

**PUBLIC HEARING**

before

**SENATE COMMITTEE ON AGING**

on

**(Issues and concerns of senior citizens)**

Held:  
April 13, 1984  
Public Safety Building  
Nutley, New Jersey

**MEMBERS OF COMMITTEE PRESENT:**

Senator Catherine A. Costa, Chairwoman  
Senator Christopher J. Jackman, Vice Chairman  
Senator Leanna Brown

**ALSO IN ATTENDANCE:**

Senator Carmen A. Orechio

**ALSO PRESENT:**

David J. Rosen, Research Assistant  
Office of Legislative Services  
Aide, Senate Committee on Aging

\* \* \* \* \*

**New Jersey State Library**



## TABLE OF CONTENTS

	<u>Page</u>
Peter Shields Executive Director Union County Division on Aging	4
John J. Fay, Jr. New Jersey Ombudsman for the Institutionalized Elderly	7
Cleo Day Concerned citizen	18
Lois Hull Executive Director Essex County Division on Aging	25
Bernie Gallagher President Senior Citizens ARP	29
Claudia Fogel Director of the Work Center on Aging Jewish Vocational Service	32
Helyne Sekanics Passaic County Office on Aging and Advisory Council	37
Arthur Robbins Executive Director of Transportation for Independent Living Essex County	38
George Batten Chairman of the Legislative Committee Home Health Agency Assembly of New Jersey	41
Pat Moulton Registered Nurse Bergen Pines County Hospital	43
Diane McCafferty Social Worker Bergen Pines County Hospital	45

TABLE OF CONTENTS (continued)

	<u>Page</u>
Dorothy Verna Clinical Nurse Specialist Bergen Pines County Hospital	51
Pamela Hayes Assistant Professor Rutgers College of Nursing Newark, New Jersey	54
Carl Weininger Essex County College	57
Arthur C. Manning Senior Citizen Coordinator Montclair, New Jersey	60

**APPENDIX**

Statement and Statistical Summary Submitted by Peter Shields	1x
Statement Submitted by John J. Fay	20x
Letter Submitted by Arthur C. Manning	23x
Letter Submitted by Herbert W. Miller and John Szyborski on behalf of the New Jersey Co-Ordinating Council of Organized Older Citizens, Inc.	25x

\* \* \* \* \*

**SENATOR CATHERINE A. COSTA (Chairwoman):** Senator Orechio will open our hearing today.

**SENATOR ORECHIO:** My name is Carmen Orechio, and I am a colleague of Senator Costa and Senator Jackman. I am Mayor of Nutley, and I would like to welcome you here.

I want you to know that the Chairwoman of this Committee is a real tough taskmaster. She just reminded me a minute ago that it was 10:30 A.M. She said, "You know, it is 10:30 A.M., and my meetings always start on time." She ushered me out of my office and -- that clock is five minutes fast -- so, we're actually starting on time. I don't think I could have chosen a better person to chair the Senate Committee on Aging.

I guess it was about a year ago that I recognized, along with leadership, that we should have a Committee on Aging. One had been established in the Assembly, and of course, there has been tremendous pressure placed on the Administration, which has been relentless, to establish a Department on Aging. There is no question in my mind, with the multitude of senior citizens in this State and in the nation, that a committee which would be assigned specifically to senior citizen causes, is certainly one in keeping with the tradition of good government in New Jersey. So, we decided to establish a Committee on Aging in the Senate. Now we have two Committees -- one in the Assembly, and one in the Senate -- that will concern themselves exclusively with the problems of the aged.

Senator Jackman, as you know, was Speaker of the House, and he has a designation by the State House which describes him as Speaker Pro Tem of the Senate. He is another person whom I deliberately chose to serve as a member of this great Committee.

I also want to acknowledge the presence of a man who presently serves, I think-- Is it today, John?

**MR. FAY:** Yes.

**SENATOR ORECHIO:** He has served as the Ombudsman for the State of New Jersey. He has served in a very distinguished fashion as a member of the Assembly, and also as a member of the Senate. I am talking about Senator John Fay, and I would like to welcome him to Nutley. He has served me and has been in the forefront in dealing with

the problems of those seniors -- the handicapped and disabled -- who have been in nursing homes. It has been John Fay who has really led the one-man fight and ferreted out those conditions that were intolerable -- conditions that we couldn't stand for in terms of dealing with seniors who unfortunately had to be confined to nursing homes and boarding homes where standards, by the way, were certainly beneath the standards that we feel seniors should enjoy in the State of New Jersey. Those who are in the twilight zone, and those who have been pioneers in the communities in our State certainly should be treated with dignity and respect. Senator John Fay has certainly seen to that, and I congratulate John for that.

At this point, without any further ado, I will turn the forum over to Senator Costa, who will set the agenda for today's session.

SENATOR COSTA: Thank you very much, Senator Orechio.

Welcome to the public hearing which we are holding here in Nutley, New Jersey. It seems appropriate to have it here, since it is Senator Orechio's hometown. We, the citizens of the State of New Jersey, who are concerned about senior citizens, are all grateful that Senator Orechio had the foresight and the sensitivity to the elderly to form this Committee on Aging. The first hearing will be here in Nutley, and the second one will be held in Willingboro, New Jersey, which happens to be my hometown. In this way, we will cover the north and the south.

One out of every six residents in the State of New Jersey is over sixty years old. In fact, there is a growing population of people in their seventies and eighties, so we have quite a large population here in the State of New Jersey. Most older people are healthy and active, but there are those who have problems and concerns. The goal of this Committee is to seek out those problems and concerns, and to try to find a way to help our elderly.

We're going to be looking into what laws we already have, what programs we already have for the senior citizens, and we will be listening to the providers and those who are administrators of senior citizen programs. We will also be listening to the senior citizens themselves to find out just exactly what is needed in the State. Then we will prioritize and possibly come up with a Committee bill.

We will also look into the casino funding, because we find more and more bills are using casino funds. The fear we have is that those funds will be used up entirely, and they won't really be reaching those areas where the senior citizens need them.

You know, we never have enough dollars to take care of every program, but within those constraints, we'll see what we can do about it. For this Committee to succeed though, we must be aware of the needs of the senior citizens.

At today's hearing, we'll actually be beginning this dialogue. I stress "beginning" because we have to have a constant dialogue with the citizens of the State, so we can follow our goal.

Today, we have about 16 witnesses before us. There are administrators, providers of services for senior citizens, and individual senior citizens themselves. Once we are through listening to these 16 people, if there are any other people who would like to testify before this Committee, we will be glad to hear you at that time.

As you can see, we have legislative recorders here, and a report will be printed. This will be a great thing for the legislators to have to refer to in order to work for better legislation in the State.

I would like to introduce our Committee members. We expected another member here today -- in fact, two more members -- but, unfortunately, Senator Lesniak could not be here. He had two court cases that came up. Senator Leanna Brown will probably be late.

I would like to introduce the Vice Chairman of this Committee. You heard Senator Orechio refer to him. Chris Jackman, I think, needs no introduction. He has been working for the State of New Jersey and for all people, not only senior citizens, but all people throughout his entire lifetime. I would say "forever," Chris.

SENATOR JACKMAN: Thank you.

SENATOR COSTA: With that, I would like to introduce Senator Chris Jackman, and have him say a few words.

SENATOR JACKMAN: I think it was briefly covered by our Chairwoman. My position is a selfish interest. I am sixty-eight years old, so you will realize when you talk about senior citizens, I am "pro."

I think Senator Orechio has ingratiated himself with an awful lot of nice people in doing the job he has done. We're very proud of the fact that the Committee on Aging was formed by him.

With the input from the people in this room today, I think we will be able to go back to our colleagues and maybe put together the kind of legislation that is so very important for the well-being of our senior citizens.

Thank you very much.

SENATOR COSTA: Thank you, Chris. I would also like to introduce our Staff Aide, Dave Rosen, and my aide, June Goldberg, who is behind the camera. Our hearing reporters today are Jeanette and Kim. I'm sorry, I don't know your last names.

With that, I'll call our first witness, Peter Shields, Executive Director of the Union County Division on Aging. Welcome.

**PETER SHIELDS:** Good morning, Senator Orechio, Senator Costa, and Senator Jackman. I am very honored to be your first witness. I thought I would be following my very good friend, Bernie Gallagher, who has been a colleague of mine for many, many years, and an outstanding advocate for the senior citizens here in the State of New Jersey.

I have a brief two-page statement, which I will read. My name is Peter Shields; I have been Director of the Union County Division on Aging for the past ten years. At one time, I was County Welfare Personnel Officer, and prior to that I retired as a field representative from the United States Social Security Administration, with over 30 years of Federal service, which was primarily concerned with the elderly.

I am looking forward to my second retirement at the end of this year. I will possibly start a third career, but right now, I'm not sure what that will be.

I am presently Chairman of the Long-Term Care Committee of the New Jersey Association of Area Agencies on Aging, a member of the recent State Nursing Home Task Force, Immediate Past President of the New Jersey Association of Area Agencies on Aging, and former Legislative Chairman of the National Association of Area Agencies on Aging.

I am also Chairman of an Advocacy Committee which represents the State's area agencies, visiting nurses, home health aides, and medical social workers.

Please accept my heartfelt commendation on the establishment of your Committee, which is so vitally needed in view of the "graying" of our society.

Without going into population trends and statistics which you no doubt already know, I would request that you consider my statements with reference to the frail elderly -- the sick elderly poor -- and set home care for the sick elderly poor as your highest priority.

I believe that one of the greatest mistakes our State legislators have made is the tremendous loss of time that has been put in on well-meant, good-intentioned proposed legislation that never becomes law, and if it does, it does so at the expense of more important issues.

I would suggest to the Committee that your first order of business, after these hearings, is to decide on your priorities and realize that you cannot be all things to all people. Consider the limitations of the dollar and resolve to spend that dollar first on the sick elderly poor and, if possible, double that State dollar through permissive Federal financial participation.

Our State is in the middle of a crisis concerning the shortage of nursing home beds for Medicaid patients. With this in mind, Governor Byrne created a statewide Committee on Long-Term Care, and more recently, Commissioners Albanese and Rodriguez created a Nursing Home Task Force to attempt to resolve this problem.

We have 3000 sick elderly poor who are certified under Medicaid as in need of nursing home beds. This is only the tip of the iceberg, as there are thousands more who are also in need of long-term care and whose income may just put them beyond the reach of Medicaid eligibility, but who are medically indigent due to paying medical bills.

I don't want you to get the wrong impression, as some people do, that we are speaking about the elderly as a whole. We're not. As a whole, the large majority of elderly are doing pretty good in this great State. This is evidenced by a recent need's survey we conducted

of Union County's elderly, which I am happy to make available to the Committee. We're considering just that small impoverished percentage that we must look to, which are also referred to in our need's survey.

I would suggest that you stop and take a look at the way you've been spending the casino funds. You have been spreading them across too many senior citizens who, no doubt, need the assistance you have provided, but you have neglected the group who needs it the most -- the sick elderly poor.

I know you have all been pressured to spend the money in well-intentioned ways on transportation, utilities, real estate rebates, rental assistance, etc.

I always use this example: If you have only one dollar to spend and you have three elderly people -- one sick in bed, one standing on the corner with a shopping bag and looking for a ride, and one looking for rental assistance -- who are you going to give the dollar to? The answer should be obvious. Give it to the sick. Don't spend it on transportation, rental assistance, realty tax rebates, etc.

In Union County, our stress has always been on the sick elderly poor and the improvement of home health care, with consideration for home-delivered meals, nursing and home health aide assistance, medical transportation, and competent social workers to assist the elderly with their problems.

I would ask you then to:

1. Get your priorities straight.
2. Stop considering "do-gooder" legislation for all the senior citizens.
3. Look at the nursing home crisis.
4. Consider how to improve home health care and community-based services to keep people out of nursing home crises.
5. Consider medically needy legislation, such as that recently requested by our Advocacy Committee representing the area agencies, visiting nurses, home health aides, medical social workers, and the N. J. Federation of Senior Citizens.
6. Consider legislation to create a Department on Aging.

Thank you for permitting me to testify.

SENATOR COSTA: Thank you very much, Mr. Shields. I might add that although Senator Lesniak is not here, his aide is here.

Senator Leanna Brown has just joined us. Leanna, I know this is on short notice, but would you like to address our audience?

SENATOR BROWN: I am just very pleased that the Senate President has seen fit to establish a Committee on Aging in the New Jersey Senate, which is very ably chaired by Senator Costa.

One of the areas I am going to have some particular interest in is abuse of the elderly. I have a couple of comments I have prepared in this area, which will be available to anyone who is interested. I look forward to having dialogue here this morning, and hearing what everyone has to say.

Thank you very much.

SENATOR COSTA: Thank you. Our next witness is John Fay. John, I want to thank you for all the help you have given me when I've called upon you with problems regarding senior citizens in nursing homes. You will be sorely missed in that arena, but we congratulate you on your new position.

**JOHN J. FAY, JR.:** Thank you, Catherine. I would like to start this brief statement by commending Senate President Orechio for creating this Committee.

Because of what I have gone through during the last six years in the Ombudsman office and the four years previous to that in the State Senate -- the awareness of the growing elderly population -- I think it is significant to note that in the 1980 census, the only age group that shows a serious increase is the 80 to 90-year-olds. I know that during the last few years in my office, we saw this firsthand -- 65-year-old men and women coming to us. We thought they were there for themselves, but they were there for their 92-year-old mothers or their 94-year-old fathers.

I think what is particularly important about a State Committee, both in the Senate and in the Assembly, is that it is by fact more significant than your Federal counterparts because they can only make recommendations, while the State Committees, besides recommending, can also legislate. I think that important difference is a most significant one.

Since this is going to be one of my last official acts, you know, I have mixed feelings, but one thing I am proud of is that we're

leaving the State of New Jersey with a strong, credible, professional office. Six years ago, our office was just a statute saying, "There you are." It was also just a mandate to a population of approximately 100,000 people, and growing.

The point Peter Shields made, which I think is unique, is in recognizing that when you are 65 or 75 years old, and you are healthy, stable, and relatively well off economically, how quickly it can change. For example, the husband who is 70 or 75 years old dies, and the wife, just a few short years later, may get ill-- The fact is that the average nursing home in New Jersey costs \$20,000 per year, so it doesn't take very long to go from being economically stable to being poor. Do you have to be poor to be Medicaid eligible?

So, I think our office during the last six years has given this kind of commitment not only to the population in institutions; like too many states, we do not limit ourselves to nursing homes. If we're talking about the recognition of the elderly in institutions, yes, we do go into the county hospitals, which are 90% to 98% elderly. Yes, we do go into the boarding homes, which were the great "unknown," not just in New Jersey, but in the United States too. Again, we weren't unique. When we had those horrible boarding home fires in New Jersey, there were fires in Pennsylvania, Ohio, and many other states in the Union, with the same populations. There were night-and-day differences between nursing homes and boarding homes. For instance, a fire in Camden killed four -- a nursing home fire killed four-- It wasn't a nursing home. It wasn't even a legal boarding home.

New Jersey is one of the few states in the Union with a strong boarding home law and with a new commitment from Trenton to the counties and the communities. There is a recognition of a very frail, too often defenseless population in our boarding homes.

We also have the obligation and the responsibility to go into our State institutions, which no one has ever passed off as being the millennium when it comes to institutions. Yes, we do go into the State schools for the retarded and we do go into the psychiatric hospitals.

What Senator Brown mentioned before, I think is significant and important to both this Committee, the legislative body, and the public, and that is, the new mandatory Adult Abuse Reporting Law, which

went into effect last June. This is just limited to the elderly in institutions, but it is very similar to the Child Abuse Law, where it gives the professionals immunity. But, after being given that immunity, you do have to report, and our office has the responsibility to investigate, or to refer, or to monitor any report.

I'm shocked to say -- not too shocked -- that from June until March of 1984, our adult abuse reporting is up 70%. Many of these cases are being documented as valid -- ranging from someone being slapped in the face, to someone being whipped with a wet towel, to someone being shoved into a scalding tub in a nursing home. Now we're not just theorizing and we're not just guessing. I think what this law has done is it has given us a good grip on the problem. We're not exaggerating, and we're not just finding one case and thinking that it must be going on all over.

By the way, these are documented between the valid and the invalid. But, even with the invalid, what we're saying to staff and to the families -- what we're saying to any interested person -- is, "If you think that person is being abused, yes, report it." No one is asking anyone to play judge and jury; we're referring it to the proper agency in order to validate it and to follow-up on it, which is most important too.

What I think our office has shown is that with the statute, we do guarantee confidentiality. A person can come to us, and we can guarantee that we're not going to put him or his family on the line. This, I think, gives credibility too. It is a strong statute.

I'm leaving, Governor Kean will be replacing me, and I feel good that I'm not just walking away from the field. It is something that becomes a matter of conscience and concern.

I am submitting a list of legislative recommendations to you, which we feel could be and should be acted upon in this legislative session. I submitted them personally to Governor Tom Kean two weeks ago. I am proud to say that Governor Brendon Byrne and Governor Tom Kean have both been very strong and supportive of this office. This isn't an office that just answers to the Governor. The Governor appoints and the Senate concurs, but afterwards, it is our responsibility to report to the Governor and to the public on what we have found.

The legislation that I think is most important -- one of the oppressive evils in the State -- is the Medicaid discrimination that has been going on in our State and too many other states in the Union. When you are Medicaid eligible, meaning that you are poor, old, and sick, you literally cannot get a nursing home bed in New Jersey. The family is told when they show up for their Medicaid eligible parent or grandparent, "We don't want to hear about that. You are going to sign a private-pay contract for anywhere from six months to three years." At \$20,000 a year, you know what kind of a burden that is.

Not being a lawyer, I have felt that this was discriminatory. Two years ago, the Attorney General of Maryland said loudly and clearly, "Yes, it is discriminatory." The courts in the State of Massachusetts have said it is discriminatory. A task force, by the way, came out very strongly in saying that this is discriminatory.

There are bills before the Assembly. I believe Senator Codey is going to put a similar bill before the Senate. To me, it is most important as a matter of justice and fairness. As a matter of fact, these 80 and 90-year-olds whom we are talking about are outliving their families. There are no families to sign the private-pay contracts. And then, they go to the next group -- the working class, the middle class people -- and say, "Yes, you're going to have to bankrupt your family. You have a choice between your children going to college or whatever." I think this is a major beginning of acting upon Medicaid discrimination.

There are other bills that are even more basic, and I think they should move. By the way, they moved a bed-hold policy through the Senate and the Assembly last year, which said that if you are in a nursing home for four or five years, and then you go to the hospital for a couple of weeks, when you come back, your bed is gone. So, not only have you gone through your life savings, but now you are left in a position where you don't even have a nursing home bed to come back to. Legislation did pass in the Senate and the Assembly last year. The Governor vetoed it because he said he didn't want it coming from the casino moneys. It seemed like everyone agreed to that, and now those bills will be coming back before you.

Raising the Personal Needs Account: The fact is, this hasn't been raised since 1974. It is still \$25.00. Sixteen states in our Union have raised it. I think Assemblyman Doyle has a bill which will raise it to \$35.00.

There are two recent bills that I want to go on the record for here. Two years ago during the heat wave, four men and women died in a nursing home in Chicago because the fans had broken down and the heat was oppressive. When they investigated, and we investigated, we found that there were rules and regulations for the winter, but nothing for the summer. You can just as easily die from heat exhaustion as you can from cold.

I presented rules and regulations to the State Department of Health. I got sick and tired of waiting for them to move, so I recommended to Assemblyman Deverin that he propose legislation which would cover the heat-wave problem. It is not academic.

Last summer in Atlantic City, there was the same kind of problem in a nursing home. Seven men and women ended up in the hospital. We didn't know about that until a week later. Why? It was because they didn't have to report it to anyone. One of the major parts of this new legislation is yes, you do have to report it.

What we will be doing is, we will be sending our final reports, our documentation, and our recommendations to your Committee and the staff people.

I, again, thank you for this Committee, which is comprised of people who care.

SENATOR JACKMAN: John, wait a minute. May I ask a question?

SENATOR COSTA: Yes, you may.

SENATOR JACKMAN: John, what has been the experience with the Board of Health and your office?

MR. FAY: The State Department of Health?

SENATOR JACKMAN: Yes.

MR. FAY: They never put me before it as the "Man of the Year" for being bureaucratic. I always felt that they had to be prompted.

I think what is good about the legislation is, it gives the office strength. It is not just me. I have ten field investigators,

six R.N.'s with public health experience, a few men in criminal investigation, and two lawyers. We're not asking the State Department of Health; we are more or less telling them that when we send a report to them, they have to answer us within 30 days.

SENATOR JACKMAN: What has been your experience with the Certificate of Need as far as the beds are concerned?

MR. FAY: That is a bureaucratic nightmare too.

SENATOR JACKMAN: That is one of the problems I've been confronted with. It seems to me that we have people who want to invest money, who want to build facilities for the needy, and somewhere along the line, we've got the background--

MR. FAY: (interrupting) I know. The Certificate of Need is one of the worst examples of a "Catch-22" that man in his wisdom has ever created -- where they count paper beds. Somebody may have put in an application three years ago to build a 200-bed nursing home. Then that person may have left for Brazil or some other place that doesn't have extradition. When you go back to check the record, you find they are counting those 200 beds as beds.

So, when they tell you, say in Hudson County, "You don't need beds; you have 400," you say, "Well, those 400 were never built. And, they don't intend to be built." So, they say, "Yes, we know, but there is a figure there saying that you have 400 beds." I know they are working on this. I know the Nursing Home Task Force-- In most respects, the Nursing Home Task Force-- I believe Commissioner Albanese and Commissioner Rodriguez could give a detailed report on that, because it does take in the whole picture.

For example, the county hospitals take all poor people and all Medicaid people. As a member of that Task Force, I felt very strongly that the State and the Federal government should motivate the counties to allow capital funds and operating funds, because this shouldn't be just the industry. The nursing home industry is profit-making; nobody ever said they were "Little Sisters of the Poor." A good part of the industry is profit-making.

The nonprofit part of it is in the religious area and in the nonprofit groups who run them. And then, there is the county. Middlesex County just added 250 beds to their county hospital, but they

had a tough time getting through that "cap" area. They are having a tough time funding the nursing staff. But, the Nursing Home Task Force does take many of these long-term care patients -- not just nursing homes.

There should be innovative thinking regarding the type of housing needed, not just the nursing homes, and not just the boarding homes.

Even though there have been some break-throughs in the State, and some very positive things have been done, we're still light miles away from where we can be. There is very little help coming from Washington -- very little help. Congressman Rinaldo is one of the few people I know who got boarding home legislation through in Washington. Again, they weren't treating it as a national tragedy. It is a national disgrace; the tragedies just bring it forward.

The fact that we're putting thousands of people from 40 years old to 90 old-- Then you have the growing aging population who are not sick enough to be in a nursing home, but they have nowhere else to live, so you put them into a boarding home.

With the congregate type of housing, which by the way is a cliché when you come down to reality, how much of congregate money is going into New Jersey or any other state for that matter?

But, where it is working, it is working well. There isn't this kind of priority though. Again, I think New Jersey is one of the few states, whether we were motivated by tragedy in some areas or commitment in other areas, we are ahead of the Federal government in most of the areas we are talking about.

SENATOR COSTA: Thank you. Regarding your numbers as far as nursing home beds are concerned, I could never understand how they could say we had enough nursing home beds. As a County Freeholder, I was constantly trying to get a patient in a hospital. As far as help from the Federal government is concerned, I tried to get Walston Hospital at least one floor, and they had four more floors filled. I just couldn't communicate.

MR. FAY: I know. What your Committee will be able to do is, it will be able to highlight many of the problems. I don't deny there are complex problems. I don't deny there are serious problems. But,

at least, with a Committee like this, there is a committee to go to, and there is one committee to concentrate on the whole variety and intensity of the problem.

SENATOR COSTA: As far as the Health Department is concerned, they always let the homes know when they are coming, so everything is really rosy. That is why I called upon you.

MR. FAY: Yes.

SENATOR COSTA: You got in there at four o'clock or five o'clock in the morning.

MR. FAY: We go at four o'clock in the morning. If we get a complaint on the eleven to seven shift-- Last year, we had a complaint on the eleven to seven shift -- that staff was sleeping on the night shift. So, I sent two nurses at three o'clock in the morning, with cameras, with teddy bears to put in their arms when we woke them to tell them that they were under arrest. The whole staff was sleeping on that shift. But, we did document the incident, and those people were fined.

SENATOR COSTA: I'm pleased that you've gotten a nicer position, but I think we're sorely going to miss you.

Assemblywoman Brown?

SENATOR BROWN: I appreciate your comments. I think, in a way, we are lucky to get the benefit of your thinking, because obviously, with your past history, you don't have to worry about any of us breathing down your neck within the next couple of years.

If we have to prioritize, I gather from the way you gave your remarks that certainly the idea of private payment in this whole complex situation, with nursing homes and Medicaid, is your number one priority. In other words, we're zeroing in on all the problems facing the elderly. Health care and nursing homes is their number one problem; is that correct?

MR. FAY: Yes, I would say so. The point Peter Shields made is, "not limited to institutionalization," but a much higher awareness of priority of preventive health, public health, clinics, and home health care is needed. The area of preventive health or actual help being brought up to the level, or near the level, of people who really need to be institutionalized is needed. You have to start thinking

ahead about how much more important it is to have preventive health and public health programs in place before a person is sick enough to need an institution.

SENATOR BROWN: Secondly, you referred to innovative concepts in housing. This is an area that has been of concern to me over the years, and I really do feel that out of the casino funds, we could have more attention paid to the area of housing. I have some legislation in this area, but could you give us some more specifics? You said congregate housing was really not going anywhere at this point, but could you give us a few more ideas of what you think is--

MR. FAY: (interrupting) I think, Senator, that the first recognition is in-- You know, in Washington, the Department of Housing and Urban Development, the Social Security-- When you say "boarding homes" to those people, the types of boarding homes and the types of group housing are alien to them. They think that senior housing means putting up a 15-story building, putting 500 or 800 relatively healthy seniors into the building, and then moving on to the next town.

I'm saying that 20 years later, those 500 people are now sicker and more frail, and it is more likely for one of them to die and the other to be left alone. I'm saying, where is the innovative thinking from the Department of Housing and Urban Development? What is wrong with a clinic-type of operation in that high-rise? What is wrong with intermediate care beds in that building? I would recommend that the Committee look closely at the new operation in Rahway, New Jersey -- the geriatrics center -- with day-care and public health. It also has intermediate and-- By the way, this is built right next door to a large, senior housing complex.

The people I just talked about where the husband dies, and the wife is alone -- now the wife needs a nursing home-- She is being sent from Nutley maybe to Camden. She is being sent from Morristown maybe to Atlantic County. So, it is not only trying to find a bed; you are also taking these people out of their communities, away from their friends, and away from everything they've known for 60 or 70 years. Now, their last two, three, five, or eight years are going to be spent 150 miles away. How brilliant do you have to be to suddenly say, "What can we do to stop this?" When it comes to group housing, whether it is

called congregate or anything else, why aren't the churches -- the Jewish groups and the Protestant groups -- motivated to provide a small type of boarding home or congregate housing?

I know that when I've been before Catholic groups -- and being a Catholic myself, I find it easier to be critical of them -- I say, "What about all the empty convents?" What would it take to renovate them so they could take in 20 or 25 people to replace the nuns who are now running for public office, or whatever they are doing? (laughter)

SENATOR BROWN: I'm all for that. Following through along this line of housing, there has been a lot of discussion about mother/daughter housing -- about having zoning that would allow a family to take in an older mother or father. I even heard the other day about the possibility of having temporary housing. In other words, you could bring in a beefed-up mobile home. If the home was large enough, you could put it on a piece of property, and then when a death occurred, obviously because it is a mobile home, it could be removed.

MR. FAY: The zoning laws in New Jersey and in most states in the Union frown upon innovative housing. They don't all think it is a good idea. For instance, in Morris County, they think it is a good idea if we put it in Middlesex County and vice versa. Yes, this kind of breakthrough has to come. The discrimination now is aimed at old people. In Elizabeth we didn't want the 200 old people hanging around our upper middle-class neighborhood. You know, there goes the property values.

SENATOR BROWN: I think now I would really like to be optimistic. We are making progress, and people are realizing that is my mother and your mother and somebody else's mother. This is not a foreign group.

I was glad to see your stress on the abuse of the elderly that is going on. Ironically, this all taking place during a month when we are paying attention to child abuse. I would like to put forth that I think there is a connection with a society that abuses its young and a society that abuses its old. I think that by having the elderly, in many cases, living closer to us, the young people have time on their hands and many older people have time on their hands. I was late

getting here this morning, and some of us in our middle years really do have a lot of commitments. I think a society that does not have its young respect its old, and its old respect its young-- If we have people living closer together, maybe that will help.

I have two very quick points, if I may. Looking back on the organizational structure, which certainly bows to medical needs and housing needs, in State government, from your vantage point over the years, do you think a Department of the Elderly makes sense?

MR. FAY: I personally do. By itself, it can be justice. Again, it is the type of people who would be in this office. I believe it would give it visibility. I believe there is such a variety and complexity of problems with the aged that yes, I do feel it needs this kind of visibility and clout.

In the few states I've watched -- Massachusetts for one -- where they have brought it up to cabinet level, it has seemed to be productive. In theory and in fact, I'm in favor of raising the status and the visibility of the problems of the aged to that level.

SENATOR BROWN: My last quick, sensitive subject -- I'm sure we're going to hear about this, but one way that we have been dealing and coping with senior citizens' problems is through the whole vehicle of tax exemptions. We see in this day and age Senator Bradley with his petitions in the paper this morning, calling for an approach to taxation that limits it. I must tell the group here that I serve on the Revenue, Finance and Appropriations Committee, as well as the Aging Committee.

As a general rule, with regard to utilizing a lot of tax exemptions for senior citizens, do you have any philosophy on that?

MR. FAY: I really don't know that much about it to speak with any authority, Senator.

SENATOR BROWN: Okay, thank you.

SENATOR COSTA: Thank you, Mr. Fay. You have so much to offer to us. Thank you very much.

MR. FAY: Okay, thank you, Catherine. Thanks for having me.

SENATOR JACKMAN: Thank you, John.

SENATOR COSTA: Next is Cleo Day.

**CLEO DAY:** Thank you. This is not routine for me. I was very moved by-- Excuse me, I have a touch of a virus that is lodged in my chest and throat. I'm going to speak as clearly as I can. Tell me if I should raise my voice.

I was very moved listening to John Fay -- moved so much because he was not speaking routinely. This is not a routine event for him, and this is certainly not routine for me. What touches me is that someone in his position can attach himself in such a devoted manner. You know that his sincerity is real. He has helped me. He helped to conduct an investigation for me personally, and I thank him very much.

You are interested in abuse. When you speak about abuse, you are talking about victims. One thing I wanted to address today is, I am here representing Alzheimer's disease and related disorders for care givers. I'm not here as a professional; I choose to be here as a care giver. I have support groups, and I have a telephone for those care givers who are unable to come out to our meetings.

Victimization, I find, is something that is no longer relegated only to the patient. The patient is no longer the only victim. The care givers are victims -- the nurses, the aides, the administrators. Citizens are victimized because Alzheimer's disease and related disorders are draining not only emotionally and physically, but financially. Taxes are going for a tremendous amount of attempts to care.

When I spoke to a group of nursing students, I wanted to talk lightly about it. I was talking about Alzheimer's, and these were students about to graduate. I asked them for a show of hands, "How many of you, when you graduate, are looking forward to working in a nursing home?" There were maybe two hands. I expected as much, and I said, "Who here is looking forward to working in a hospital?" With that, everyone's hand went up. I said, "I know the rest of you who didn't raise your hands are all going to work on the Love Boat."

I think the crux of the matter is that most of the nursing students are geared for curing. In the area of Alzheimer's disease and related disorders, we are dealing with caring. No one is giving permission for them to truly care. They are geared for curing. I find this with physicians, as well. It is difficult to find a physician who

will care for an Alzheimer patient when something extraordinary occurs, such as a fracture, or transferring a patient from one facility to another. It is very difficult.

I have papers that I would be happy to share with you privately. The Alzheimer situation creates a great deal of frustration for the physician during the recuperating stage. It is a perplexing dilemma which puts undue stress on the care givers who spend anywhere from eight to twelve years caring for the Alzheimer patient at home. During this period of time, Medicare will not cover any help for home health care for an Alzheimer patient. Alzheimer patients are considered to need custodial care, so they are not entitled to skilled nursing care.

We are really working hard. At Einstein Institute, they have been working for several years, and they have brought out that Alzheimer's disease is not a natural process of aging. It is indeed a disease in the hippocampus portion of the cerebral cortex of the brain. It is not respective of age. The youngest person I know is twenty-eight years old -- a young mother who does not now recognize her two young children. She is in a nursing home.

There have been over 60,000 Alzheimer patients diagnosed in their 40's and 50's in the United States alone. That is reported. Most people, we find, are not in the early ages.

In my personal situation, we had Dad home for 15 years, but in the early stages, there was a lot of denial -- a tremendous amount of denial. We speak of denial, and I can't help but remember speaking with Elizabeth Coopler Ross, who has done so much good for the hospice movement in caring for the terminally ill. I spoke with her last weekend in upstate New York, and we have communicated by letter in the past. We asked if there was a way for her to help us -- to do for us what she did for the terminally ill. We certainly consider Alzheimer's disease a terminal illness.

It takes so gosh darned long. They live and live and live -- healthy bodies, but essentially brainless -- until "they are lucky enough to contract pneumonia and die." That is considered lucky to a care giver who still grieves over the loss of his wife. It goes on and on.

What does one do during those 15 or 20 years? One sits back and watches the complete deterioration of a loved one. Children are affected when they are close to a grandparent or a parent. I know people who are caring for their loved ones at home. The devastation it is causing within the family-- The fathers who are fifty-two years old, and seeing this slow decline-- What we had considered normal for an 85-five-year-old is occurring in 40-year-olds and 50-year-olds, and that is something you don't want to have to experience in your own family.

This is something we need to be attentive to, because there are over four million affected by this disease. The chances of this happening within our own families -- to ourselves, to our loved ones-- Are we going to be the care givers, or are we going to be the patients? I think we have a great investment here. How are we going to be cared for, and how are our loved ones going to be respected? What kind of dignity-- When you come away from Elizabeth Coopler Ross, you come away on a "high" that is unbelievable, because you just believe in dignity and respect for everyone at any level of life. Whatever life, whatever living there is, you are entitled to dignity and respect.

I took the liberty of making a copy of this. This is an article entitled, A Never-Ending Funeral: One Family's Struggle. This story was presented a couple of years ago at Senator Thomas Eagleton's Subcommittee Hearing on Human Resources. This is something you may be interested in. If you like, I can leave you a copy.

I think my story is equally dramatic. My story may be difficult to tell. It is certainly not complimentary; it is unpleasant to speak of, but it must be said. Through this -- and it touches upon what Mr. Fay's office did for me-- I have to come to the end, I think, before I go through the story. With all the anguish, despite all the anger and resentment, I know deep in my heart that retribution is not the answer. In this, I am humbled, because what I want to do and what I have been doing, is reaching out to the care givers and the patients, and educating the public. Aides are very important. Elizabeth Coopler Ross reminded me last weekend of how important aides are in nursing

homes and hospitals. They are vital, because they are the ones who are touching the patients. If they are not treated with respect-- I come from a medical laboratory background, and I've done several years of home health care, having become interested in the Alzheimer plight. I must say that aides should be treated with respect and dignity, and, perhaps, as I zeroed in on recently, maybe they should be entitled to some of the continuing education allotments that R.N.'s are entitled to. I just learned this about a month ago, and I thought, "How could we change this?" Many of them certainly do not have the economic means to pay for extra classes in death and dignity. Death and dying classes are hard to get through, but they are vital to appreciate the whole process. I found out it is done through their unions to make the changes, so perhaps we can look into that.

I would like to ask if there will be an opportunity to meet at another time. I would be very interested in being appointed to some kind of position that would give me the opportunity to meet with more people -- the Office on Aging, education programs which I have drawn up. I had a wonderful experience in upstate New York with Elizabeth Coopler Ross. I stayed with Alzheimer families, and I met with a wonderful nurse who started a program up there. There is no Medicare or Medicaid in that county for some reason, so the local businesses fund a program where she trains aides out of a church hall. Another company donated an answering service. They are doing this with community involvement. Oh my, it just made me feel so good inside to know that there are communities working together like this. She trains them to care for Alzheimer patients. We compared notes, and although I am not a nurse, we found that our outlines run along the same line. We use a book called The 36-Hour Day as a fundamental guide for care givers -- both professional and family alike. We have an opportunity to learn from this, to share with others, and to see how other people are coping. We learn from the care givers.

Perhaps the people--

SENATOR BROWN: (interrupting) This is a good chance to interject. I'm a little concerned that because of the lack of amplifying microphones here, not everyone in the room can hear you. Out of kindness--

SENATOR JACKMAN: (interrupting) I was just going to suggest -- and please believe me when I try to explain it to you-- I'm not trying to be abrupt, but if you feel you've got something of importance you would like to convey to us in written form, or you would like to discuss alone with us, we have no objection. We would be very happy to listen to you. What I would like during this meeting is, if you would give us some idea of what you want us to do as legislators, when we go back to Trenton, we can bring some of your recommendations to their attention. You don't have to be specific and you don't have to be learned, because that is what we have staff for. Give us your ideas, and then we'll reduce them to writing. Okay?

MS. DAY: Fine. That is very good. We have a nursing home which will be privately funded by the particular person who owns the property, and we have discussed the possibility of having a pilot program for caring for these patients with Alzheimer-related disorders. He is willing to discuss this. He is going to put up a money-making nursing home, but he would welcome the idea of having a portion of it set up as a respite facility -- one that would operate like a hospice -- one that would give part-time nursing care. We could do it as a pilot program, and we'll have something to be very proud of. I have volunteers already--

SENATOR JACKMAN: (interrupting) If that is a recommendation--

MS. DAY: (continuing) I have nurses, I have people who are ready--

SENATOR JACKMAN: (interrupting) Yes, but you see, that is a situation-- That is a private-- Where does he want to build this?

MS. DAY: In Bergen County.

SENATOR JACKMAN: In Bergen County?

MS. DAY: Yes.

SENATOR JACKMAN: Well, you tell him that if there is any help he needs in order to get the Certificate of Need, and that is one of the subjects--

MS. DAY: He already has the okay from the State.

SENATOR JACKMAN: What does he need now to build it?

MS. DAY: He is looking for a variance now.

SENATOR JACKMAN: Now he's looking for a variance?

MS. DAY: Yes, but that is all right. You see, this town has suffered something to be worthy of shame, and I feel that if we move in this direction-- Something has occurred there over the years, and the town is notorious for negating anything going up. A lot of negatives and publicity were brought to this particular town, and I think if we do something in a manner that will provide a sense of pride again, regain dignity for the town's people, and present what kind of program we are going to have-- I have it all outlined. I won't take the time now to go over it, but it is very special and very promising for everyone. It will provide part-time nursing -- in-house -- whether for a couple of days or a week in order that a care giver can have a vacation. It will allow the patient to stay home, but it will give the care giver an opportunity to have a little break.

SENATOR JACKMAN: Okay, I'll give you a quick answer. Give me the name of the town, if you wish, and I, as a Senator, along with my colleagues, will contact the various officials and see if we can be of assistance. Is that all right?

MS. DAY: Terrific. That is wonderful.

SENATOR JACKMAN: You've got my word on that.

MS. DAY: That is good. I would like to be able to facilitate some educational programs.

I can take the grief of the past, which involves a broken hip -- severed completely -- which wasn't even x-rayed. I had to take my father out of one facility and bring him to another facility where the admitting x-rays showed that the head of the femur was completely detached from the shaft of the bone -- severed completely. It was not a fracture. This happened over a two to three-month period of time in which they refused to even x-ray. He was ambulatory upon admission, but a week and one-half later, he stopped walking. He never walked again, and he is now in a county facility.

Mother-- This is important. When my father was in the Federal facility where this occurred, Mother was able to retain his Social Security -- \$700.00 per month -- no pension. She is frightened to send him back there again. He has had the hip surgery, etc. She has him in a county facility, and she has to give up the \$700.00 per month Social Security.

SENATOR COSTA: Ms. Day, may I interrupt you at this point? We have so many speakers, and we're going to be here all day. Please, if you would put all of that in writing and send it to our staff, we would appreciate it.

MS. DAY: All right, I'll give you what you asked for.

SENATOR JACKMAN: Thank you very much. Before I leave today, give me the name of the town and I'll contact them and do whatever is necessary.

MS. DAY: You've got it. Thank you.

SENATOR COSTA: I would like to call our next witness, Janet Donaldson.

SENATOR BROWN: While Janet is coming up, I would just like to say something, because I think it is important, Madam Chairman, as we go along, to see how we can make a difference by having these hearings. Alzheimer's disease is certainly something that the Legislature of New Jersey is becoming increasingly aware of with all of the difficulties. But, I gather all that we can do is promote adult day-care centers as a positive, specific thing to help in this particular case. I also gather that there have to be changes made in the Federal regulations as far as health care coverage is concerned. Maybe this Committee could have a resolution that would memorialize Congress, as we are putting a package together in this area.

SENATOR COSTA: It is unfortunate that this has not come to the floor before, but I see now, since Rita Hayworth has it -- her daughter has been on television quite a bit about it-- I think more people are aware of Alzheimer's disease than ever before.

SENATOR JACKMAN: May I just make a statement? I want to get your reaction to it. I would like anyone who is sitting in the room and who is going to testify to tell us what you think we should do in order to do the necessary job for the people whom you represent. If you do that, and you do it to the point that we understand it -- or if you put it in writing -- then we can at least put it together, with the help of our staff, and propose the type of legislation that will be meaningful.

If you have so many experiences, if you've had problems you have been confronted with, and you give us a history of those -- I'm

not being disrespectful -- we will be here until next week, and we still won't accomplish anything. If you give tell us what you want, we'll see if we can do it. Okay?

SENATOR COSTA: Chris gets right to the point.

SENATOR BROWN: Now you can see why the Senator was such a popular speaker in the Assembly. This is the way he talked all the time.

SENATOR COSTA: He gets right to the point. (laughter)

Is Janet Donaldson here? (not present) If not, we'll go to the next speaker, who is John Tergis? (not present) Lois Hull, Executive Director of the Essex County Division on Aging?

**LOIS HULL:** Good morning. My name is Lois Hull. I am the Director of the Essex County Division on Aging, which administers Older Americans Act programs for 140,000 older adults in Essex County. I am pleased to have this opportunity to make this presentation, and I wish to thank the Committee for visiting us here in Essex County. I welcome you on behalf of the Essex County government.

Our Division plans, develops, implements, and monitors a broad range of older adult services. We are increasingly involved in the process of unraveling red tape and assisting with excessive bureaucratic procedures for individuals and agencies. We are concerned about the frequent lack of coordination and the unnecessary duplication of effort, as 17 State agencies plan and promulgate programs in the absence of a coherent State policy on aging. We do not believe that the second oldest state in this nation can continue on this course. We urge the members of this Committee to champion the cause of older adults throughout New Jersey by leading the movement to establish a cabinet-level Department on Aging. Ensuring the adequacy and accessibility of services for older people in every area -- economic, social, legal, educational, vocational, health, safety, and protection -- will prove to be impossible without an effective administrative vehicle.

At the present time, we are part of a statewide, county-based network, linking 21 county governments with hundreds of municipal governments and community-based agencies, which are accountable to the State Division on Aging. A recent study by the New Jersey Association

of Counties cited this aging network as a model for service delivery. We are proud to be so recognized, but we are keenly aware of our inadequacies.

Our State's casino revenues represent a unique opportunity for New Jersey's elderly and a challenge for our policy makers.

Expansion of services to meet the needs of a growing older population requires a greater focus at the State level. We believe a Cabinet-level Department on Aging will enable New Jersey to move ahead in the next decades to provide the best possible quality of life for older New Jerseyans.

In closing, I would like to make one general observation on the subject of aging. Getting older is a shared human experience and a normal human experience. Most of us grow old with an accompanying loss of functional reserve, requiring only the opportunity to continue to learn and to participate in community and family life. Old age is not a sickness, nor a disability. Normal aging is like any other stage of human development, as good or as bad as society permits. We must work together to ensure that negative aging stereotypes are eradicated and that longevity is synonymous with dignity in New Jersey.

Thank you.

SENATOR COSTA: Thank you very much, Ms. Hull.

SENATOR JACKMAN: That was a good report.

SENATOR BROWN: I have a question.

SENATOR COSTA: Actually what we want to do is, we want to listen to all of these people.

SENATOR BROWN: Cathy, it is not worth my time if I can't ask some questions as we go along. I'm sorry we didn't get this cleared up in advance. I'll try to make it very quick.

SENATOR COSTA: All right.

SENATOR BROWN: Ms. Hull, how long have you been Director of your County Division?

MS. HULL: Since 1981.

SENATOR BROWN: During that limited amount of time--

MS. HULL: I have been with the Division for six years.

SENATOR BROWN: At the County level, do you see your Division becoming more highlighted, or less highlighted, or about the same? I'm

trying to get to the point of how we are coping with senior citizen problems at the county level. Do you see yourself becoming more active, less active, or about the same?

MS. HULL: Enormously more active.

SENATOR BROWN: Okay. Are you beefed up by strong local support in Essex County?

MS. HULL: We have a firm commitment from our County government. I'm sure you know how difficult it is for county government to increase resources. We are supported by a remarkable staff at the Essex County Division on Aging, who work five, six, and seven days a week.

SENATOR BROWN: In what area are most of your problems? Can you define them?

You know, in Morris County, we have nutrition sites which have been a source of conflict over the years -- the nutrition centers versus the Office on Aging. Regarding your day-in and day-out activities, what types of questions do you answer, or just where are you serving the elderly the most at the County level?

MS. HULL: Okay. The observations you have made in Morris County in terms of services delivered would be similar county-wide, since all of us are operating under the same Federal statute. The nutrition programs in all of the counties are a part of the Division on Aging. In theory, at least, there certainly should be no conflict. They should be working in concert to provide a good service to the older people. In Essex County, we do not have any conflict. We have the largest nutrition program in the State of New Jersey, and we are one of the 12 largest in the United States of America.

I would say that we have several areas. The major areas of concern are-- I would echo the sentiments of Mr. Shields; he was the first speaker this morning. We are becoming increasingly involved as a function of demand with older adults who are not aging normally, older adults who are aging with pathology, and older adults with diseases like Alzheimer's disease, who are unable to maintain themselves and whose families are at their wit's end, because society has not adequately provided for their needs either at home or in an institutional setting which is appropriate.

SENATOR COSTA: How great is your involvement in those directions?

MS. HULL: How great is our involvement?

SENATOR COSTA: Yes, with the Office of Aging. Do you get involved in things such as Alzheimer's disease?

MS. HULL: We certainly do. Like everyone else, I am guilty of coming late to the problem and beginning to learn. One of my program people was here this morning, and she is very actively involved in working with community people and family support groups. Some new ones are starting, and we see this as a very effective avenue for self-help. All problems do not respond well to self-help, but I think in terms of making family members feel less alone and frightened, this kind of thing can be very helpful. Our County Division is very involved in this.

We have a home care program that operates out of the Division, and we operate a home-delivered meals program, as do all of our County offices.

We are about to embark on a non-medical model of in-home services referred to us -- a chore service program -- which we think is going to take a lot of pressure off the more skilled levels of care. One of the problems has always been that people are going to a higher level of care than they may really need, only because the insurance companies and their reimbursement mechanisms will only pay for the skilled care, when perhaps they don't need a registered nurse.

SENATOR JACKMAN: You made a recommendation to us for cabinet-level personnel for aging. Is that right

MS. HULL: Yes.

SENATOR JACKMAN: Because of your experiences and the fact that you have not been given the kind of cooperation you need, do you think that would become available with a cabinet position?

MS. HULL: I do. I don't think the lack of cooperation is willful on the part of anyone. I just think it is impossible.

SENATOR JACKMAN: I don't think it is willfulness; sometimes I think it is ignorance because people just don't know where to put their values. What you are recommending to us, I think, is the kind of information we need to take back.

I say this with a bit of modesty: I think Tom Kean -- I'm a Democrat, Leanna is a Republican, and Cathy is a Democrat -- as a Republican and a Governor recognizes this. I think he will accept our recommendations for a cabinet position on aging, because seniors vote -- more so than young people.

SENATOR COSTA: You said your office takes care of home health care also?

MS. HULL: Yes, much of it, particularly in the larger county offices. I know Mr. Shields' office has a major investment in home services.

SENATOR JACKMAN: That is good.

SENATOR COSTA: Very good. Thank you so much.

MR. SHIELDS: (from audience) Madam Chairman, before I leave, may I give this to you? This is a very brief description of our great involvement in community health care. Dave, if you would make copies for distribution, I would appreciate it. Thanks very much.

SENATOR JACKMAN: That is a good idea. Thank you.

SENATOR COSTA: Thank you, Mr. Shields. Bernie Gallagher?

**BERNIE GALLAGHER:** Senator Costa, Senator Jackman, and Senator Brown, my name is Bernie Gallagher, and I live in Nutley. I am here to represent the Senior Citizens ARP as the president of that organization. There are 600 senior citizens who make up this group. I also represent the Old Guard, and they have approximately 200 senior citizens.

I would like to commend Senator Orechio for his good judgment in appointing Senator Costa to chair this very, very important Committee. I think Senator Costa is a very special person, and I think she is going to do an excellent job.

Nutley is a town with a population of approximately 31,000 people, and we have approximately 6,000 senior citizens. Before I speak about what we're doing in our town, I would like to make a few observations.

I would like to make an observation about some of the things our seniors are concerned about. We're concerned about housing, health care, finances, transportation, and nutrition. There are some smaller things which come up, and we're also concerned about those. Right now

we're concerned about prescription drugs. During the last three months, prescription drugs increased in price about 15%. Our Consumer Affairs Director should investigate to see why this across-the-board raise was made. Just three weeks ago, oil prices escalated and got out of control. Governor Kean said, "I'm going to conduct an investigation." Within a week, the Governor had those prices coming down. I think this indicates what you might call a "conspiracy" or "price fixing." This could possibly be the same thing with prescription drugs. I think this should be looked into because it would be reflected in the TAA Program, which the State pours a lot of money into.

Another concern of senior citizens is utility rates. I know we have a commission -- I think it is an autonomous body-- The way the rate structure is set up, we have the poor and the seniors subsidizing large corporations. The more kilowatts you use, the cheaper your electricity gets. The poor and the seniors -- the very frugal people who are very careful about their electricity -- have the highest rate. The corporations are the lowest. We think that is wrong, it is ludicrous, and it has been going on long enough. Mr. Barry from Consumer's should take a look at that.

Seniors are concerned and have been concerned about the casino revenue funds. I know there have been attempts by our previous Governor and our present Governor to use casino funds for other purposes than the dedicated purposes. I think the commission that has been set up to monitor the needs-- We are very proud that we have four very outstanding people from Essex County who are going to sit and monitor casino revenue funds.

I would like to make a few comments about health care. Even though the Administration has brought inflation under control, the cost of health care continues to escalate at a rate of three times the national average. I think the President deserves an awful lot of credit because he has brought the inflationary spiral down, but we still have this constant rise in health care. Hospital costs are rising about 13.5% despite the new DRG Program, which I think you are all aware of. I don't think that has done the job to bring hospital costs down.

I'll give you an example of a friend of mine, a senior citizen from Nutley, who had a heart pacemaker put in. He was in the hospital for five days, and his bill was \$14,480. This is common, and this is something seniors are concerned about. If they have a catastrophic illness, they are wiped out.

Maybe we should take a different approach to health care. Someone once said, "It should be health care, not medical care. That is the direction in which we should go." I think that is a very truthful statement.

The health care service for seniors should be restructured to encourage preventative health. There should be home health care, health maintenance organizations, hospital care, and ambulatory services. These would defer the high costs of institutionalization. Many times people are put into institutions without finding out what else is available. I think home health care should receive more funds because it is very, very important.

I would like to talk about my town. I am very proud of it, and we have a nursing service here which consists of eight nurses -- very, very dedicated people. They provide numerous health programs for our seniors. They have health fairs, and every week they provide high blood pressure screening. They have tests for glaucoma and diabetes. One of our nurses is a senior citizens' nurse, and she is funded through the Essex County Office on Aging. She does a marvelous job for our seniors by setting up all of these programs, and she goes out to speak to different senior groups.

In Nutley, we also have a Senior Citizens' Advisory Council, which is made up of all the different organizations. We had a panel of pharmacists who came in and sat down to talk about prescription drugs. I am proud of the things we do in Nutley.

I think our nurses throughout the State are underutilized. They are health providers, but they are discriminated against because they have problems getting third-party reimbursements. They have to have a doctor recommend them or they get nothing.

In closing, I think it might be a good idea for this wonderful Committee to hold a hearing, and let our nurses-- We have two million nurses in this country, and they are very dedicated

people. They are the front-line troops who are out there providing contact with the seniors, and they know their needs, but I don't think we are using them enough.

Thank you.

SENATOR COSTA: Thank you very much, Mr. Gallagher. Senator?

SENATOR BROWN: I must say I would not be here today as a State Senator if it weren't for the nurses, so when you say good things about them, I am very supportive.

MR. GALLAGHER: Well, I said that because they are females.

SENATOR BROWN: And males. (laughter) Are most of your senior services in the health care area coordinated through the local Department of Health?

MR. GALLAGHER: That is right. All of the screening is done in the nurses' quarters.

SENATOR COSTA: Do those nurses serve on a volunteer basis? You mentioned eight nurses in your town.

MR. GALLAGHER: Oh, no. They are paid by the town. We receive a grant from the County. I don't think there are many communities that have a nursing service like ours.

SENATOR COSTA: Is that under your Office on Aging, or is it a separate department?

SENATOR BROWN: It is the Department of Health.

MR. GALLAGHER: Yes, it is the Department of Health.

SENATOR COSTA: I don't think many townships have that.

MR. GALLAGHER: Are there any other questions?

SENATOR COSTA: No.

MR. GALLAGHER: Thank you for the opportunity to speak.

SENATOR COSTA: Thank you very much, Mr. Gallagher. The next speaker is Claudia Fogel from the Jewish Vocational Service.

**CLAUDIA FOGEL:** My colleagues told me to talk fast.

SENATOR COSTA: Oh, that is all right. We can stay all day.

MS. FOGEL: My name is Claudia Fogel, and I am the Director of the Work Center on Aging at the Jewish Vocational Service. We are housed in East Orange, New Jersey.

The Jewish Vocational Service is grateful for this opportunity to express our ongoing interest and concern regarding the

needs of older people. We are pleased to be among the network of agencies funded by the Essex County Division on Aging which does an outstanding job of coordinating services and programs for older people. JVS joins the Division in pledging to continue to upgrade efforts to protect the rights and concerns of older persons and to advocate on their behalf.

I might say, Senator Brown, based upon the question you asked Lois Hull, the answer from our point of view as a service provider would be that the Division has indeed constantly grown in stature and in visibility throughout the County. Not only older people know of the existence of the Division, Senator Brown, but I think everyone in the County knows of the existence of the Division and the continuing efforts on their behalf.

The Jewish Vocational Service has served the employment problems of the community for 44 years. Throughout its history, JVS has been called upon to develop programs to meet the various manpower and rehabilitation needs of the handicapped, the aging, the at-risk, and the unemployed. Based upon Senator Jackman's request that we don't go into other areas, I won't go into the background of the Agency, although it is in my written remarks.

We join the Division on Aging in support of a cabinet-level Department on Aging. A central State agency would, in our opinion, serve to improve the quality of services and programing for older people. Coordination of services is essential to make the best use of public dollars, to increase efficiency, and to eliminate duplication. We, therefore, urge passage of that legislation.

On March 30, 1984, the Human Services Advisory Council of Essex County conducted a public forum to elicit needs as perceived by area service councils and social service agencies throughout the County. The overwhelming majority of presenters indicated that the basic human needs of housing and employment were priorities. While the overall employment picture throughout the country appears to be improving, the situation has not improved for older workers. December 1983 employment figures showed that unemployment declined by 235,000 for persons under 55, but increased by 1,000 for those 55 and older. In addition, significantly larger numbers of older workers become

discouraged and stop seeking employment opportunities. Dr. Harold L. Sheppard, Director of the International Center on Gerontology at the University of Southern California, has stated, "There is always a disproportionately high number of over 55's in the discouraged worker category. They tend to just give up eventually."

Technological and structural changes in the work force are squeezing millions of workers out of the job market, many of whom will never be able to return to their life-long occupations. For the older worker, displacement can spell disaster as age barriers and obsolete skills often prevent them from moving over to new occupations.

The Job Training and Partnership Act stipulates that a minimum of three percent of a state's job training funds be set aside for older workers. We urge that at a minimum, the funds be used for that purpose, and that the Senate Committee on Aging encourage a higher and more equitable share. Employment in Essex County has shown a steady decline since 1970. My notes say there are 139,000 older people in Essex County. Lois said there were 140,000-some, but I won't quarrel with her over 1,000 people. Older workers must be helped to be able to compete in the labor market. Typing, word processing, data entry, and information retrieval are appropriate skills for older persons to learn. They need to be assessed to determine their potential for training in these and other appropriate and applicable areas.

In addition, specialized employment counseling, job development, and job placement services need to be expanded for older people. I have statements from some United States' subcommittees, but I will not go into them at this point.

Because of expected low birth rates, changing family patterns, and a greater degree of mobility among the general population, older people will have fewer and fewer family members on whom they will be able to rely for psychological, social, and economic support. The public, private, and nonprofit sector must all join forces to enable older people to compete in the marketplace for unsubsidized jobs. As an example of this kind of cooperative venture, the Essex County Division on Aging and JVS have been moving forces in the creation of an annual Job Fair for older workers. Other

departments of county government became involved, as well as WNBC-TV. County Executive Peter Shapiro has been extremely helpful as well. Area businesses and corporations provide booths, displays, and manpower at the Job Fair. Older workers are provided with information on current employment needs, as well as with mini-courses on how to assess skills, develop employment goals, conduct a job search, and how to present oneself at an interview. We would encourage replication of this outstanding event in other counties.

In addition to the well elderly, services must continue for disabled older persons. As previously indicated, JVS has a long history of working with the most vulnerable elderly, and it currently serves handicapped individuals between the ages of 55 and 91 in its Work Center on Aging Rehabilitation Program and its sheltered workshop. This Program has demonstrated over the past 11 years the effects of a community-based comprehensive vocational rehabilitation service on vulnerable older people -- those whose skills are diminished or lost due to mental or physical handicaps, those disadvantaged older persons who have never worked or are marginally functioning, those who are considered the "old-old," and those who have been laid off or forced to retire. These people, given retraining, development of new work adaptive patterns, and psychological support return to work either in private industry or in extended sheltered employment, thus regaining their dignity and the ability to sustain themselves in the community. Again, we would encourage replication of this kind of service. We are currently the only such program in the State of New Jersey for older persons.

The work ethic is a concept cherished by the present generation of older Americans. The number of older people who have availed themselves of the service of just this one agency, JVS, surely attests to that fact. Studies have shown that older people who remain physically and mentally active are less prone to require institutionalization. These studies have indicated the rapid deterioration of many newly-retired persons and the positive impact on their physical and emotional well-being when returned to meaningful, productive activity.

In summary, as our older population grows and employment opportunities for them diminish, there is a very great need for training and intensified employment services on their behalf. Experience has shown continuance of work activity or reentry into the labor force has brought older people back into the mainstream of community life, augmented their incomes, and substantially improved their self-esteem and mental health.

Forced retirement, a desperate need to supplement income, a desire for meaningful productive activity, a strong motivation to remain independent, and a need to escape the depressive effects of loneliness and isolation are among the expressed reasons older individuals seek the services of JVS.

Vocabulary and conceptual skills often improve in old age. Many aging individuals are flexible and eager to learn and grow. Older workers are known for their good work habits, mature judgment, dependability, and loyalty. They are an untapped resource that can continue to enrich our society. If older people need retraining, we must provide it. To those aging individuals who are so motivated and/or so needy as to be seeking work in this struggling economy, it is incumbent upon us to assist them. After a lifetime of producing goods and services, it is certainly their choice and their right to work if they want to -- notwithstanding age, disability, or lack of skills.

JVS will continue to support the aging network and the constituency we all serve. Hopefully by working together, we can attain our stated goals.

Thank you.

SENATOR JACKMAN: Very good.

SENATOR COSTA: Regarding Title V moneys, are they readily available to your people?

MS. FOGEL: Title V--

SENATOR COSTA: (interrupting) I am talking about the three percent money that is set aside.

MS. FOGEL: The three percent money that is set aside under the JTPA is separate and apart from the Title V funds. The specific requirements of the JTPA moneys are for training of older workers. We, together with the Division on Aging, are in the process of trying to

work out some programs for that purpose. That is totally separate from the Title V slots.

SENATOR COSTA: Are you having difficulty getting that money for your people for training purposes?

MS. FOGEL: Under the JTPA, we are just getting into that program at this point, so we won't really know until we get started. Certainly in Essex County, it appears that the commitment has been made to use the three percent the way in which it was intended to be used by legislation.

SENATOR COSTA: Are there any other questions? (no response)  
Thank you very much.

MS. FOGEL: Thank you.

SENATOR COSTA: Next we have Helyne Sekanics.

**HELYNE SEKANICS:** Good morning. I was prepared to offer an apology because what I am going to present is very brief and direct, but I think you will be very pleased, Senator Jackman.

Having close to a million seniors in the State is important enough to have a separate entity within the Executive Branch of government to create a Department on Aging. This would be a Department that would be equipped to concentrate and zero in on the needs of the aged in the State.

Inasmuch as casino revenue funds are earmarked for special senior programs, we feel that the moneys allocated should be distributed to the counties based on the number of residents who are 65 years of age and older.

Speaking for the members of the Executive Board of the Passaic County Office on Aging, we believe that by having an Assembly Committee on Aging and a Senate Committee on Aging to work in a total working relationship would have an impact on the passage of Assembly Bill 540-32. This bill establishes a Department on Aging, which would provide all powers, duties, and functions to create a department that would have jurisdiction over programs for senior citizens. We have gone on record in support of this bill, and as concerned citizens, we will contribute continuous support in any way possible.

Copies of this statement will be forwarded to you.

SENATOR JACKMAN: What was the bill number you mentioned?

MS. SEKANICS: The bill number is A-540-32.

MR. ROSEN: It is the Committee Substitute.

SENATOR JACKMAN: Okay, that is the Committee Substitute.  
Thank you very much.

SENATOR COSTA: Thank you very much.

MS. SEKANICS: Thank you.

SENATOR COSTA: Next I would like to call Arthur Robbins, Executive Director of Transportation for Independent Living in Essex County.

**ARTHUR ROBBINS:** Senators and Mr. Rosen, this hearing is important to me. This is the first time I have had a tie and a jacket on during the working day in months. (laughter) I feel like a fellow, who during a plague, is going to the doctor to complain about a cold in my nose or an ingrown toenail.

I've given you a statement, and I'm going to read just the first paragraph. Then I'm going to get the hell out of here because I've got work to do.

Transportation for Independent Living is a nonprofit private agency that transports senior citizens to medical and medically-related appointments. Our service is available to those who due to age, disability, or handicap cannot take public transportation and/or who would suffer economic hardship if they had to use private transportation. There is never a charge to our clientele for these services. It is free.

Now we get down to the nitty-gritty. The one thing we need as far as transportation is concerned is a vehicle to transport those who are confined to wheelchairs and cannot get to places for medical treatment. There is nothing available for them. Without the Division on Aging in Essex County, we wouldn't be where we are today.

We went through a bureaucracy with Medicaid, the Department of Transportation, and the Welfare Department. It was an absolute waste of time.

SENATOR COSTA: Did you say you don't have a lift on your bus?

MR. ROBBINS: There is nothing available in this County and very few other counties in this State to transport people who are

confined to wheelchairs. They put these kneeling buses up, but they might as well have taken their money and thrown it into the street.

SENATOR BROWN: We have a system of vans in Morris County that are well-equipped, so why you don't have them in Essex--

MR. ROBBINS: (interrupting) Senator, I live in Morris County, and I have to dispute that fact very, very strongly. We have it in writing, but we don't have them in service. I am not happy about Morris County, about Essex County, or a lot of them, but that is not what I am here to discuss. What I am here to discuss is the fact that we went from a few hundred trips a year about five years ago to over 10,000 trips this year. We wouldn't have been able to do that without the Division on Aging.

If the casino moneys go anywhere but to the people who have the knowledge, the machinery, and the know-how to handle it properly and see that it goes where it is supposed to go, then we are not going to succeed here. There are no two ways about that. Besides, a lot of that casino money is my own personal money.

That is all I have to say. The money should go to the Division on Aging.

SENATOR JACKMAN: Don't leave yet, because I think you raised a very important point. My frustration is similar to yours, but you have to remember that some of our own senior citizens don't want money to go into transportation. They want the money for other things.

If we can find out from the senior citizens what their concerns are-- You see, it is hard. Everyone has a panacea that there are millions and millions and millions of dollars coming out of the casinos. Do you know who is putting millions and millions and millions of dollars in there? It is the senior citizens. Without them, half of the gambling casinos would be closed. There are buses full of them that go down everyday of the week.

But, what I'm afraid of-- You're right. We do need these kinds of facilities. I have seen people who were bedridden, and we have had to hire private vehicles to transport them. When you talk in terms of cost, a guy wants about \$125.00 to be gone for three and a half hours because he has to go to a hospital in New York. If he has

to bring the person back, it costs about \$150.00. If a person does that 10 or 15 times a month, he could almost buy a bus.

So, we're in agreement, and I want you to know that. What my colleague, Leanna Brown, mentioned before -- she had some interest in that. I'm taken back a little bit when you say that some of the vans in Morris County are not operating. They should be operating.

MR. ROBBINS: No, what I'm saying is, they are not in place. It is written, but just because it is there--

SENATOR BROWN: Let's make it clear what we are talking about. We all voted for legislation last year to give more money for transportation needs.

SENATOR JACKMAN: Yes, we did.

SENATOR BROWN: I think what you are talking about is a jurisdictional dispute about how these funds grew. It is not that the money isn't there. It is a question--

MR. ROBBINS: (interrupting) No, exactly. What I am saying is, if the money gets allocated in the right place, it will be used properly. We have no ax to grind, incidentally, because our feeling is very simply that all of these causes are necessary. All of the things that are wrong have to be made right.

We found out one thing though. You can have the greatest facilities in the world, but if you can't get the people to them, they aren't going to be used.

SENATOR BROWN: Having served on a Transportation Coordinating Committee at the county level, I'm not going to come here with another hat today and knock the work that is being done by that group. I think it is clear that you all have to work together, but it is not philosophically wrong to expect some transportation coordination to be done by the people who have the whole total transportation. We won't solve this here today, but I do think it is clear that money is not the problem in this particular case. It is how we distribute the funds. Is that correct?

MR. ROBBINS: Money is a problem, but again, the only thing I can say is -- and, I am only giving you our experience -- we are a nonprofit agency. We are not a county agency, and we are not a State agency. We rely on county, State, and governmental funds. We raise our own moneys which are just about equal to what we receive.

By our own past experiences, we feel -- this is with an okay from my Board of Trustees -- that until such time as the Division on Aging took hold of this thing and coordinated it, we were not able to do the job we're doing right now. It is costing less and less per trip each time we go out.

My feeling is, unless those moneys go to this agency, they are going to be wasted. That is my personal feeling.

SENATOR JACKMAN: That makes a lot of sense, Arthur. Thank you.

SENATOR COSTA: Are you on an on-call basis?

MR. ROBBINS: We are on a demand-service basis, and we also go to day-care centers. In fact, we are servicing on a Medicaid program right now where Medicaid pays for the treatment, but not for the transportation. Again, they will pay for the treatment, but how do we get the people there? These people cannot get there on their own. There can be all the Medicaid rules in the world, but Medicaid won't pay for the transportation.

SENATOR COSTA: Do we have a copy of your statement?

MR. ROBBINS: Yes.

SENATOR COSTA: Okay, thank you very much.

SENATOR JACKMAN: Thank you, Arthur.

MR. ROBBINS: Thank you.

SENATOR COSTA: George Batten?

**GEORGE BATTEN:** I want to thank you for allowing me to speak here. I am George Batten, Chairman of the Legislative Committee of the Home Health Agency Assembly of New Jersey, which is located in Princeton. I am also Executive Director of the West Essex Community Health Services, a licensed home health agency located in West Caldwell. With me is Pat Moulton, who is our coordinator of the Long-Term Home Care Program.

The Home Health Agency Assembly is a statewide organization representing 50 licensed and Medicare-certified home health agencies in the State. Our State organization has a big interest in long-term care for the elderly in New Jersey. In fact, two staff members are employed to deal with the problems of the elderly and the development of long-term home care services.

The 50-member home health agencies of the Home Health Assembly are private, nonprofit community agencies, like ourselves. There are also hospital-sponsored home health agencies and public agencies, such as we have here in Nutley. The Nutley Health Department is one of our members.

These agencies are licensed by the State Department of Health and meet Medicare and Medicaid approval as Medicare-certified home health agencies. Such licensing and certification require the provision of various in-home services such as nursing, physical therapy, occupational therapy, speech pathology, and medical social worker and homemaker/home health aide services. Yearly in-house surveys by the State Health Department personnel ensure that quality services are offered to the residents of the State.

These agencies, including my own, have developed through the reflection of the third-party home health coverage of Medicare. Although home health care to the elderly public means very broad coverage in home health services, Medicare pays for only a small portion of aged elderly home care needs. Medicare will not pay for custodial or maintenance-level services. Once the Medicare patient is stable and his condition improves, no more Medicare coverage is available.

New Jersey Medicaid, available for home care to residents earning under \$300.00 per month, will cover both acute and custodial maintenance home care. The State of New Jersey has attempted to provide long-term home insurance through Medicaid to keep people out of nursing homes. Recently, the New Jersey Human Services Department's Medicaid Waiver and personal care programs promised to expand the eligibility and services available for long-term home care.

The continuing problem -- and, I say this specifically to Mr. Jackman -- that I think the Committee ought to address for the aged in the State is that long-term home care is not generally available to aged New Jersey residents. Most New Jersey aged have chronic illnesses which increase as they get older and limit their capabilities to remain at home with their spouses, families, and neighbors. Medicare does not cover these chronic illnesses. Private insurances, usually Major Medical coverage, only cover at-home, private-duty nursing, and they

seldom cover the total array of licensed home health services, particularly the services of State-certified home health aides. Generally, the only long-term home care source of payment is out-of-pocket payment. As you are certainly aware, many middle-income aged have limited resources.

Pat supplied the Committee with several examples, and she will now discuss one of the examples, which I think will give you a picture of one of the Alzheimer's disease patients we are currently taking care of. Pat?

**PAT MOULTON:** Hi. My name is Pat Moulton, and I am a registered nurse. My background is in gerontology from the Seton Hall Gerontological Nurse Practitioner Program. I have been a nurse for 14 years, and 11 years have been spent in the area of community health nursing.

My role is to try to build up a long-term care program for the elderly at home. We want to keep these people out of institutions as much as possible. Naturally, there are problems, as George has told you.

What we really need are homemaker/home health aide types of assistance in the home. Medicare pays only a limited amount of money and only for a limited amount of time.

You can look through some of the case histories I've given you. Alzheimer's disease came up earlier this morning. One of the cases involves a couple, and the wife has Alzheimer's disease. What it boils down to is, the family is going to have to exhaust its personal resources. The wife will eventually be eligible for Medicaid, and she may eventually be eligible for Medicaid home care, but I doubt the latter. She will probably become a Medicaid patient in an institution. This is one of the areas I think your Committee needs to address. I'm sure your focus is already headed in that direction. What are we going to do for these people?

Quite often all individuals need is the support of a homemaker/home health aide for a few hours a day in the home. These people are paraprofessionals, and there is a State course to train and certify them. They can do the meal preparation and give a little personal care, the sorts of things which kind of tide the patient over.

Another very important issue that came up earlier is respite service for the families. We would like to see some program developed so that these individuals who are chronically ill can either go into an institution temporarily or extra funds can be made available so that those families can get away. Families bear the burden, and the burden is terrible when it involves this problem.

SENATOR COSTA: Are you aware of the Respite Care Program that was signed into law? It is a bill that I sponsored.

MS. MOULTON: Yes.

SENATOR COSTA: It is on a pilot project right now. All I could get was \$200,000 per year out of the Joint Appropriations Committee, but that would solve the problem when patients only need a few hours of care.

MS. MOULTON: It is an excellent program, and I hope it keeps growing.

SENATOR COSTA: So do I.

SENATOR JACKMAN: The Essex County Community Health Services is well-known, as far as I'm concerned, and I come from Hudson County. Your services should be commended.

MS. MOULTON: Thank you.

SENATOR BROWN: Do you find that private health care agencies are mushrooming in this area?

MS. MOULTON: Yes, and I think George can probably address that better than I can. We feel we have been in the business a long time, and we have the skills to deal with these types of individuals. Naturally, we feel the care should be quality care.

MR. BATTEN: (speaking away from microphone, and transcriber unable to understand beginning of sentence) ...and, I think it specifically addresses some of our comments with regard to legislation.

At both the State and Federal levels, there are legislative proposals to address the long-term home care needs of the New Jersey aged. Most aged want to remain at home. Long-term home care insurance is needed to assist the New Jersey aged so that they remain at home in a less expensive setting than a nursing home.

I call your attention to Senator Bradley's Bill, S-1244, which would cover care for the aged who are at the risk of nursing home

placement. The bill specifically "establishes a statewide prepaid capitation program for providing acute and long-term care services."

At the State level, there are several bills being discussed, but I'll talk only about one, which is rather broad. Assemblyman Paterniti just submitted a set of bills which address the insurance laws in the State. They are A-4012 through A-4015, and they would establish guidelines for long-term care insurance for senior citizens. New Jersey would subsidize a portion of the premium for the senior citizens who qualify for the P.P.A. Program. Our Home Health Assembly supports the concept of Paterniti's bill, but suggests that the bill require all Medigap coverage, or complementary coverage to Medicare, to include long-term home care coverage.

In conclusion, we look forward to increased long-term home care insurance coverage for New Jersey's aged. Such coverage would allow more people to remain at home with loved ones in a familiar environment for the rest of their lives. We believe home care is more humane and less expensive to society. Our statewide Association welcomes the opportunity to work with your Committee to help make this happen.

Thank you.

SENATOR COSTA: Thank you so much.

SENATOR JACKMAN: Thank you.

SENATOR COSTA: Next is Diane McCafferty, who is a social worker in the Bergen Pines County Hospital, Paramus, New Jersey.

**DIANE McCAFFERTY:** I have been at the Bergen Pines County Hospital for approximately 13 years. I have been a a supervisor for the last three years, and one of my functions is to work with families who apply to enter that institution's nursing home. At the present time, this encompasses about 1,000 people.

SENATOR COSTA: Are they in there now, or are they trying to get in?

MS. McCAFFERTY: They are waiting to get in. What has impressed me in working with these families is, many of them start by saying that they never intended for their relatives to come to a nursing home. I've been impressed with the fact that they only seek nursing home placement for their relatives after they have exhausted their resources, and they are near physical and emotional collapse.

While I do support the increase in the home care concept, these families also mention -- if they are lucky enough to get home care because of the inadequacies of these programs -- the unreliability of the aides. There are days when no one shows up, and that throws the families into a fend-for-themselves situation. If they have outside jobs, they have to miss work, etc.

They have also mentioned the aides who show up, but don't do the jobs adequately. This seems to be due to a lack of training and supervision.

One possible solution that I would like this Committee to explore is the possibility of giving stipends or some type of tax-exempt status to families, so that family members could stay home from work to care for their relatives. The only way this would be possible would be if it is done at the same that respite programs are expanded throughout the State. I think you will find that stipends for relatives would relieve the problem of workers not showing up. In other words, these families would have live-in help. I think these people would work much longer hours because of their dedication, and the frail elderly would then be provided a personalized service with a continuity of care that is not available from aides at the present time. My opinion is that this would delay institutionalization, and there would be subsequent savings to the State.

The second topic I want to address is that of geriatric rehabilitation. In the New Jersey State Health Care Plan of 1982, Dr. Shirley Mayer, who was the Commissioner, reported striking differences between rehabilitation services found in skilled nursing facilities and those provided by rehabilitation facilities. She stated that in the rehabilitation facilities, there was a more aggressive and comprehensive nature to those rehabilitation services. There was also a much shorter-stay orientation in these facilities, so people got home faster. In the skilled nursing homes, it was more of a supportive nature, and there was more of a custodial orientation. Dr. Mayer suggested geriatric rehabilitation demonstration projects. Our hospital has sought to develop such a unit, but we have learned that State funding is not available. I urge that State funding be made

available for these types of programs. As Dr. Mayer suggested, I believe that geriatric rehabilitation provides the best link between acute-care hospitals, other health care facilities, and the patients' homes. Of course, our goal is to get people home.

The third topic I would like to bring to your attention is the dilemma that is facing the health care industry today as a result of the right-to-life movement versus the right-to-die movement. Dr. Alexander Capron, who is a Professor of Law, Ethics, and Public Policy at Georgetown University and Executive Director of the President's Commission on Biomedical Ethics, spoke at Drew University in October, 1983. He said, "The number of people dying in long-term care settings has rapidly increased from 61% in 1958, to 70% in 1977, to 90% in 1983." He also said, "Over half of the population dies of illnesses diagnosed 29 months before death, and public fear has changed from a fear of death itself to a fear of a prolonged death process at the hands of medical science through the use of a variety of medical hardware and pharmaceuticals." He feels this has led to the right-to-die movement. I'm not taking a stand in either direction. I just believe it is an undeniable fact that medical technology's new developments have created chaos in the care of the dying.

Without statutory guidance, the development of laws has been left to the decisions of state courts throughout the country. These decisions are slow in coming, and sometimes they are very inconsistent. The results have been confusion and fear of liability by health care professionals. Many medical doctors are reluctant to write no-code orders -- that means no cardiopulmonary resuscitation -- despite patients' preferences. Even worse, they won't discuss it with patients because they don't know if they have the right to make that kind of decision. They are afraid this will lead them into the dilemma of what to do. Should they ignore the patient's wishes and take the chance that the family won't sue them at a later date? There just isn't enough statutory guidance in this situation.

This has also led to a dilemma for nursing personnel who get to know the patients very well in a long-term care facility, and who know their preferences. But, they are the ones who are on the line when cardiac failure begins, and they have to follow what the doctor has written, which in many instances, is nothing.

The ridiculousness of the situation was written about in the Bergen Record in April of this year. It described what was happening in Sloan Kettering Center in New York. They use coded blackboards in the doctors' lounges. No one knows what the codes mean except the doctors, and after the patient dies, the blackboards are erased. I think that is ridiculous in the delivery of this type of care to people who find this very important.

I urge that legislative statutes be developed in three areas. First, in the interest of personal autonomy, there should be some mechanism provided in our State for personal wishes to be known. The "living will" is not legal in this State. Since 1976 in the State of California, there has been the Natural Death Act. More recently, the State of Oregon has followed. This Act allows a person to put his wishes in writing with regard to ordinary and extraordinary procedures.

Secondly, there has to be a mechanism for dealing with the person who is incompetent and who never wrote a will. Many people know what they want now, but when they become ill, they are not competent enough to say what they want. In our State and in the State of Massachusetts, we have something called "substitute judgment," which is based on common law. This came about from the Quinlan case in New Jersey and another case in Massachusetts. Substitute judgment says that the person who is your guardian will try to decide what he thinks you would have decided were you competent at this moment. The use of substitute judgment was outlawed in the State of New York two years ago. Again, you can see how this leaves health care professionals unsure of which way to move.

The third area I think needs to be addressed by legislative statute is, what is ordinary and what is extraordinary care? Does it mean usual or unusual? Does it mean useful or useless? Does it mean simply imperative or elective?

These three topics I've addressed today are issues that I find important to me and to the people I serve.

There is a personal issue I would like to talk about briefly. Secretary Heckler, in Washington, has moved to eliminate social workers from medical settings. I urge this Committee to work in our behalf, because I believe that social workers, in most

institutions, are the persons who are the semi-independent, front-line advocates for patients' rights.

Thank you.

SENATOR COSTA: Thank you very much.

SENATOR JACKMAN: Very, very good.

SENATOR COSTA: Do you have a question, Senator Jackman?

SENATOR JACKMAN: The only frightening thing I feel is, I don't know if legislatively we can put into words the right for an individual to decide when he should or should not die. You saw what happened with the "Baby Jane" case when the Federal government got involved. I wonder sometimes if government isn't interfering too much in our personal lives. Somewhere along the line-- I don't know; I put all my faith in doctors and nurses.

SENATOR COSTA: (interrupting) How about social workers?  
(laughter)

SENATOR JACKMAN: You see, unfortunately, I didn't deal with a social worker when I was in the hospital. I've had a stroke, I've had a bypass put in my throat, and I've had a kidney removed. I've had the normal stuff done. (laughter) I also have a kneecap that isn't mine, so, I'm walking around like a bionic man. (laughter) Anyway, to make a long story short, I get a little frightened wondering if we can do anything legislatively. I don't know.

Can we legislate whether or not a person has the right to live or die? I just don't know.

MS. McCAFFERTY: I wasn't asking you to legislate that right. What I was asking for was to have you follow something like California did, where the right of choice was set by the Legislature.

SENATOR JACKMAN: Yes, but you see, again, even with that right of choice, the Federal government interfered with the "Baby Jane" case. The doctors and the nurses said there was no need for that. I wonder sometimes if we should interfere; however, I wrote down some of the things you just told us, and the Committee will discuss them.

SENATOR COSTA: I hope you will give us a copy of your statement.

MS. McCAFFERTY: I'll write it out. Shall I mail it to you?

SENATOR COSTA: Very good.

SENATOR JACKMAN: Will you send it to us?

MS. McCAFFERTY: Surely.

SENATOR COSTA: That would be fine. I have one thing more I would like to mention. You talked about the problem of caring for the elderly at home and the fact that their relatives have to work. Are there any day-care centers for the elderly in your area?

MS. McCAFFERTY: Yes, but I'm talking mainly for the very frail elderly.

SENATOR JACKMAN: The people who can't be moved?

MS. McCAFFERTY: Yes. The increasing number of patients who are coming to our facility are those afflicted with Alzheimer's disease. The day-care centers won't touch these people.

SENATOR JACKMAN: Instead of spending the money for nursing homes, are you saying there are people who could take care of the elderly? For example, instead of a daughter going to work, she'll spend her time with her mother giving her the kind of care that is important, rather than putting her in a nursing home. Is that what you are saying?

MS. McCAFFERTY: Right, but--

SENATOR JACKMAN: (interrupting) And then, let her be remunerated -- maybe not exactly what she is earning, but at least some compensation equal to what she would have paid if her mother was put in a nursing home?

MS. McCAFFERTY: That is right.

SENATOR JACKMAN: Is that what you are talking about?

MS. McCAFFERTY: Exactly, but that could only occur if there is respite care.

SENATOR COSTA: Yes, through a respite care order.

SENATOR JACKMAN: Okay, good.

SENATOR BROWN: I would like to interject something. We started today with some discussion of abuse of the elderly. We are all human, and I think if we put tremendous strain on the family, then in some cases, it is really not good to have family take care-- You know, because of the way you are describing it, it is very essential to have someone who is not family to care for these people, so I would have questions with your first proposal for that reason. The rest of your proposals, I think, are very interesting.

MS. McCAFFERTY: In the work we do, we certainly run into cases of abuse, but I think you are dealing with a much smaller number of people in this situation. You have to remember that this is a small percentage. The majority of people are very dedicated to their elderly relatives, and they will take care of them until they physically collapse.

SENATOR JACKMAN: Very good, thank you.

MS. McCAFFERTY: Thank you very much.

SENATOR COSTA: Dorothy Verna?

**DOROTHY VERNA:** I am a clinical nurse specialist at Bergen Pines County Hospital, and I also work as a geriatric nurse practitioner at the Southeast Center for Independent Living in Englewood.

I have been a lifelong resident of Nutley, and three years ago, I initiated the Senior Citizens Advisory Council.

I would briefly like to discuss three areas of concern of our elderly population: one is State health inspections of nursing homes; two, psychiatric patients who are transferred to nursing homes; and, three, the role of the masters prepared geriatric nurse practitioner and clinical nurse specialist.

As far as State health inspections are concerned, we are aware that the Reagan Administration is interested in relaxing regulations surrounding inspections of nursing homes in an effort to reduce costs. We believe it is more cost-effective in the long run to continue State inspections on a yearly basis so that unsatisfactory care practices can be detected and corrected. This would help prevent further expensive health problems and promote better care practices for our elderly institutionalized patients. We also believe that these inspections are another form of necessary advocacy for this highly vulnerable and dependent population. We would like the Committee to safeguard the minimum requirement of yearly State Health Department inspections.

As far as psychiatric patients in nursing homes are concerned, there are a few aspects to be considered.

1) There are elderly patients in psychiatric hospitals who do not have psychiatric or behavior problems. They need to be identified and discharged to the appropriate services.

2) Psychiatric patients who have had their acute behavior problems treated and controlled may be appropriate candidates for nursing homes. However, they still have special needs, such as medication therapy and a highly structured therapeutic environment. Unfortunately, nursing homes are usually not equipped on an administrative or clinical level to deal with these needs.

3) There are problems with inappropriate referrals to nursing homes as a result of either poor understanding of what nursing homes are or what they can or cannot do for these psychiatric patients. At times, they are generated as a result of desperation on the part of families and professionals.

In an attempt to remedy these problems, I offer a couple of solutions. Physicians and nurses specializing in gero-psychiatry can be especially helpful. Gero-psychiatry is the field that deals with elderly long-term psychiatric patients and those elderly who develop behavioral problems which may or may not have an organic basis.

Also, when the elderly are discharged from psychiatric hospitals to nursing homes, administrative and clinical programs need to be established. For example, policies which facilitate the transfer of patients back to the psychiatric hospitals are needed for the instances when the transfers are not successful. Clinical programs are needed for a nursing home staff to help them deal with the special needs of these patients and to provide the best possible care for them. Overall, we find that better planning is needed to make these transfers smooth and more beneficial to patients.

Finally, I would like to address the role of masters prepared geriatric nurse practitioners and clinical nurse specialists in gerontological nursing. Mr. Gallagher already gave you a lot of information about nurses, and he really laid the groundwork, but I just want to be sure that you are aware of the nurses who are practicing in this relatively new role. We, who work in an expanded nursing role, have been able to bridge some of the gaps that the elderly face in the health care delivery system. We are the ones who help the nurses and other health care professionals. For instance, "She is 80 years old, and nothing more can be done for her." Or, "He is really going downhill, but what can you expect at his age?" We provide constructive

answers to those questions. We work as consultants, educators, and practitioners. We possess advanced specialized skills, physical and psychosocial assessment, and nursing intervention. We have well-developed backgrounds in research and theory. We work in community-based programs such as home health care agencies, HMO's, VNA's, and senior citizen centers. We also work in hospitals, long-term care facilities, and even in independent and joint practices with physicians.

In the literature, there are many anecdotes from physicians who know that they are a lot more attentive when they know there is a GNT or a clinical specialist nearby.

We believe we are cost-effective because we emphasize preventive and restorative nursing care. We also are able to efficiently link our clients with other services following our comprehensive assessments. My clients are pleased because they can come to me for complete health assessments, health teaching, counseling, and referrals to other professional services. They are delighted that they have a health care professional who takes care of all of them.

I also follow up to make sure things are going well and to determine their further needs. In my role as a primary health care provider, I act as the elderly clients' anchor in the health care delivery system. I truly believe our older citizens benefit from our role, and can further benefit from increased utilization of GNT's and clinical specialists. An example of this is Senator Van Wagner's proposed home health care legislation. He is not exactly sure who should evaluate these patients who apply for the program, and I suggest that nurses who specialize in gerontological nursing would be ideal members of that screening team.

Mr. Gallagher also mentioned third-party reimbursement for nurses. I happen to be a member of the New Jersey State Nurses Association, and we were very fortunate to have Senator Orechio support third-party reimbursement for Blue Cross/Blue Shield. It was a very important start, and of course, we still have to continue along that path. We have a long way to go, but that was a very significant first step.

Thank you for the opportunity to speak to you today.

SENATOR COSTA: Thank you so much.

SENATOR JACKMAN: Thank you very much.

SENATOR COSTA: I believe someone else spoke about care givers, and I have a question as to why, in so many nursing homes, you find many people who are given the responsibility of taking care of the elderly, but they don't care. Is there any way to have a course made available on how to care? Many times, it is the aides who are the ones who care. They come to me and tell me what is going on because they do care. Maybe those of you who are in this field can address that. If you have any answers, please let me know.

Pamela Hayes?

**PAMELA HAYES:** I am really pleased to be here. I am on the Rutgers College of Nursing faculty in Newark where I am an Assistant Professor. Are you familiar with the Robert Wood Johnson Teaching Nursing Home Project?

SENATOR COSTA: No.

MS. HAYES: The Robert Wood Johnson Foundation gave money to 11 colleges of nursing around the country to see just how good nursing home care could be by merging the nursing educators in the universities with the people who provide the service in these nursing homes. Rutgers was funded, so I spend part of my time at Rutgers with the students and part of my time at Bergen Pines County Hospital with my colleagues over there (referring to people in the audience) trying to improve nursing home care.

The issue you just brought up, Senator, is very interesting. Just as it is very hard for care givers to cope with terminally ill patients -- that is a very heavy, emotional kind of thing -- it is equally heavy and hard to deal with people who are declining or deteriorating in nursing homes. It is even harder because it is such a long process to be emotionally involved with someone over years who has such great needs.

We are going to be doing a research project at Bergen Pines to find out what we can do to help staff and to support staff who need to support the patients. It is a very difficult area, just as it is in a hospice, for instance.

In the nursing home scene, one concern of mine is that it is really a misnomer that nursing homes are really not staffed by that many registered nurses. Oftentimes the environment is not all that homelike. It is based on a medical model where they look like small hospital-type places. I would like you to look at the proportion of registered nurses who work in nursing homes. I feel they need to be increased.

SENATOR JACKMAN: How do you attract them? Let me tell you about my experience for your benefit. I represent visiting nurses in my union in Middlesex County. My international union has organized nurses in the State, so I have the best of interest where nurses are concerned. I'm concerned because I don't think they get paid properly.

I was on a picket line today over at St. Mary's Hospital because I have laborers working in a factory who are making more than the nurses. The nurses do more in the hospitals than some of the guys I have working in some of the factories. So, I've got a vested interest. How do we attract people like you who really show some compassion? We don't have the right amount of nurses in some of the hospitals in comparison to some of the aides we have. Sometimes I wonder about that because it is important. An aide is someone who works for \$5.00 or \$6.00 per hour. A nurse who should be making \$13.00 or \$14.00 may be making only \$8.00 or \$9.00 an hour, and that is frightening.

Let's not kid ourselves. You have to live. You want nice clothes and you want a nice home. If you have an opportunity to better yourself by going someplace else where you are going to get "X" amount of dollars, you are going to go there. Then we lose you. How do we keep you there?

Something I have said before is, what you get for nothing is nothing. It is what you put into something that counts. Of course, there are exceptions. We have some people who will stay regardless of how much the salary is because of dedication, but they are few in number.

Based upon some of the information you have given us, I think it is important to check the nursing homes to find out if they are properly staffed. I visited nursing homes with my friend, John Fay,

when I was Speaker of the General Assembly. I was amazed to see people just laying there emotionless and looking up at the ceiling. There were people walking around, and no one was worrying about them. There weren't enough people to take care of these patients. The best care they got was bedpan service, so to speak; I hate to say it that way.

Maybe with some of the input from you and the projects you are contemplating, we may be able to legislate something that will be beneficial.

SENATOR BROWN: Let me interject something because I think it is important to have a dialogue. Some of us have observations we've gathered over the years. We have a very good nursing home in Morris County.

We keep talking about government, and trying to do more with less employees. I am a strong believer that we have to pay people who work in our health care facilities more. On the other hand, I think we have to try to do this with fewer employees. It takes a tremendous amount of people to run nursing homes and hospitals. We really have a structured system of who does what.

You have heard me say that I am pro-nurse, and I am concerned about the stratification between the nurses and non-nurses in nursing homes. For example, there is great feeling between the aides and the nurses in my County nursing home. I don't think this should be to the degree it is, because after all, we are all concerned with the patients. Yes, you should be paid more, and so should the aides, but you ought to cooperate more than you have in many institutions.

In my office, I don't care what your job is. If I want a plant watered, I don't care if you have a Ph.D. in government. I want the darned phone answered and I want the plant watered. I don't want you to say, "That wasn't my training, so I won't do that." Unless we have more flexibility on the part of people on the front line who are delivering health care, it becomes very complicated.

MS. HAYES: I think the patients who are in nursing homes have a lot of potential. They could be walking better, they could be retrained to use the "john"--

SENATOR JACKMAN: (interrupting) Regarding the projects you are going to be doing with your colleagues in the back of the room, we

would appreciate it if you would give us some background. We'll try to do whatever it is you think we should be doing. Okay?

MS. HAYES: Okay. I have a few more comments. If we could get these people to function better, which I believe we definitely could, we don't have any place to discharge them. The boarding home situation which other people mentioned needs to be addressed.

Twenty percent -- something like that -- of the people in nursing homes really don't need to be there. They can take care of themselves well enough to be in the community -- in a boarding home or some kind of innovative housing situation where they would have some help. They don't need to be in the nursing homes. At the same time, from my experience of making hundreds of pre-admission home visits to people who are trying to get into Bergen Pines, I see that these families are under a lot of stress. I like the respite idea, and I would like to see that expanded.

SENATOR COSTA: Hopefully, after the three-year pilot project, it will be expanded.

MS. HAYES: Regarding the day-care idea, as Senator Brown said, I can see that these families are under a lot of stress and are at risk of abusing older people. A lot of families are very reluctant, and to put someone in a nursing home is their last resort. If they could put this very frail person into a day-care center -- let's say, while the daughter went to work-- Day-care centers often just want people who can walk around and can play bingo, etc. We need to look at day-care centers for people who aren't walking too well or are incontinent and need to be diapered.

Thank you for the opportunity to speak.

SENATOR JACKMAN: Thank you very much.

SENATOR COSTA: Thank you, Ms. Hayes. Next we have Carl Weininger from Essex County College.

SENATOR JACKMAN: You were very patient, Carl.

**CARL WEININGER:** Thank you. I want to compliment the Committee. I debated with myself for an hour or two as to whether I could afford the time to stay until I got called upon, but the hearing became more and more interesting. Anyone who has had any experience in trying to care for parents or relatives, particularly in nursing homes, has to be fascinated by what has been spoken about here.

With regard to the discussion about abuse of the elderly, I felt this was an education for me. My time was well-spent, even if I didn't testify.

I came to talk about a single issue that hasn't been touched upon. This issue is about an educational benefit that was available to the elderly until last year. At that time, it was withdrawn. We don't know what the underlying reasons were for withdrawing it, but I would guess there were economic reasons. Senior citizens who were retired had the right to take college courses, and the tuition was free. Sometimes there was a nominal charge. This applied to State and County colleges. Private colleges, of course, have their own means of making opportunities available to seniors.

Over a period of seven or eight years -- maybe a little longer than that -- we, with the encouragement of the freeholders, had developed a very extensive program of courses for senior citizens. These courses were tuition-free, and were mainly accredited courses, although some were non-accredited courses. Courses were held at our main campus, and there were courses held at many extension centers throughout the county. We worked with the Division on Aging and various community groups that provided facilities. So, we had a very extensive program last year. Before the program was cut, we had over 1,300 students taking accredited college courses. I mention that just for illustration purposes. We were the only institution in the State that welcomed senior citizens.

The State, as you know, provides a certain amount of funding for county institutions. I think the figure is something like 43% of the actual cost of educating a student. That is provided to the county college, and the balance of the cost is picked up by the county taxpayers. A small portion is paid by the student.

Last year, the Department of Higher Education in the State of New Jersey issued a regulation. There were hearings on it, and we participated at them.

By the way, I didn't introduce myself. My name is Carl Weininger, and I am the coordinator of non-traditional programs at Essex County College. This is not my area; I came to speak for Diane Fitzsimmons, who is our Senior Citizen Director of senior citizen programs and extension centers.

The Department of Higher Education promulgated a regulation which said that senior citizens would no longer have free access to courses, particularly special courses which we had arranged for them to meet their demands and needs at the various extension centers. It added, "Senior citizens over the age of 65, who were, for the first time in their lives, pursuing a degree, and who were taking a program of at least six credits" -- that is a half-time program -- "would be granted free tuition." This effectively eliminated just about every senior citizen. In addition, the colleges would be limited to one percent of their enrollment, and senior citizens could only enter classes after the classes were filled and the regular registration period ended. That is to say, they could only enter those classes tuition-free.

We, in Essex, are in a highly urbanized area, and we have a tremendous population of people for whom the tuition is very burdensome. This was a great opportunity for senior citizens. Many of them took very practical courses, and they were very, very serious about their studies.

The opportunity was withdrawn. Senator Lipman and others introduced a bill, S-1905, last year, which passed the Senate and the Assembly. It was ultimately vetoed by the Governor. There had to be a good reason why it was vetoed.

SENATOR JACKMAN: Was it because of money?

MR. WEININGER: I really don't know, but the figures I have--

SENATOR BROWN: (interrupting) It was abused. There was a question of counting people twice, which got complicated.

MR. WEININGER: Well, there may have been some questions. In fact, the whole thing was kind of specious because none of the arguments really spoke about what was on people's minds.

We had a survey which indicated that for Fiscal Year 1983-84 -- this is an estimate -- it would probably cost the State approximately another \$125,000.

SENATOR JACKMAN: For how many people?

MR. WEININGER: It is for seniors throughout the State and county colleges who would take advantage of the free tuition. This is an additional cost to what we are already spending for their education,

and it was projected for Fiscal Year 1983-84 that it would go up to possibly \$133,000. It doesn't seem as though we are talking about any substantial amount of funding.

SENATOR JACKMAN: You're talking about stamp money in the State of New Jersey. (laughter) No, I'm serious when I say that. I'm glad you came and mentioned this, because there is a young lady sitting to my left by the name of Leanna Brown, and she sits on the Joint Appropriations Committee. Maybe she can take that message back. I think it is very important because if we pass it, I think we should get some justification.

It is hard for me to believe -- and, I say this honestly -- that-- Was it Governor Kean who vetoed the bill?

MR. WEININGER: Yes.

SENATOR JACKMAN: It is hard for me to believe that he would veto a bill for \$135,000.

SENATOR BROWN: I don't think it had a price tag on it. Chris, I think this was part of the problem. It was originally presented as a program which would not cost money, and then because of the way it was programmed, it ended up costing money.

SENATOR JACKMAN: But, Leanna, when you say \$135,000 and we're talking about a \$7 billion budget--

SENATOR BROWN: (interrupting) You're right.

SENATOR JACKMAN: You're talking about less than stamp money, and that is the thing that frightens me. You see, I get--

SENATOR BROWN: (interrupting) It wasn't proposed the right way. That is problem.

SENATOR JACKMAN: Well, then let's propose it the right way. You see, this is what can keep them out of nursing homes. If they go into colleges and they sit with young people--

SENATOR BROWN: (interrupting) You're right.

SENATOR JACKMAN: You'll get it; that is a guarantee.

MR. WEININGER: Okay, thank you very much.

SENATOR COSTA: Thank you very much for coming. May we have Mr. Arthur Manning, Senior Citizen Coordinator for Montclair?

**ARTHUR C. MANNING:** Before everyone groans because I am not on the list--

SENATOR COSTA: (interrupting) You're name is on my list.

SENATOR JACKMAN: That is okay.

MR. MANNING: I think I will have the shortest testimony--

SENATOR JACKMAN: (interrupting) That is okay. You can be anything you want. (laughter)

MR. MANNING: I was keeping track of the time, and I think I am going compete with Helyne. I think I'll even beat you, Helyne. (laughter)

My name is Arthur Manning, and I am Senior Citizen Coordinator for the Township of Montclair. I've only got one page to read, and I'm even going to cut that short.

I've had my job about five years, and I think this is the third time I've retired. I'm probably the oldest senior citizen in this room, but we won't debate that. I would like to say that I am very much in favor of establishing a Department on Aging at cabinet level to have direct contact with the Governor, and to be given some coordinating authority.

I probably talk to 1,000 senior citizens every year. When individual senior citizens try to get direct answers to specific problems, and more important, feel that their problem will get attention at executive level, it is really difficult to determine the proper office to contact. Quite frequently, one office will tell you that some other office has jurisdiction. I do not know exactly how many offices or bureaus in Trenton deal with senior citizen problems, but it must be over a dozen. It is very easy for me to understand how this situation has developed because new offices develop as senior citizens' needs become greater.

However, looking ahead -- and, you all know this -- it is well-known that the proportion of New Jersey's population that is over 60 will grow rapidly in future years. Their problems are becoming more serious -- we've heard that all morning -- and more difficult to handle without professional assistance. Therefore, I believe there is a need for a bill to establish a department to coordinate senior activities at cabinet level. Very truly yours. (laughter) I guess you all have a copy of my statement.

SENATOR JACKMAN: Thank you, Arthur.

MR. MANNING: You're welcome. I appreciate you coming here. I don't know if I could stand sitting here all day. (laughter)

SENATOR JACKMAN: You made our day.

SENATOR COSTA: Thank you, Mr. Manning. We appreciate your being here. There are two people who were not here when I previously called them: Janet Donaldson and John Tergis. Are they present? (not present) Is there anyone else who would like to testify? (no response) My concern was really for those people who were waiting to testify.

SENATOR JACKMAN: Does anyone want to come back and start all over again? (laughter)

SENATOR COSTA: We appreciate everyone's-- Yes?

UNIDENTIFIED PERSON FROM AUDIENCE: I would like to have your address.

SENATOR COSTA: If you want to get in touch with us--

SENATOR JACKMAN: (interrupting) I'll give you one of my cards if you want one.

SENATOR COSTA: (continuing) David Rosen will give you our address.

UNIDENTIFIED PERSON FROM AUDIENCE: Thank you.

SENATOR COSTA: I would like to recognize former Assemblyman Kelly. It is nice to see you here.

ASSEMBLYMAN KELLY: It is nice to be here.

SENATOR BROWN: It is nice to be in your town.

SENATOR COSTA: That is right, we're in your hometown. We want to thank everyone for the kind reception we've had here today, for your patience, and for your testimony. I know we have learned so much; the dialogue is great. As I said in my opening statement, we would like to continue that dialogue. You who are out in the field and working day to day with the elderly are the only ones who can tell us about the problems so that we can do something to help the situation.

Once again, thank you very much.

(HEARING CONCLUDED)

**APPENDIX**



UNION COUNTY DIVISION ON AGING

FUNDED PROJECTS 1983

Advocacy Policies and Priorities

The policy of the Union County Division on Aging is to advocate, plan, develop, coordinate, improve, and increase services for the economically and socially disadvantaged elderly, giving the highest priority to the sick, elderly, homebound citizens who are most in need of home or institutional care.

To this end the Division continues to improve its nutrition programs, group dining and home delivered meals, and home health care as alternatives to institutionalization. Our modern and well equipped nutritious kitchen, which became operational in March, 1982, is well organized and operates at near capacity. The Coordinated Home Care Program continues to provide the maximum service for the Titles III and XX dollars available, and a new project "The Wireless Radio Frequency Medical Alert System" Emergency Response was initiated in cooperation with Memorial General Hospital, Union, NJ.

The Division does not discriminate against any senior citizen because of race, creed, color, sex, age, national origin or marital status. And, no otherwise qualified handicapped senior citizen shall, solely by reason of his or her handicap, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any federally funded programs or activities administered by this Division.

Moreover, the Division continues to pursue advocacy objectives at all levels as outlined in its "Area Plan on Aging for Progress Toward a Comprehensive Coordinated Service System for Older Persons" covering fiscal years 1984 through 1985.

The attached narrative and statistical summaries reflect the successful accomplishments of all funded projects during 1983.

/x

UNION COUNTY DIVISION ON AGING

FUNDED PROJECTS 1983

NARRATIVE SUMMARY OF PROGRAM  
ACTIVITIES AND ACCOMPLISHMENTS FOR  
CALENDAR YEAR 1983

1. Union County Nutrition Program for the Elderly  
Meals on Wheels of Elizabeth, N.J.  
Elizabeth, New Jersey

One of the most important components of the long term health maintenance program is proper nutrition for the elderly. The Union County Division on Aging's Nutrition Program augmented by the services of Meals on Wheels of Elizabeth, Inc. provided this component by utilizing the Union County Division on Aging Nutrition Kitchen in Linden, N.J. where nutritious, hot and cold meals were prepared, packaged and delivered to the sick elderly at home and hot meals to the elderly at fourteen (14) group dining sites throughout the County. All meals met the 1/3 RDA requirement as stipulated by the Older Americans Act and were served five days each week, Monday through Friday, except on County holidays. Included in this program were the home delivered meals packaged and delivered by the Union Township Community Action "Search & Serve" program, the Kosher Group Dining Site which procured, prepared and served Kosher meals, and S.A.G.E., (Summit Area Association for Gerontological Endeavor) a private non-profit service agency who purchases home delivered meals from our kitchen for distribution in the Summit area.

The following reflects the specific activities of the program:

- a. Home Delivered Nutrition Services - Prepared and delivered 73,768 Title IIIC2 and 58,392 Title XX or a total of 132,160 balanced nutritional meals to 793 elderly residents

of Union County who, because of physical limitations, were unable to prepare meals in their own homes or leave their homes to obtain food. (24,600 of the Title XX meals and 2,998 Title III meals were delivered to the home bound by the "Search and Serve" Program.) In addition, 16,511 home delivered meals were purchased and distributed by the S.A.G.E. program.

- b. Group Dining Nutrition Services - Assisted 1,683 elderly residents of Union County to maintain their self-sufficiency, independence, and residency in the community by providing 191,332 hot meals at 15 nutrition sites strategically located throughout the County. Of the above, 27,817 were Kosher meals.
- c. Information and Referral - Completed 670 contacts with 347 elderly clients providing information concerning the availability of other services and resources and assisted by making and following-up on appropriate referrals.

2. "Search and Serve"  
Union Township Community Action  
Organization  
Union, New Jersey

During the year this project sought, located and provided services to the elderly and especially the frail elderly poor of Union and Vauxhall to enrich the quality of their lives and to preclude or forestall institutionalization. To this end the program provided hot home delivered meals 5 days each week, information and referral services, a comprehensive outreach program, and limited transportation services for medical purposes. Specifically, the following services were provided:

- a. Information and Referral - Furnished information to 1,705 elderly residents in the Union Township and Vauxhall areas concerning the availability of services and resources and assisted in securing these services by making appropriate referrals.
- b. Home-Delivered Nutrition Services - Packaged and delivered 2,998 Title IIIC2 and 24,600 Title XX balanced nutritional meals directly to 134 elderly residents of Union and Vauxhall who were unable to prepare meals in their own home or leave their homes to obtain a meal.
- c. Outreach, Demand Transportation and Friendly Visits - Through outreach, identified 42 elderly clients who would not have availed themselves to services and assisted them; furnished 66 one way trips to 26 clients and devoted 63 hours in friendly visits to 26 clients.

3. Union County Division on Aging  
Coordinated Home Care Program  
Elizabeth, N.J.

The Coordinated Home Care Program was developed and implemented to achieve the maximum level of home health aide services and to assure that these services were directed to the senior and disabled population of the County with the greatest need. Accordingly, all appropriated funds, Title III and Title XX for these services were allocated to the Division on Aging for control and coordination to provide uniform home health aide services throughout the County; to produce the maximum level of service from available resources; to provide centralized authorization for service and disbursement of funds; to collect and

maintain data on clients; to make appropriate client referrals; and to maintain client intake records. To accomplish the services, vendor contracts were made with the following servicing agencies who provided 51,672 hours of home health aide service for 740 clients and 1,369 hours of visiting nurse services for 568 clients utilizing both Title III and Title XX funds:

Visiting Nurse and Health Services of Elizabeth, Overlook Hospital Community and Environmental Health Division, Visiting Nurse Assoc. of Plainfield and North Plainfield, Jewish Family Services, Visiting Homemakers Service, Patient Care, Inc., Elizabeth Housing Authority, and SAGE Visiting Homemakers.

4. Visiting Nurse and Health Services  
Long Term Maintenance Care and Information  
Elizabeth, New Jersey

This project, "The Health Maintenance Program", is a vital component of Long Term Health Maintenance and is one viable alternative to home care for those senior citizens who are still able to be active in the community but are at risk due to chronic illness. During the year the program provided primary nursing and coordinated with the patient's physician for screening, monitoring of the physical and social status of individuals, and counseling and health education programs for individuals and groups who are not homebound. The services were provided at regularly scheduled hours at low-income senior citizen housing, nutrition sites, and other areas where seniors meet. The program allowed for early detection of potential physical and social problems and was geared to encourage "Maximum Wellness".

Specifically the program provided the following services:

- a. General Preventive Health - Completed 6,354 nurse/client contacts for 771 unduplicated clients. Services provided were testings and health checks to assess the health status of elderly individuals and to determine the need for referrals for further care.
- b. Health Counselling - Provided 1,379 hours of health counselling to 771 clients either individually or in groups enabling them to maintain their health.

5. Expanded Senior Citizen Clinic  
John E. Runnells Hospital  
Berkeley Heights, N.J.

This health maintenance program is an essential component of Long Term Health Maintenance. The program is designed for those senior citizens who are still able to be active in the community but are at risk due to chronic illness. Furthermore, it allows for early detection of potential physical ailments and encourages maximum wellness.

The following reflects the accomplishments of this project:

- a. General Preventive Health - Provided 725 free health tests for 575 elderly residents of Union County. The tests were performed at the Senior Citizen Clinic, John E. Runnells Hospital, two mornings each week and consisted of pap smear, blood pressure, diabetes, SMAC Test Chemistry Profile, baseline chest X-ray, urinalysis and hemoglobin.

6. Overlook/New Providence Senior Citizens  
Health Assessment and Information Project  
New Providence Senior Center  
New Providence, N.J.

During 1983 Overlook Hospital, with Title III funding, assigned a public health nurse to the New Providence Senior Center to provide

health assessment, monitoring and counselling to seniors in that area. The nurse was at the center 10 hours per week, and 520 hours during the year providing the following services to 632 seniors in individual or group settings:

- a. Screening for Hypertension, diabetes, anemia, colorectal bleeding, and visual and hearing problems.
- b. Identification of seniors at risk and in need of medical care, health education, and counselling.
- c. Weight control program held in conjunction with a nutritionist.
- d. Evaluation of seniors for participation in planned exercise and dance programs.
- e. Injection service with medical orders.

7. Muhlenberg Hospital  
Hospice Program  
Plainfield, N.J.

The Hospice Program of Muhlenberg Hospital was established as an extension of their Home Care Program to meet the special needs of the terminally ill person. Through the efforts of a multi-disciplinary team of hospice professionals, the dying patient and his/her family are given the necessary teaching and counseling that enables the patient to die at home in loving and familiar surroundings. The hospice nurses provide 24 hours on-call availability to the patient and family to allay fears and answer questions. In addition to nursing service, homemaker/home health aides services are provided as appropriate. During the year 79 hours of home health aide services and 56 hours of nursing service was provided to 22 elderly patients.

8. Rahway Hospital  
Hospice Program  
Rahway, N.J.

During 1982, the concept of hospice care remained the same as in prior years, namely the skilled and compassionate care of those patients in the advanced stages of illness and their families. Through the involvement of a multi-disciplinary team comprised of the physician, nurse coordinator, social worker, clergy, dietician, and volunteers, patients and their families are assisted in coping with the life threatening illness and eventual death bearing in mind it is the quality and not the quantity of life that counts. Therefore, during the year 205 patients were serviced, of which 69 were new. A total of 2,858 contacts were made with or on behalf of the patient and or the family. Of the total cases serviced 22 expired at home and 26 in the hospital or nursing home.

9. Union County Division on Aging  
Information and Referral Program  
Elizabeth, N.J.

Information and referral is a direct service provided primarily by two (2) staff members of the Union County Division on Aging. During the year the I & R section completed 4,529 I & R contacts providing information to 4,226 seniors concerning available services and resources and assisted them in obtaining the services through appropriate referrals. An Information and Referral Course was conducted at Union College on 8 Fridays, 2:00 - 4:00 p.m. from March 18 through May 27, 1983. 148 individuals representing the various social service agencies throughout Union County, registered and the average attendance was 66.

Of this number 44 received certificates for attending at least 6 of the 8 sessions. The I & R section also coordinated a local radio program for the elderly at Station WJDM in Elizabeth, N.J. on the last Wednesday of each month from 11:00 a.m. to 12:00 noon. This program had a listening audience of approximately 300,000.

10. Nursing Home Ombudsman  
Catholic Community Services  
of Union County  
Elizabeth, N.J.

During the year the Nursing Home Ombudsman and a staff of 40 to 45 trained volunteers provided an important and vital service to approximately 1839 elderly residents of 13 licensed skilled care facilities in Union County. The Ombudsman and volunteers were often the only contact many of these residents had with the outside world in terms of someone to assure that their rights were protected. The Ombudsman, as an advocate, assisted nursing home residents or family members in resolving major and/or minor problems. The volunteers provided vital visitations, wrote letters, and provided other services to make nursing home living more interested and tolerable. Specifically, the following activities were accomplished in meeting the overall objectives of the program:

- a. Information and Referral - Provided information to 469 elderly residents of nursing homes in Union County or their family members concerning the availability of services and resources and assisted them in securing needed services by making referrals to appropriate community services agencies and/or organizations.

- b. Nursing Home Ombudsman - Accepted, evaluated, resolved or referred complaints from 117 nursing home resident or a family member concerning the quality of care being provided in nursing homes. A total of 160 contacts were made in servicing these clients.
- c. Friendly Visitors - An average of 40 volunteers, under the guidance of the nursing home ombudsman, visited 1,839 residents of nursing homes in Union County and devoted 3,313 hours to these visits. The volunteers helped the elderly maintain contact with the outside world and assisted with letter writing, reading, etc.
- d. Advocacy Assistance - The Ombudsman, assisted 436 elderly residents to secure their rights and privileges provided by local, state, and federal ordinances and statutes. 116 hours were devoted to this activity.

11. Visually Impaired Rehabilitation Project  
Catholic Community Services  
Elizabeth, N.J.

This project is unique and provides a vital social, educational and health service for a limited number of elderly visually handicapped residents of the County. Those participating in the program have a degree of visual impairment ranging from totally blind to light and/or form perception and various levels of partial vision with field and central visual difficulties. Each individual is considered legally blind as defined by the N.J. Commission for the Blind. During the year activities provided for participants included classes conducted by dance therapists, occupational therapist, recreational specialist, orientation and mobility/sensory training specialist, and guest speakers

in the cultural, educational and health related professions. The above was supplement by films, tapes, records and field trips. Each Thursday participants were picked up at their homes by escorts, transported to the meeting site, and returned to their homes at the conclusion of the evening activities.

The following reflects the actual accomplishments:

- a. Escort Service - Provided 27 elderly visually impaired residents with 1,741 hours of escort and round trip transportation services to all activities sponsored by the project.
- b. Occupational and Recreational Therapy - Provided 748 hours of occupational and recreational therapy.

12. Westfield Community Center  
"The Friendly Place"  
Westfield, N.J.

The Westfield Community Center, "The Friendly Place", provided a multiplicity of social, educational, and recreational services for seniors in the Westfield area. The activities assisted the targeted senior population in maintaining self-sufficiency, independence, and residency in the community as an alternative to institutionalization. It accomplished the following during the year.

- a. Provided five-day-a-week full time social day care services, including 6,650 hot nutritional lunches geared to the preference of the target population. An average of 50 elderly residents received these services daily. Also provided were 4,051 one way trips for 382 clients; 425 hours of escort service for 225 clients; 321 hours of friendly visits for

128 clients; and a variety of daily recreational activities including field trips, arts and crafts etc. for 391 clients. This senior center is truly "The Friendly Place".

13. Human Resources Transportation Unit  
Scotch Plains, N.J.

The Transportation Unit assumed the leadership roll in the development of a para-transit system for the elderly and handicapped residents of Union County. The central administrative control unit sub-contracts with four area agencies who provide the direct client service, namely the Summit, Plainfield, and Westfield Area Red Cross Agencies, and Catholic Community Services of Elizabeth. First priority, is given to individuals going to medical appointments at rehabilitation centers, hospital clinics, doctor's offices, and community mental health centers. Other priority destinations include local public service agencies such as Social Security and Board of Social Services offices. Out of town trips are coordinated centrally to enhance cost-effectiveness and efficiency of operation. Service is provided five days per week, Monday through Friday, from 9:00 a.m. to 5:00 p.m.

During the year 71,868 one way trips were provided to 5,407 clients.

14. Union County Division on Aging  
Nutrition Bureau Transportation  
Elizabeth, N.J.

As an adjunct to the Division on Aging's Nutrition Program, transportation was provided to and from the nearest nutrition site for the frail elderly poor residing in depressed areas. The targeted

individuals, through not homebound, had no means of availing themselves to a daily hot meal at a group dining site without this transportation. In addition, transportation was made available to this group for trips to the doctor's office or medical facilities and also for shopping trips. During the year 11,687 one way trips were provided for 117 elderly clients in Elizabeth and the Union-Vauxhall area.

15. Union County Legal Services Corp. & Community Mental Health  
Law Project  
Senior Citizens Legal Assistance Program  
Elizabeth, N.J.

The Union County Legal Services Corp. and the Community Mental Health Law Project combined their efforts to provide legal and supportive advocacy services for the elderly and mentally disabled elderly of Union County. Legal Services furnished lawyers and paralegals in addressing the plight of the elderly poor and in the general areas of civil law. Their efforts were a mainstay in litigation involving landlord - tenant rights, consumerism and public benefits. The Mental Health Law Project, utilizing lawyers and social service advocates assisted the mentally disabled in obtaining rights and benefits due them. It also had an extensive outreach program to hospitals and with mental health and social service agencies and was actively involved in resolving a variety of housing service needs including the needs of boarding home residents. In summary, the combined efforts of the two entities resulted in 633 hours of outreach for 254 clients; 596 hours of legal counseling for 91 clients; 1100 hours of legal service for 100 clients and 658 hours of advocacy assistance for 147 clients.

16. Senior Citizens Program Counselling Project  
Senior Citizen Council of Union County, N.J., Inc.  
Union, N.J.

This project supported the activities of the Senior Citizens Program Project Director wherein the incumbent performed the services of counselling the Senior Citizens Council of Union County in the area of senior citizens programs. The Director, assisted by volunteers, initiated and devised service programs; made contacts with public and private agencies concerned with problems of the elderly; and enlisted their assistance in the advocacy and establishing of service projects beneficial to the elderly of Union County.

The following reflects the accomplishments of this Project:

- a. Information and Referral - Completed 2,308 contacts with 1,693 elderly clients providing them with information concerning the availability of services and resources.
- b. Dental Services - Completed 846 contacts to arrange dental services at reduced rates for 322 elderly clients.
- c. Outdoor Recreation - Completed 2,497 contacts to arrange recreational activities for 822 elderly clients.
- d. Employment Services - Completed 1,041 contacts to assist 249 seniors elderly clients to obtain employment.
- e. Advocacy Assistance - Devoted 1,392 hours assisting the elderly of Union County to secure their rights and privileges as provided by local, state and federal ordinances, statutes or policies. Examples are emergency fuel assistance, handicapped parking, etc. The Director also spoke at forums, conferences, council meeting, work shops, etc. in support of the needs of the elderly.

- f. Senior Organization Liaison - The Senior Council provided liaison activities between the Division on Aging, itself and numerous senior organizations for the purpose of coordination, technical assistance and to develop and maintain cooperative relationships.

17. Catholic Community Services  
Social Day Care for the Elderly  
Roselle Park, N.J.

This program is another link in the chain of services designed to forestall or prevent institutionalization. The Social Day Care Center operated three days a week from 10:00 a.m. to 3:00 p.m., fifty weeks during the year. Through a formalized program, the following specific areas were addressed to promote and sustain the independence of a total of 43 seniors.

- a. Emphasis was given to health and physical well being of each participant to encourage maximum functioning capabilities.
- b. A conducive atmosphere and social activities was provided to promote emotional stability.
- c. Respite service was provided for family members thus contributing to a more comfortable and stable homelife.
- d. A nutritional hot meals was served to each participant on each meeting day.

With the assistance of volunteer, 4,145 hours were devoted to providing the above services.

18. Union County Council on Alcoholism  
Senior Citizen Outreach Alcohol Project  
Westfield, N.J.

Since one in every ten Americans is a senior citizen; since more medication is available and prescribed for this age group and since seniors are living longer with more leisure time, the possibility of alcoholism and poly drug addiction is greatly increased. The interaction of alcohol and medicine can be "potential dynamite." Simply drinking more to fill leisure time or to combat loneliness can also be dangerous. Therefore, this project devoted its efforts to training senior service center and social service agency staff on alcoholic abuse and alcoholism; providing motivational counseling, education and information to seniors in individual or group sessions; and providing other needed services to seniors who were encountering difficulties with alcohol or controlled substances. In summary 72 hours were devoted to 66 clients with alcoholic problems and 320 individuals received group training.

19. Memorial General Hospital  
Adult Social Day Care and Wellness Program  
1000 Galloping Hill Road  
Union, N.J. 07083

This program, established by Memorial General Hospital in August, 1983, provides care to the physically and mentally frail elderly who, without the benefit of this alternative form of care may have no recourse other than institutionalization. The program is professionally supervised eight hours a day, five days per week and is designed to provide care for twenty (20) clients per day.

In addition, a secondary benefit is received by family members of the elderly day care participant, who are relieved of the daily care of an older family member and can pursue employment, educational or other personal activities.

The following reflects the accomplishments of this project:

- a. Information and Referral - Completed 715 contacts with 114 elderly clients providing them with information concerning the availability of services and resources.
- b. Demand Transportation - Provided 952 one way trips for 28 elderly clients from individual homes to the day care center and return.
- c. Social Counselling - Provided 226 hours of counselling to help 43 elderly clients cope more successfully with the changing world and to interact happily with their families as well as their peers.
- d. Recreational Therapy - Provided 487 hours of recreational therapy to encourage maximum functioning capabilities and emotional stability through a conducive atmosphere and social activities.

*Shelton*

UNION COUNTY DIVISION ON AGING

Consolidated Statistical Summary of Program Activities 1983

<u>Program Activities</u>	<u>Units of Service</u>	<u>Unduplicated Clients</u>	<u>% Low Income</u>	<u>% Minority</u>
Home Delivered Nutrition Service:	148,671 meals	829	78	33
Group Dining Nutrition Service:	191,332 meals	1,683	82	29
Health Counseling:	1,910 hours	2,602	72	16.6
General Preventive Health:	8,286 contacts	2,817	67.5	17.5
<u>Coordinated Home Care:</u>				
Home Health Aides:	51,672 hours	740	92.4	27
Visiting Nurses:	1,369 hours	586	84.5	25
Hospice Services:	2,858 contacts	205	87	6
Demand Transportation:	85,940 one-way trips	4,988	39.3	11
Nursing Home Ombudsman:	160 contacts	117	48.7	7
Legal Counseling:	596 hours	91	89	38
Legal Services:	1,100 hours	100	78	32
Information & Referral:	12,087 contacts	8,366	-	-
Escort Service:	2,150 hours	308	59.7	31.2
Outreach:	995 hours	993	83.1	36.2

UNION COUNTY DIVISION ON AGING  
Consolidated Statistical Summary of Program Activities 1983

<u>Program Activities</u>	<u>Units of Service</u>	<u>Unduplicated Clients</u>	<u>% Low Income</u>	<u>% Minority</u>
Friendly Visitor:	3,762 hours	2,301	38.8	7.3
Advocacy Assistance:	2,242 hours	1,321	35.9	8.5
Substance Abuse (Alcohol):	72 hours	66	34.9	3.3
Recreational Therapy:	4,935 hours	91	27.5	12.1
Therapy, other:	657 hours	27	50	26
Employment Service:	1,014 contacts	322	53.1	3.1
Dental Service:	846 contacts	322	20.8	3.4
Social Counseling:	224 hours	51	11.8	5.9
Recreation:	2,530	1,981	34.6	13.1



JOHN J. FAY, JR.  
OMBUDSMAN

STATE OF NEW JERSEY  
OFFICE OF THE OMBUDSMAN  
FOR THE INSTITUTIONALIZED ELDERLY

CN 808, Trenton, New Jersey 08625  
(609) 292-8016

April 13, 1984

State Ombudsman Report to the State Senate Committee on Aging

Chairman, Senator Catherine Costa. Senators, Christopher J. Jackman,  
Raymond Lesniak, Leanna Brown and Peter P. Garibaldi.

-----

I would like to start this brief statement in commending Senate President Carmen A. Orechio, and all members of the State Senate who have supported the creation of the Senate Committee on Aging.

As the State Ombudsman for the last six years, and as one who served on the State Senate Study Commission on Long Term Care, I am convinced that this was a most proper and necessary move by our state legislature in both the Senate and Assembly to have a committee that deals with the many, complex, serious and growing problems of the elderly in our State. It is also noteworthy that the state legislature committees are even more powerful than their federal counterparts, in that not only can they make recommendations they can also legislate.

What I am offering this committee is the experience, the knowledge and the documented facts that our office has gained in the last six years in dealing with the most vulnerable and defenseless group of elderly men and women in our State - the patients and residents in our nursing homes, boarding homes and our state and county institutions. Our office has become, I believe, one of the strongest advocate offices in the Nation, with a strong, clear state statute, we have brought to the people of New Jersey, particularly those who we are mandated to serve, an office that is credible and accessible with an excellent professional staff of nurses, investigators and lawyers, and as you can see by the statistics that we will also be sending to your staff people the thousands of complaints that we have handled on a daily basis, ranging from the most serious offenses to answering questions.

We are also submitting to this committee a legislative agenda that we have already presented to Governor Thomas H. Kean in which we feel that there are bills that can be, and should be, passed in the present session. We would also like to report at this hearing on the new Mandatory Adult Abuse Reporting Law, which went into effect last June of 1983, and to note the drastic and dramatic up-swing in the number of cases reported and investigated. I am hopeful that the Department of Human Services will be presenting the same sort of legislation for the protection of the frail elderly in the community in the coming session.

The attorneys in our office have also been working on the particular need for Guardianship and Conservatorship legislation, which again is badly needed as our office discovered last year, when we found 80 - 90 year old men and women in nursing homes, who could not get proper medical treatment in some hospitals.

So in closing I do promise a close-working relationship to your committee and the offer to call upon us whenever needed.

LEGISLATIVE AGENDA PRESENTED TO GOVERNOR THOMAS H. KEAN  
ON MARCH 22, 1984

---

- 1) Assembly Bills 872, 873 and 874.  
The office concurs with the Governor's recommendations in the State of the State Message. These bills would outlaw private pay contracts for Medicaid-eligible patients of nursing homes and would prevent discrimination against these patients. The office recommends these bills be passed and signed by the Governor.
- 2) Assembly Bill 815  
This bill exempts from the county "CAP" increased costs due to an increase in the number of beds in county nursing homes. This office supports this bill because it should aid in eliminating the Medicaid bed shortage. The office recommends the bill be passed and signed by the Governor.
- 3) Assembly Bill 1049.  
This bill increases the personal needs allowance of nursing home residents and other institutionalized from \$25 to \$35 per month. The office supports this bill and recommends that it be passed and signed by the Governor.
- 4) Senate Bill 1044.  
This bill provides for payment to a nursing home for holding beds for Medicaid patients for ten days. The office strongly supports the passage of this bill.
- 5) Assembly Bill 1630.  
This bill requires nursing homes to administer tuberculosis tests to its employees. In light of information received from various tuberculosis agencies, the office strongly supports this legislation.
- 6) Assembly Bill 1631.  
This bill provides that certain measures be taken during a heat emergency in a nursing home. The office supports this bill and recommends that it be passed and signed by the Governor.



**TOWNSHIP OF MONTCLAIR**  
**OFFICE ON AGING**  
205 CLAREMONT AVENUE  
MONTCLAIR, NEW JERSEY 07042

**(201) 744-1400**

ARTHUR C. MANNING  
Senior Citizen Coordinator

April 12, 1984

N. J. Senate Committee on Aging  
CN - 042  
State House Annex  
Trenton, N. J. 08625

Gentlemen:

I have been Senior Citizen Coordinator and Focal Point Agent for the Township of Montclair, for five years and therefore am quite familiar with the problems of our senior citizens who comprise 20% of our population. An important function of the Montclair Office on Aging is to furnish information and referrals and we serve over 1,000 individuals each year as a result of phone calls or visits to our office.

I am a senior citizen myself, having lived in Montclair over (30) thirty years and hence know personally a large number of older persons.

I am very much in favor of establishing a Department on Aging at cabinet level to have direct contact with our Governor and to be given some coordinating authority.

When individual citizens try to get direct answers to specific problems, and more important feel that their problem will get attention at executive level, it is really difficult to determine the proper office to contact. Quite frequently, one office will tell you that some other office has jurisdiction. I do not know exactly how many offices or bureaus in Trenton deal with senior citizen problems, but it must be over a dozen. It is very easy for me to understand how this situation develops because new offices developed as the citizens needs became greater.

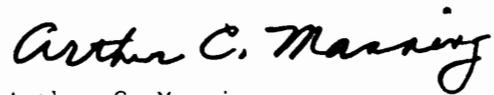
However, looking ahead, it is well known that the proportion of New Jerseys population that will be 60 or over, will grow rapidly in future years, and that their problems are becoming more serious and more difficult to handle without professional assistance.

Therefore, I believe there is a need for a bill to establish a

(2)

Department to coordinate senior activities at cabinet level.

Very truly yours,

A handwritten signature in cursive script that reads "Arthur C. Manning". The signature is written in black ink and is positioned above the typed name and title.

Arthur C. Manning  
Senior Citizen Coordinator  
Focal Point Agent

# NEW JERSEY CO-ORDINATING COUNCIL OF ORGANIZED OLDER CITIZENS, INC.

an association of senior citizen organizations  
at the state, county, city and municipal levels



## BOARD OF DIRECTORS

Herbert W. Miller  
*(P.P.) Chairman and  
Chief Executive Officer*  
Bergen Co. Council

John Szymborski  
*President*  
Somerset Co. Council

Louis Blazik  
*First Vice President*  
Ocean Co. Council

Wilbur Henry  
*2nd Vice President*  
Burlington Co.  
Ret. Ed. Assoc.

Katherine Douglas  
*Secretary*  
Morris Co.  
Ret. Ed. Assoc.

Peter J. Carlino  
*Treasurer*  
Somerset Co. Council

Dr. John T. Rice  
*Past President*  
Morris Co. Council

Arthur N. Cargo  
*Past President*  
Bergen Co. Council

Charles A. Lehman  
*Past President*  
Burlington Co.  
Ret. Ed. Assoc.

Mildred Deitzscher  
*Past President*  
N. Hudson Co. Council

Edward Fister  
*Trustee - 1984*  
Monmouth - N.A.R.F.E.

Vera M. Miller  
*Trustee - 1984*  
Bergen Co. Council

E. George Gravino  
*Trustee - 1986*  
Monmouth Co. Council

Kathy Camp  
*Trustee - 1985*  
Burlington Co. Council

Bernard H. Winstock  
*Trustee - 1985*  
Morris Co. Council

Lloyd B. Simcox  
*Trustee - 1986*  
Cape May Co. Council

425 Crest Drive, Northvale, N.J. 07647

April 9, 1984

Senate Committee on Aging State of New Jersey  
Catherine A. Costa, Chairman; Christopher J. Jackman, Vice  
Chairman; Raymond Lesniak; Leanna Brown; Peter P. Garibaldi

Dear members of the Committee:

Thank you for your invitation to testify at the scheduled public hearings on issues and concerns of senior citizens. Unfortunately we will be unable to testify at either of the two scheduled sessions.

The following is submitted as written testimony on matters of concern to New Jersey senior citizens affiliated with this Council through their clubs and chapters throughout the State.

On February 3, 1984 we sent a letter of our concerns and priorities addressed to all legislators. Please refer to that letter (copy attached). We now restate these concerns with added information as bills relating to the particular matters have now been introduced. We urge you to move these bills as quickly as possible. They follow:

1. Exempt senior citizen organizations from the sales tax. Bills A-174, S-55, S-81 and S-793 have been introduced. Bills introduced in prior years regarding this concern have languished in the Legislature for several years. We understand that a fiscal note indicates a large loss of revenue to the State. We do not agree with that. The loss of revenue, in our opinion, will not exceed  $\frac{1}{2}$  million dollars, if that much. The primary benefit to the members will be the savings of the tax when they go on a club bus ride and eat at a restaurant. Many of these daily trips are to places outside of New Jersey. Accordingly, the State derives no revenues from these trips. At the present time the cost of a luncheon is about \$10-\$12 per member. Usually, the restaurant will ask the club if they have an exemption number (out of State clubs have such numbers). Most of New Jersey club officials are honest and say they do not have an exempt number but some do not. They give a phony number and the restaurant accepts their word and does not collect the sales tax. Accordingly, the State derives no revenues from these trips. By the simple process of including senior citizen organizations from exemption of the sales tax, along with other groups, will go a long way to

# NEW JERSEY CO-ORDINATING COUNCIL OF ORGANIZED OLDER CITIZENS, INC.

an association of senior citizen organizations  
at the state, county, city and municipal levels



-2-

## BOARD OF DIRECTORS

Herbert W. Miller  
*(P.P.) Chairman and  
Chief Executive Officer*  
Bergen Co. Council

John Szymborski  
*President*  
Somerset Co. Council

Louis Blazik  
*First Vice President*  
Ocean Co. Council

Wilbur Henry  
*2nd Vice President*  
Burlington Co.  
Ret. Ed. Assoc.

Katherine Douglas  
*Secretary*  
Morris Co.  
Ret. Ed. Assoc.

Peter J. Carlino  
*Treasurer*  
Somerset Co. Council

Dr. John T. Rice  
*Past President*  
Morris Co. Council

Arthur N. Cargo  
*Past President*  
Bergen Co. Council

Charles A. Lehman  
*Past President*  
Burlington Co.  
Ret. Ed. Assoc.

Mildred Delitzscher  
*Past President*  
N. Hudson Co. Council

Edward Fister  
*Trustee - 1984*  
Monmouth - N.A.R.F.E.

Vera M. Miller  
*Trustee - 1984*  
Bergen Co. Council

E. George Gravino  
*Trustee - 1986*  
Monmouth Co. Council

Kathy Camp  
*Trustee - 1985*  
Burlington Co. Council

Bernard H. Winstock  
*Trustee - 1985*  
Morris Co. Council

Lloyd B. Simcox  
*Trustee - 1986*  
Cape May Co. Council

Senate Committee on Aging State of New Jersey

bringing some order among all groups and a savings of at least 75¢ per meal for club members which will allow those of lower incomes to enjoy the day trips. With respect to the purchases of supplies and other materials there is very little of that so that the revenue from this source is minimal. Passage of this legislation will go a long way toward removing a source of aggravation among actual senior citizens.

2. Grant the right to senior citizen organizations to conduct raffles. Bills SCR-87 and ACR-87 have been introduced and referred to the Senate Committee on Aging and the Independent Authorities & Commissions Committee of the Assembly, respectively. We recommend that ACR-87 be referred to the Assembly Committee on Aging. As a matter of information, the communities now give the clubs some financial assistance. It is our considered opinion that the clubs would have less dependence on the taxpayers if they were given the opportunity to work for income to meet their needs.
3. Increase homestead rebates and rent relief for all senior citizens. Bills S-256 and S-473 have been introduced. We request that similar bills be introduced in the Assembly. We favor the concept of Bill S-473 to provide for additional amounts of rebates based on a percentage of increases in the income taxes from year to year. When the income tax was enacted the people were given to understand that it would reduce property taxes. Since that time, property taxes have increased from 40 to 60 percent and the rebate has remained constant. Many senior citizens, on fixed incomes, now find themselves worse off because of constantly rising property taxes than before the income tax was enacted. We also point out the people were promised that casino revenues would be used to give senior citizens additional property tax relief. Middle income senior citizens have not received 1¢ of casino revenues as a reduction of their property taxes. This must be condemned as unfair and unjust! We also point out that the use of casino revenues for reimbursement to communities for additional property tax relief granted to senior citizens with limited incomes arbitrarily set by the Legislature is out of line with other programs that benefit these same people because it exempts from income social security and pensions and other benefits received under Federal, State and local government programs. Thus there are many retirees who have incomes far in excess of the income limits set for other programs who are receiving this

# NEW JERSEY CO-ORDINATING COUNCIL OF ORGANIZED OLDER CITIZENS, INC.

an association of senior citizen organizations  
at the state, county, city and municipal levels



-3-

Senate Committee on Aging State of New Jersey

## BOARD OF DIRECTORS

Herbert W. Miller  
*(P.P.) Chairman and  
Chief Executive Officer*  
Bergen Co. Council

John Szymborski  
*President*  
Somerset Co. Council

Louis Blazik  
*First Vice President*  
Ocean Co. Council

Wilbur Henry  
*2nd Vice President*  
Burlington Co.  
Ret. Ed. Assoc.

Katherine Douglas  
*Secretary*  
Morris Co.  
Ret. Ed. Assoc.

Peter J. Carlino  
*Treasurer*  
Somerset Co. Council

Dr. John T. Rice  
*Past President*  
Morris Co. Council

Arthur N. Cargo  
*Past President*  
Bergen Co. Council

Charles A. Lehman  
*Past President*  
Burlington Co.  
Ret. Ed. Assoc.

Mildred Delitzscher  
*Past President*  
N. Hudson Co. Council

Edward Fister  
*Trustee - 1984*  
Monmouth - N.A.R.F.E.

Vera M. Miller  
*Trustee - 1984*  
Bergen Co. Council

E. George Gravino  
*Trustee - 1986*  
Monmouth Co. Council

Kathy Camp  
*Trustee - 1985*  
Burlington Co. Council

Bernard H. Winstock  
*Trustee - 1985*  
Morris Co. Council

Lloyd B. Simcox  
*Trustee - 1986*  
Cape May Co. Council

additional property tax relief. We strongly recommend that this program include all income from all sources to bring it into line with all other senior citizen programs.

4. Create a commission to review the disbursement of the State's revenue from casino gambling in Atlantic City. The commission was created by the passage of SCR-75 in 1983. However, it has not been fully staffed and is not yet functioning. We strongly recommend that the commission be fully constituted and fulfill its intended purpose, i.e., to advise the Legislature of priority needs for casino revenues. As it now stands more and more bills are being introduced to use casino revenues for sundry purposes without consideration of more important needs. We strongly recommend that the commission be fully constituted with an equal number of legislators and senior citizen leaders who have expertise in this field. We also strongly urge that no more bills be passed, that call for casino revenue usage, until priorities are set by the commission. In our opinion a percentage of these revenues should be used to provide additional property tax and rent relief for all senior citizens.
5. Permit senior citizens to convert their homes to accommodate an "Accessory Housing Unit". Bills A-108 and A-857 have been introduced. We favor A-108 with a change made to eliminate the 100 feet by 100 feet restriction. All senior citizens should be treated equally. Many have properties that are on lots larger or smaller than 100 feet by 100 feet. Bill A-857, in our opinion, does nothing as it provides for Mother and Daughter type housing which now exists in many communities. We urge speedy passage of Bill A-108 with aforesaid changes. We also recommend that the Assembly Committee on Aging secure a copy of the ordinance passed by the Old Tappan (Bergen County) Mayor and Council in 1983 and study it with a view toward recommending its adoption by the respective New Jersey communities.
6. Elevate the Division on Aging to Department status. Bills ACR-32 and A-540 have been released by the Assembly Committee on Aging. We urge speedy passage of this legislation by the Legislature. We thank the members of the committee for releasing this legislation.
7. Freeze school taxes for senior citizens. Bill SCR-4 is resting in the Senate Committee on Aging. We strongly recommend speedy passage of this legislation.

**NEW JERSEY CO-ORDINATING COUNCIL  
OF ORGANIZED OLDER CITIZENS, INC.**

an association of senior citizen organizations  
at the state, county, city and municipal levels



-4-

Senate Committee on Aging State of New Jersey

**BOARD OF DIRECTORS**

Herbert W. Miller  
*(P.P.) Chairman and  
Chief Executive Officer*  
Bergen Co. Council

John Szyborski  
*President*  
Somerset Co. Council

Louis Blazik  
*First Vice President*  
Ocean Co. Council

Wilbur Henry  
*2nd Vice President*  
Burlington Co.  
Ret. Ed. Assoc.

Katherine Douglas  
*Secretary*  
Morris Co.  
Ret. Ed. Assoc.

Peter J. Carlino  
*Treasurer*  
Somerset Co. Council

Dr. John T. Rice  
*Past President*  
Morris Co. Council

Arthur N. Cargo  
*Past President*  
Bergen Co. Council

Charles A. Lehman  
*Past President*  
Burlington Co.  
Ret. Ed. Assoc.

Mildred Delitzscher  
*Past President*  
N. Hudson Co. Council

Edward Fister  
*Trustee - 1984*  
Monmouth - N.A.R.F.E.

Vera M. Miller  
*Trustee - 1984*  
Bergen Co. Council

E. George Gravino  
*Trustee - 1986*  
Monmouth Co. Council

Kathy Camp  
*Trustee - 1985*  
Burlington Co. Council

Bernard H. Winstock  
*Trustee - 1985*  
Morris Co. Council

Lloyd B. Simcox  
*Trustee - 1986*  
Cape May Co. Council

8. Establish a commission to advise senior citizen associations how to go about getting the equity out of their homesteads to secure property to rent or build condominiums and co-ops. Bills A-103 and AJR-9 have been introduced. In our opinion this is excellent legislation and we urge its speedy passage and the establishment of the commission as quickly as possible.
9. Increase the amount of exemptions for taxing inheritances. Bills S-2, A-981 and S-1193 have been introduced. These should be thoroughly studied and passage of a final bill should be done quickly.
10. Require a study of social/health maintenance organizations to provide comprehensive medical and social services for the elderly. Bill AJR-3009 was introduced on February 28, 1983 to direct the Department of Health to undertake this study and make recommendations for the development and implementation of a social/health maintenance organization. This bill died a slow death in committee. Because of rapidly rising health costs we believe it is imperative that this legislation be reintroduced and passed quickly. This is perhaps one of the most important needs of senior citizens. Every moment of delay causes great hardships for many older people.

On behalf of the senior citizens of New Jersey we thank the committee for this opportunity to present our views. We earnestly request that this written testimony be entered into your report on the hearings on senior citizen concerns.

Respectfully submitted,

*Herbert W. Miller*

Herbert W. Miller  
Board Chairman & Chief Executive Officer

*John Szyborski*

John Szyborski  
President

# NEW JERSEY CO-ORDINATING COUNCIL OF ORGANIZED OLDER CITIZENS, INC.

an association of senior citizen organizations  
at the state, county, city and municipal levels



## BOARD OF DIRECTORS

Herbert W. Miller  
*(P.P.) Chairman and  
Chief Executive Officer*  
Bergen Co. Council

John Szymborski  
*President*  
Somerset Co. Council

Louis Blazik  
*First Vice President*  
Ocean Co. Council

Wilbur Henry  
*2nd Vice President*  
Burlington Co.  
Ret. Ed. Assoc.

Katherine Douglas  
*Secretary*  
Morris Co.  
Ret. Ed. Assoc.

Peter J. Carlino  
*Treasurer*  
Somerset Co. Council

Dr. John T. Rice  
*Past President*  
Morris Co. Council

Arthur N. Cargo  
*Past President*  
Bergen Co. Council

Charles A. Lehman  
*Past President*  
Burlington Co.  
Ret. Ed. Assoc.

Mildred Delitzscher  
*Past President*  
N. Hudson Co. Council

Edward Fister  
*Trustee - 1984*  
Monmouth - N.A.R.F.E.

Vera M. Miller  
*Trustee - 1984*  
Bergen Co. Council

E. George Gravino  
*Trustee - 1986*  
Monmouth Co. Council

Kathy Camp  
*Trustee - 1985*  
Burlington Co. Council

Bernard H. Winstock  
*Trustee - 1985*  
Morris Co. Council

Lloyd B. Simcox  
*Trustee - 1986*  
Cape May Co. Council

425 Crest Drive, Northvale, N.J. 07647

February 3, 1984

Dear Senator, Assemblyman/Woman

Following is a list of priority goals of this Council for 1984 which we urge you to work for speedy affirmative action to achieve the objective (Bills introduced in last session listed for reference):

1. Exempt senior citizen organizations from the Sales Tax (Bills A-188, A-569, S-448, S-615, S-1110).
2. Bonafide non-profit senior citizen organizations be given the right to conduct public bingo games and raffles (Bill SCR-63).
3. Increase homestead rebates and rent relief for all senior citizens (Bill S-893), or other legislation.
4. Create a commission to review the disbursement of the State's revenue from casino gambling in Atlantic City, and to make recommendations thereupon to the Legislature (Bill SCR-75).
5. Permit senior citizens to convert their homes to accomodate two families (Bill A-240).
6. Give the people the opportunity to vote on whether or not they want the right to place referendums on the ballot (SCR-53).
7. Permit restaurants serving 50 full course meals a day to serve a glass of wine or beer with the meal (Bill S-1865).
8. Elevate the Division on Aging to a Department with Cabinet status (Bill A-3235).
9. Freeze school taxes for senior citizens (Bill SCR-118).
10. Set up an advisory commission to advise senior citizen associations on how to go about getting the equity out of their property and securing property to build condominiums and co-ops (Bill A-3621).
11. Increase the amount of exemptions for taxing inheritances (Bill A-2294).
12. Establish more and improved water basins and interlocking reservoirs to protect against droughts and floods.

