE ACT. THIS SHOULD BE ACCOMPLISHED BY ALLOWING EACH STATE TO HAVE DISCRETION OVER THE USE OF 10% OF THE TOTAL AMOUNT OF FEDERAL DOLLARS ALLOTTED TO IT UNDER THE ACT.

2. NEGATIVE EFFECTS OF INCREASED SOCIAL SECURITY PAYMENTS

MANY LOWER INCOME, OLDER PERSONS RECEIVE INCREASES IN THEIR SOCIAL SECURITY PAYMENTS, ONLY TO FIND THAT THEY ARE NO LONGER ELIGIBLE FOR MEDICAID BENEFITS. IN MANY INSTANCES, THE VALUE OF THE LOST MEDICAID ELIGIBILITY IS FAR GREATER THAN THE INCREASE IN THE SOCIAL SECURITY PAYMENT. OFTEN THE LOSS OF MEDICAID ELIGIBILITY RESULTS IN A FINANCIAL HARDSHIP FOR THESE PERSONS, BECAUSE THEY BECOME ILL AND BECAUSE THE COST OF HEALTH CARE IS SO HIGH.

THE HUMAN RESOURCES COMMITTEE RECOGNIZES THIS PROBLEM, AND RECOMMENDS THAT THE CONGRESS AND THE APPROPRIATE FEDERAL AGENCIES SHOULD WORK TOWARD A SOLUTION OF IT. THE COMMITTEE BELIEVES THAT A REASONABLE APPROACH TO THE PROBLEM WOULD BE FOR THE CONGRESS TO ENACT LEGISLATION WHICH WOULD PREVENT NEW OR INCREASED BENEFITS OF ANY TYPE RECEIVED BY AN INDIVIDUAL FROM RESULTING IN A NET LOSS OF BENEFITS FOR THAT INDIVIDUAL.

NCSL SUBCOMMITTEE ON AGING
PROPOSED POLICY RESOLUTION:
HEALTH AND SUPPORTIVE SERVICES
FOR OLDER AMERICANS

NCSL is concerned--for both humane and economic reasons--that many older Americans unnecessarily reside in nursing homes. NCSL is pleased to note that many States have taken the initiative to develop alternative types of health and supportive services. NCSL is concerned about the difficulty states have had in obtaining federal reimbursements for these services.

NCSL urges the U.S. Congress to enact legislation modifying Title XVIII (Medicare) and Title XIX (Medicaid) of the Federal Social Security Act to promote the development of innovative health and supportive services for older persons. These modifications should include adjustments in the reimbursement provisions of the law.

In addition, NCSL recommends that the U.S. Congress and the U.S. Department of Health, Education and Welfare should increase federal support for model projects undertaken to promote the happiness, self-sufficiency and health of older persons and to prevent inappropriate placement of these persons in nursing homes.

NCSL SUBCOMMITTEE ON AGING

PROPOSED POLICY RESOLUTION:

PROHIBITION AGAINST MANDATORY RETIREMENT

NCSL finds that older Americans are discriminated against in a variety of ways, based solely on age. NCSL believes that age discrimination in the area of employment is often the single most disruptive and destructive occurrence in the life of an older person. Mandatory retirement can have deleterious physical, economic, psychological and social effects on an older person who is able to work and who wants to continue working, but who is forced to quit because he or she has reached an arbitrarily determined retirement age.

Specifically, NCSL agrees with the findings of the House Select Committee on Aging of the U.S. Congress:

1. Mandatory retirement based on age alone is discriminatory against workers, is contrary to equal employment opportunity, and is, possibly, unconstitutional under the equal protection clause of the 14th Amendment.
2. There is already much concern over the cost of the Social Security system to current employees and employers. A declining birth rate combined with the increasing longevity of Americans, will result in a proportionately smaller labor force supporting a larger retiree population early in the next century. Later retirement and elimination of mandatory retirement at any set age could help ease this impending economic hardship.
3. Chronological age alone is a poor indicator of ability to perform a job. An employee who has been performing his or her assigned duties satisfactorily is entitled to the presumption that he or she will continue to be able to do so, subject to the findings of periodic physical examinations for certain types of employees (e.g., airline pilots, bus drivers, and others whose first lapse due to advancing age may threaten the lives of others.)
4. Mandatory retirement can cause hardships for older persons:
 - It often results in a burdensome loss of income for an older person.
 - It may well result in a lower retirement benefit under social security if the last years the employee would have worked would have brought higher earnings than earlier years.
 - It is especially disadvantageous to some women who do not start work until after the children are grown or after being widowed or divorced. Forced retirement limits the work life of these women and reduces their ability to build up significant pension benefits.

(over)

-It can cause great economic hardship on a growing number of older workers who have many financial obligations usually considered to be the province of younger persons (e.g., home mortgages, installment payments on cars, financial responsibility for older parents.)

-It may well impair the health of many older persons whose jobs represent a major source of status, creative satisfaction, social relationships or self-respect.

5. Mandatory retirement causes loss of skills and experience from the work force, resulting in reduced national output.

6. Mandatory retirement causes an increased expense in government income maintenance programs such as Social Security and Supplemental Security Income, as well as social service programs.

, The U.S. Congress and several States have enacted laws to prohibit, to some extent, the discharge or dismissal of a person from his or her job on account of age. However, NCSL finds that even in those areas where laws have been enacted, further action is required to fully eliminate employment discrimination on the basis of age.

Based on these findings, NCSL makes the following recommendations:

**Those state legislatures which have not enacted legislation to prohibit the use of mandatory retirement ages should do so prior to January 1, 1981.

**The U.S. Congress and those state legislatures which have enacted legislation, should amend their laws to ensure that all employees and employers--without exception--are subject to the provisions of laws which prohibit mandatory retirement.

NCSL SUBCOMMITTEE ON AGING
PROPOSED POLICY RESOLUTION:
RELATING TO HOME HEALTH SERVICES

NCSL finds that there is increasing utilization of in-home health, homemaker and social services. NCSL expects that for humane and economic reasons, the trend for long term care will continue to show decreased use of nursing home services and increased use of in-home services.

NCSL further finds that in the past residents of many proprietary nursing homes have not received quality care. NCSL attributes this fact, in part, to the profit motives of certain operators of proprietary homes.

It is clear that as the demand for in-home services increases, more and more proprietors--including many presently in the nursing home industry--will want to become providers of these services. NCSL does not want to see the abuses in the nursing home industry repeated in the network of in-home services.

Recognizing the potential for abuse, the architects of the Medicare law included language to control the provision of in-home services by profit-making enterprises. As a result, proprietary home health agencies are found in only 20 states, and only around 20% of the 3000 Medicare-certified home health providers are proprietary.

To ensure that the provision of quality care rather than monetary gain is the guiding light in the network of in-home services, NCSL urges state legislatures to:

- develop standards for quality in-home services;
- apply these standards equally to both voluntary nonprofit and proprietary providers of in-home services;
- carefully enforce compliance with these standards through licensure or certification laws; and
- pay special attention to actual and potential abuses of the recipients of in-home services, resulting from the profit motives of providers.

NCSL also recommends that the U.S. Congress--through the House Select Committee on Aging, the Senate Special Committee on Aging, or other appropriate panel--should study the track records, in terms of the quality of services, of both voluntary nonprofit and proprietary providers of in-home services. NCSL further recommends that, based on this study, the U.S. Congress should enact appropriate guidelines for states to follow in the development and enforcement of standards for quality in-home care.

NCSL SUBCOMMITTEE ON AGING

PROPOSED POLICY RESOLUTION:

PERSONAL ALLOWANCES OF CLIENTS OF
COMMUNITY-BASED RESIDENTIAL FACILITIES

NCSL has learned that the Commonwealth of Massachusetts is increasing the personal allowances of the clients of community-based residential facilities from \$25 per month, presently provided under the federal Supplemental Security Income Program, to \$40 per month. Massachusetts will be paying for the entire costs of the increased allowances.

NCSL is disturbed that the federal Social Security Administration (SSA) is unwilling to assist Massachusetts in the administration of the allowance increases. NCSL believes that it is reasonable to expect the federal government to assist in the implementation of this worthy, state initiated, state funded program by processing the increased allowances for Massachusetts. All that the SSA would have to do would be to write checks of 'x' plus \$15 instead of 'x' for a certain category of SSI recipients (i.e., Massachusetts residents who are disabled, impaired or mentally retarded and who live in community-based residential facilities licensed by the Commonwealth.)

If the SSA does not administer the increased allowances:

1. Certain SSI recipients will receive 2 checks instead of one check.
2. Paperwork of the facilities--many of which are small operations, with limited accounting skills--will be unnecessarily compounded.
3. A new state bureaucracy will have to be created--at an estimated cost of \$80,000 per year--just to process the \$15 increase in the personal allowances of these SSI recipients.
4. The total amount of state dollars which could be used for these persons will be decreased by \$80,000.

It is entirely possible that other States will follow the example set by Massachusetts in providing more adequate personal allowances for the disabled, impaired and mentally retarded clients of community-based residential facilities. NCSL believes that in the spirit of partnership in government, the federal government should assist and encourage any State which takes the initiative to improve the quality of life for these persons.

NCSL recommends that the U.S. Congress should enact legislation requiring the SSA to administer state funded increases in the personal allowances of SSI recipients.