PUBLIC HEARING

before

SENATE AGING COMMITTEE

SENATE BILL 2132

(Designated the "Home Health and Community Care Partnership Act," establishes a community-based home health care program for impaired senior citizens; appropriates $11,000,000.00)

September 30, 1986
Hudson Hall
West New York, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Senator Christopher J. Jackman, Acting Chairman
Senator Leanna Brown
Senator Peter P. Garibaldi

ALSO PRESENT:

Senator Richard Van Wagner
District 13

Anita M. Saynisch
Office of Legislative Services
Aide, Senate Aging Committee

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Hearing Recorded and Transcribed by
Office of Legislative Services
Public Information Office
Hearing Unit
State House Annex
CN 068
Trenton, New Jersey 08625

P U B L I C H E A R I N G

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New Jersey State Legislature
SENATE COMMITTEE ON AGING
STATE HOUSE ANNEX, CN-068
TRENTON, NEW JERSEY 08625
TELEPHONE (609) 292-1646

September 9, 1986

NOTICE OF A PUBLIC HEARING

THE SENATE COMMITTEE ON AGING ANNOUNCES A PUBLIC HEARING ON SENATE BILL NO. 2132 OF 1986, THE "HOME HEALTH AND COMMUNITY CARE PARTNERSHIP ACT"

Tuesday, September 30, 1986
Beginning at 10:30 A.M.
Hudson Hall
618 Hudson Avenue
West New York, New Jersey

The Senate Committee on Aging will hold a public hearing on Tuesday, September 30, 1986, beginning at 10:30 A.M. in Hudson Hall, West New York, New Jersey to hear testimony on Senate Bill No. 2132 of 1986, sponsored by Senator Richard Van Wagner. Senate Bill No. 2132 of 1986 establishes the Home Health and Community Care Partnership Program in the Department of Health.

Address any questions and requests to testify to Anita Saynisch (609) 292-1646, State House Annex, Trenton, New Jersey 08625. Persons wishing to testify are asked to submit nine copies of their testimony on the day of the hearing. The chairman may find it necessary to limit the number of witnesses or the time available for each witness.

SENATE, No. 2132

STATE OF NEW JERSEY

INTRODUCED MAY 12, 1986

By Senators VAN WAGNER, ORECHIO and RUSSO

Referred to Committee on Aging

AN ACT esetablishing the Home Health and Community Care Partnership Program, supplementing Title 26 of the Revised Statutes and making an appropriation therefor.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. This act shall be known and may be cited as the "Home Health and Community Care Partnership Act."

2. The Legislature finds and declares that:

a. The need to offer home health care services to the growing number of frail elderly persons in New Jersey and the benefits derived from the provision of these services in a timely and comprehensive manner are well documented;

b. There is a growing crisis in family care for the elderly as the number of elderly persons in need of assistance in order to remain in their home increases, while the number of available traditional family caregivers, such as children and spouses, decreases;

c. While State government has responded to many of the State's elderly population's health care needs, there remains a substantial number of persons whose health care needs have not been addressed;

d. Because of the broad dimensions of the problem, the responsibility for providing home health care services to the State's elderly population needs to be shared among the families of the elderly, State and local governments, local civic and religious organizations and the business community; and,

e. It is, therefore, necessary to establish a Statewide community-

based Home Health and Community Care Partnership Program which addresses the growing home health care needs of the State's elderly population and provides State financial incentives to encourge business and community financial and volunteer contributions, thereby ensuring the cooperation of all interests in a community in the provision of needed services for the elderly.

3. As used in this act:

a. "Commissioner" means the Commissioner of the State Department of Health.

b. "Department" means the State Department of Health.

c. "Functionally impaired" means a person who is certified by an assessment team to have a combination of physical impairments which results in at least three impairments of an instrumental activity of daily living, or one impairment of an activity of daily living and two impairments of an instrumental activity of daily living.

(1) An impairment of an instrumental activity of daily living includes the inability to carry out any one of the following activities: prepare a light meal; perform light work, including housework; shop for groceries with a companion; take premeasured medication; manage money for routine purchases; or answer a telephone and dial a telephone for assistance.

(2) An impairment of an activity of daily living is present if the person: is unable to eat, or must be fed; must be lifted from bed or to carry out a chair transfer; must be dressed; must be bathed in bed or requires assistance in washing more than the back, feet or hair; or does not use the toilet and has regular incontinence.

d. "Program" means the Home Health and Community Care Partnership Program established pursuant to this act.

4. There is established in the Department of Health the Home Health and Community Care Partnership Program. The program shall provide for the delivery of community-based home health care services to State residents who are at least 65 years of age or older and who are functionally impaired. The program's services shall be provided on a local level by agencies designated by the commissioner pursuant to section 6 of this act.

5. The commissioner shall:

a. Provide grants to licensed and certified home health care agencies in this State which are designated by the commissioner as Home Health and Community Care Partnership Centers pursuant to section 6 of this act, to cover administrative costs and services costs incurred by the agencies pursuant to this program. Within the limits of funds appropriated for this program, the

amount of the grant for a center shall be determined on the basis of the ratio of the number of persons 65 years of age or older in a county served by the center to the number of persons 65 years of age or older in the State. The commissioner shall ensure that grants are provided to a sufficient number of centers so that program services are available throughout the State, with at least one designated center in each county.

b. Establish standards for the program and the requriements for applying for a grant and for being designated as a Home Health and Community Care Partnership Center pursuant to section 6 of this act.

c. Establish standards for decertification of Home Health and Community Care Partnership Centers which do not meet the requirements of this act.

d. Establish criteria for eligibility for services provided under the program, including level of impairment, age and ineligibility for home health care services provided pursuant to the "New Jersey Medical Assistance and Health Services Act," P. L. 1968, c. 413 (C. 30:4D-1 et seq.).

e. Establish minimum requirements for those services provided at each center that are fully or partially funded by the State, which services shall include: (1) an initial preadmission assessment of a person's health status, provided at no cost to the eligible person, which assessment shall be provided by an experienced community health nurse who leads a nurse and social worker team; (2) development of a plan of care based on the assessment of the person's health status and the person's functional capabilities, which plan shall determine those services, if any, that are most appropriate for the person and the frequency of the services; (3) an on-going assessment of the person's health status which assessment shall be conducted at such time as the assessment team determines to be necessary, but not less often than every three months for any eligible person; (4) homemaker and home health aide services when it is determined in the assessment to be necessary; and (5) coordination of volunteer services, which include, but are not limited to, companionship, transportation, escort services and telephone reassurance.

Whenever possible, the services shall be provided to the eligible person in cooperation with the person's physician, who shall be consulted with and kept informed of the person's health status by the assessment team.

f. Establish a prospectively determined sliding fee scale, ranging from no copayment to full payment, which fee scale is based on the

STATEMENT

This bill establishes the Home Health and Community Care Partnership Program in the Department of Health. This unique program is designed to provide for the delivery of community-based home health care services by local Home Health and Community Care Partnership Centers to impaired persons who are at least 65 years of age or older and who need assistance in carrying out activities of daily living.

The bill directs the Commissioner of Health to designate Home Health and Community Care Partnership centers in every county of the State. Each center will provide necessary services and serve as the central information source in a geographic area for families and elders in need of home health care services. The centers will receive grants from the State for program services but will also establish Partnership Advisory Councils to plan for service needs and provide for local support efforts and the establishment of volunteer services programs. In this way, the program will ensure the involvement and support of all interests in the community, including the families of elderly persons, civil and religious groups and the business community.

The bill appropriates $11,000,000.00 to the Department of Health and requires that of this sum, at least $10,500,000.00 shall be allocated for grants to the Home Health and Community Care Partnership Centers.

SENIOR CITIZENS

Designated the "Home Health and Community Care Partnership Act," establishes a community-based home health care program for impaired senior citizens; appropriates $11,000,000.00.

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SENATOR CHRISTOPHER J. JACKMAN (Acting Chairman): Good morning, ladies and gentlemen. Mayor DeFino, would you walk up here to the front and maybe give us a welcoming address?

M A Y O R A N T H O N Y M. D e F I N O: Good morning. I wish to welcome you all to the town of West New York on this most important occasion for us here. I have a brief statement, which I will submit for the record. We are very honored and thankful that this hearing could be held here. Our own community, I would say, has approximately 7,000 to 8,000 seniors, if you use the age of 62. I was watching television the other day, and the AARP advertised. I understand you are a senior now when you are 50. Technically, then I am a senior also.

But, we live in a day and age when the old are going to be asked to take care of the very old. The needs of our seniors cannot be addressed without complete attention to their daily needs, especially those seniors who do not partake of the various programs afforded. It seems to me that there is a very serious question: Do we live in a society where we say we revere the aged, at a time when the scientific methods have advanced to increase longevity, but our social and economic counterparts have not done so? To the people who are advocating this bill -- especially our own Senator Jackman -- we are very happy that you are dealing with this problem.

At any rate, I wish to welcome you to West New York, and thank, again, the Committee for coming here. Thank you very much. By the way, Chris, you can announce that coffee is being made.

SENATOR JACKMAN: Thank you. The Mayor is going to have coffee supplied. Thank you, Mayor.

Now, ladies and gentlemen, there is not going to be any real routine. Unfortunately, there are some bus loads of people who have been delayed. They are on their way here, however. I would like to extend my thanks, of course, to the Mayor for making the facilities available.

With us this morning -- and there will be additional representatives from the State -- is my counterpart, Leanna Brown. This is Senator Brown right here alongside of me. (applause) And, sitting in the audience are my two colleagues representing Hudson County -- the north end -- Assemblyman Arango and Assemblyman Dario. They are both here. (applause)

As a courtesy -- and I think you expect this -- I would like to offer the opportunity to make a statement to Assemblyman Arango. Mr. Arango, would you please come to the microphone over here?

A S S E M B L Y M A N J O S E O. A R A N G O: Right here?

SENATOR JACKMAN: Yes, please.

ASSEMBLYMAN ARANGO: Good morning. It is a pleasure to have the Committee in West New York this morning. Also, it is a great pleasure to work together with Chris Jackman and Assemblyman Dario for the benefit of our senior citizens.

First of all, I would like to say that as legislators, we must act responsibly and address the needs of our senior citizens. We should create more benefits for our senior citizens in their later years. We have a similar bill in the Assembly, the one that I am co-sponsoring -- A-3177 -- which appropriates $8 million to assist our seniors with their problems.

As you know, as an Assemblyman, I am supporting the Assembly bill. But, I would like to work with the Senate to see what we can do to have a joint bill, or something, so that we can present both bills together. The seniors can benefit from both bills.

Thank you for the opportunity. Chris Jackman, you can come to me for anything for the seniors. God bless you all.

SENATOR JACKMAN: Thank you very much. Assemblyman Dario, I have your statement here. If you care to take it back and read it, it will be my pleasure.

A S S E M B L Y M A N R O N A L D D A R I O: First of all, I would like to thank the Honorable Senator Jackman and his staff for the opportunity to stand here before you in the town of West New York -- which we also represent.

The situation is this: We are mandated -- every legislator, every local elected official, every official, and every human being -- by God, by law, whatever, to help senior citizens, because without us to move in a direction to help you people, the entire world -- it doesn't have to be counties, the State of New Jersey, the United States of America -- the entire world is going to have problems.

I have a senior citizen who is my favorite one. That's my mom. She keeps me up on many problems I don't even realize as a legislator. Bills are bills, yes. Different views, different opinions -- as the Senate may have, as the Assembly may have -- but we all have one goal. That is to put it together for the benefit of the citizenry of New Jersey.

This particular issue, and the bill we are sponsoring on the Assembly side-- We are really thinking in terms of less money on the administrative side, and more money for the senior citizens. That is something we can discuss, and it is something that we can debate. But the bottom line is, whatever comes out of it will certainly be for the best interest of you people.

So, not only do I wish the Senators good luck, and the Assembly, but also you people. Remember, we are mandated by the good Lord to make sure that we assist and help you people.

God bless you.

SENATOR JACKMAN: Thank you very much, Assemblyman Dario. I have a list of speakers. I'm sure you realize that there may be some of us against the principle of the bill. I would like you to be brief, because we have about 20 people who want to speak, and I may wish to give an opportunity to any one of the senior citizens who may want to make a statement. I am

not going to go in any direct order. I would like, if she is here, Lois Hull, from the Essex County Division on Aging. Is she here? Lois? (affirmative response) Okay, thank you.

L O I S H U L L: Good morning, Senator Jackman. My name is Lois Hull. I appear before you today as the Director of the Essex County Division on Aging, and as the representative of the New Jersey Association of Area Agencies on Aging.

Home health care is one essential component of community-based long-term care. Older people, and younger disabled adults, are disproportionately victims of chronic incapacitating physical and mental conditions which jeopardize self-sufficiency and independence, and which often force individuals and families to choose institutional placement, when remaining at home is the clear and obvious preference. Sometimes, it is not possible to find an appropriate and affordable institutional placement, and, in the absence of adequate resources to provide home care, many families suffer stress far beyond the scope of any normal human coping skills. The resulting intergenerational conflicts, benign neglect, care giver abuse, and costly remedial emergency intervention is a shameful indictment of the failure of public policy on this increasingly important issue.

The Association's Legislative Chairperson, Carl West, Director of the Office on Aging in Mercer County, addressed this Committee at an earlier public hearing, at which time he conveyed the unanimous support of our aging network for additional in-home services and for improvements in the planning and delivery of community-based services. We commend Senator Van Wagner, Senator Pallone, and the full Aging Committee membership, for recognizing the need and for publicly confronting this difficult challenge.

We wish to offer some suggestions for improving this important legislation, as both Senators Van Wagner and Pallone -- at that former hearing -- indicated an openness to such suggestions.

First, the bill, as it is currently drafted, has the potential for compounding the inefficiencies of an already large and, sometimes, cumbersome bureaucracy. Our current delivery system operates under the aegis of at least three State agencies and, at the local level, county systems vary in organization and scope, but in few instances is the degree of coordination satisfactory. Where, for example, one county agency is designated and authorized to oversee the full range of in-home services -- as in Union County, and to a lesser degree in Essex County -- the incidence of duplication and service gaps are greatly reduced. We believe designating home health agencies as "partnership centers" introduces a new and redundant administrative agent and, according to the bill as drafted, ascribes to these centers functions now performed in most New Jersey counties by the area agency on aging.

Second, while community-based care for the frail and incapacitated elderly population of our State is in need of your support, we urge that you look more closely at the existing programs and networks as the basis for any new legislative initiatives. For example, in my own County -- Essex -- the Division on Aging now administers funds under the Older Americans Act and the Social Services Block Grant, from the Division of Youth and Family Services, the New Jersey Commission for the Blind and Visually Impaired, and the New Jersey Division on Aging, to provide in-home services to the frail elderly. We would be enthusiastic about working cooperatively with the certified home health agencies in our county -- indeed, I have already begun those discussions -- to provide a more comprehensive service to a larger population in need. We would be astonished, however, to discover that a parallel planning and administrative mechanism was to be established in our county.

We have, for more than a decade, worked at developing a coordinated and comprehensive system of community-based

services for older adults in Essex County. We have made slow, but steady progress. Any new legislative initiatives should build upon existing strengths, and should positively capitalize on proven systems -- those already in place at the county level.

Third, in the interest of maximizing service dollars, we at the local level are intensely concerned about minimizing administrative costs. Clearly, to the extent that it is possible to do so, we believe the existing administrative apparatus should be utilized. We believe it would be wise to adopt a broader and more flexible approach to the designation of partnership centers, and prevent unnecessary bureaucracy from incurring unnecessary costs.

We are confident that the lively and widely publicized debate surrounding your deliberation of S-2132 will produce a more responsive and efficacious piece of legislation.

Thank you very much.

SENATOR JACKMAN: Lois, thank you very much. I hope everybody listened very attentively to what Lois said. And, for Lois' information, we appreciate your testimony. I want you to know that in discussions with my colleagues on my left-- Incidentally, Senator Garibaldi just entered the hall. Senator Garibaldi, ladies and gentlemen. (applause)

As you know, there are two Senators here, and there will be another one present, maybe in a few minutes. These Senators -- because they serve on this Committee -- have taken the time out to come here to listen to testimony. Now, before any bill -- and I think my two colleagues who are in the room realize this -- is released from Committee, we take the testimony -- we listen to it very intently -- and then we take that testimony and discuss it among ourselves. We then make some of the necessary changes we think are important.

I think Senator Leanna Brown and Senator Garibaldi both agree that we don't want to set up another bureaucracy. We want to make sure that the money that is going to be spent,

is spent on the senior citizens. Now, Leanna, did you want to say anything, or Senator Garibaldi -- either one?

SENATOR BROWN: I just appreciate everybody making the effort to come out. As Senator Jackman said, we are here today to listen -- to get your input. Thank you very much.

SENATOR GARIBALDI: I am pleased to join with my good friend, Chris Jackman, here today. You know that Chris has been a standard bearer for our elderly, and for care for our senior citizens, as well as all the people in the State of New Jersey. So, I am pleased to join with Senator Jackman today in all of his efforts. Thank you.

SENATOR JACKMAN: Thank you very much. Karen Moran, Executive Director, Passaic Valley Visiting Nurses Association? Karen, are you here? (no response) Karen is not here. Why don't we do this? We'll make it simple. Who is here who wants to speak? That's it; that's the way we'll do it.

N O R M A N E. V A N H O U T E N: Amen. I have copies of my statement.

Good morning. I am here to represent Carol J. Murphy, Deputy Director of the Morris County Board of Chosen Freeholders. I would like to read this testimony into the record.

My name is Norman E. Van Houten. As Executive Director of the Morris County Department on Aging, it is a privilege to offer testimony at this public hearing regarding Senate Bill 2132. My remarks this morning reflect concerns which I, and my staff, have regarding aspects of the bill, and is also a statement of our Board of Chosen Freeholders for the same aspects of Senate Bill 2132.

Senate Bill 2132 bears the stamp of compassion for the increasing number of frail, vulnerable residents of our State who have close to desperate needs for an assured continuum of home health care. Our legislators are to be lauded for the far-reaching implications of this bill, and the positive aspects, of which there are many.

You have already heard -- through public testimony, correspondence, and telephone calls -- of the concerns expressed by the aging network of the State regarding endangering existing service delivery systems. You have also been made aware of the questionable advisability of providing 25% administrative override within the bill. I will add only to that concern my own response, that in a time of shrinking resources, when providers are being told to economize and keep administrative costs to 5% or 8%, it is unrealistic to propose a 25% administrative allocation.

We also question the provision of the bill limiting eligibility for the provision of community care to accredited home health providers. This may serve adversely by precluding the programs being operated by the better agencies in any given area. Accreditation, though useful in determining certain compliances, may limit selection of the more accountable, reliable, and quality agencies. We strongly urge consideration of local autonomy, based on carefully developed guidelines, in the selection of the agency to administer the Home Health and Community Partnership Program.

We would like to ask your consideration of a matter regarding the regulations, if and when S-2132 reaches that point.

As you know, many of the services presently provided for in in-home care are funded by Title III of the Older Americans Act through local offices on aging. These services were created at a time when no other provision was being made to serve the need for in-home health services of the elderly, and have been traditionally re-funded each year to assure the services will remain available and accessible to our low-income, frail, and vulnerable aging clients. With S-2132, such services will be available through an entirely different programmatic component. The clients being served by our Title III-funded services will be eligible, and our programs for the

frail elderly will no longer be gap-fill programs, but will be duplications of the services of S-2132.

We propose that the regulations governing S-2132 omit any reference to maintenance of efforts, thus releasing Title III funds of the Older Americans Act -- and possibly others -- for redirect to new gap-fill programs, thus avoiding duplication between existing programs and S-2132 provisions. At a time when we are faced with probable Older Americans Act cuts, such a release of funds for redirect could significantly reduce the negative impact of such cuts on services of the offices on aging.

We strongly urge our legislators to retain control of the process by the provision of clear, concise regulations, which leave no possibility of interpretation which could undermine the planning and implementation of services.

To summarize, we find the Home Health and Community Care Program to be positive and responsible in addressing the health care needs of the vulnerable elderly. We urge local level decision-making in the selection of the most appropriate, reliable, and quality agency to administer the Program. We solicit careful consideration in promulgating regulations to assure the Home Health and Community Care Program does not duplicate services, but rather develops into the lead home health care vehicle. We ask that funds presently funding gap-fill be released to be applied to services not covered in the Home Health and Community Partnership Program, and that reexamination of the 25% administrative cost be made. Finally, we advocate legislative control of the process through clear, concise rules.

With these modifications and others you will be hearing through meetings similar to this one today, we anticipate a strengthening of New Jersey's forerunner position in beneficial legislation for its growing population of older citizens.

Thank you very much.

SENATOR JACKMAN: Thank you very much for your testimony. Can you tell me how you came up with the 25% figure for administrative costs? I don't see that in this bill. When you talk about $11 million being allocated for care, if 25% is the figure you said, that would mean we would be paying $2.7 million for administrative costs. I read the statement on the bill -- and I hope you have a copy of it-- It says, and it is very simple: "Designated Home Care and Community Partnership Act, establishes a community-based home health care program for $11 million." The bill appropriates $11 million for health care, and at least $10,500,000 shall be allocated for grants to the health care, community care partnership, which means if anything is true, only $500,000 would be used for administrative costs.

Now, where did you get the 25%?

MR. VAN HOUTEN: To be truthful with you, I got it from my staff.

SENATOR JACKMAN: Well, I've got to tell you something. I'm not being disrespectful, but the staff doesn't know how to add, because that figure -- even I was shocked when I heard it -- is astronomical. You would be taking one-quarter to put people on the payroll, which should be used for the senior citizens. And, I can assure you -- you've got my word -- in no way, shape, or form is anything like that ever going to happen. So, I'll give you my assurance now. Okay?

MR. VAN HOUTEN: Well, at least I made my point about administrative costs.

SENATOR JACKMAN: You got your point across. Okay, thank you.

MR. VAN HOUTEN: Thank you very much.

SENATOR JACKMAN: You're welcome. Mr. Van Houten, hold it for a minute. Senator Leanna Brown?

SENATOR BROWN: I just want to say that Norman Van Houten comes from my home County of Morris, and has done a super job for the seniors there.

Norman, can you give us a bit of an example-- When you say in your statement that you wish "funds presently funding gap-fill be released to be applied to services not covered--" Can you give us an example of what would happen?

MR. VAN HOUTEN: Well, presently we have a grant with the Board of Social Services. We give them about $120,000. That money is used to purchase a service -- visiting homemaker/visiting nurse services -- in the homes of the elderly in Morris County. We would like to redirect those funds, if and when this bill is passed, use those funds, and release the Title III Older Americans Act money to develop programs based on prior needs -- to our delegated assemblies we have each year, where the seniors tell us what programs are really needed.

SENATOR BROWN: One last observation: I am sure in addition to the half million dollars that Senator Jackman referred to, that obviously there would be some administrative costs of home health care centers. So, that certainly must add to the administrative costs.

MR. VAN HOUTEN: Well, under the Older Americans Act, we are only allowed 8-1/2% administrative costs.

SENATOR JACKMAN: Yeah, I gotcha.

MR. VAN HOUTEN: All right. I may be wrong with the figures, but I got my point across.

SENATOR JACKMAN: That's okay, you got it across. Thank you.

MR. VAN HOUTEN: Thank you, Senator.

SENATOR JACKMAN: Ladies and gentlemen, with your permission, my colleague, Senator Garibaldi, would like to make a statement, because I think he is involved with a bill similar in nature to, maybe, an Assembly bill. Is that true, Senator?

SENATOR GARIBALDI: Yes.

SENATOR JACKMAN: Right. Senator Garibaldi.

SENATOR GARIBALDI: Mr. Chairman and members of the Committee, as I said earlier, I join wholeheartedly with Senator Jackman in calling for the expanded home health care program for our elderly. But, the only difference between my bill and the Van Wagner bill -- which calls for the funds to come out of the General Treasury-- My bill would require that the funds come out of casino revenues. I offered the proposal at a Senate Aging Committee public hearing. The legislation wasn't introduced yesterday in Trenton. Under the proposal, the current Community Care Program for the elderly, which is currently serving approximately 130,000 residents, would be expanded to cover other needy individuals.

Right now, many of you folks -- many of our elderly residents -- who could live at home with proper care, are forced into nursing homes because they do not have any other alternative. The medical benefits they presently have under Medicare or other programs will not cover at-home care. It is estimated that a quarter of those living in nursing homes could actually be cared for at home, if we had a program to fund their medical costs.

As we are right now, Senator Jackman and my colleagues have been pressing for a program that would stop this forcing of our people to be separated from their loved ones and familiar surroundings, solely because of the lack of financial abilities. We are wasting money on costly institutionalized care, when it would be far less expensive, and less traumatic, for the patient to be treated at home.

In addition, those who need nursing home care often have to wait months to get a bed. Expanding home health care services is both a humane and common sense approach to take. It is also logical that we should expand our current home health care program, instead of launching a new one, as the bill Senator Van Wagner has introduced proposes, and continue to have the Department of Human Services oversee the program.

The Human Services Department has experience in overseeing long-term care services for our senior citizens in all of our institutions, and in the communities throughout the State of New Jersey. The estimated $8 million a year to fund the program in my bill would come out of the casino revenue funds, funds, as I said at the outset, which would be dedicated to providing these new and expanded services for all of our senior citizens and those who are disabled.

Thank you, Mr. Chairman.

SENATOR JACKMAN: Thank you very much. Ladies and gentlemen, incidentally, I would like to make a statement that some people in the room may know, and some may not. We have in existence today a Casino Revenue Fund Study Commission and, incidentally, for your edification, Senator Garibaldi, the Commission itself recommends that home health care services programs be established to provide affordable community-based care to eligible senior citizens and disabled persons. So, here is a Commission that is going along with the statement you just made. So, I am very happy to hear that. Thank you very much.

SENATOR GARIBALDI: Thank you, Senator.

SENATOR JACKMAN: Who else is in the room who-- Yes, sir, please come up. (recognizing gentlemen in the audience) Mr. Joe Riorden, right?

J O S E P H R I O R D E N: Yes, Senator. Good morning, and thanks for allowing me to testify on this bill.

I would tell you initially that I testified formerly on this bill at a prior hearing, and I submitted written testimony at that time.

I would like to talk today briefly, because someone we had asked to testify could not make it, and I am in a position to speak from her standpoint. The lady we had asked to make a statement was an activist in the Alzheimer support group.

I would like to just mention to you that there has been lots of discussion about, what is the no-care zone, and who is falling through the cracks? One of the groups that is falling through the cracks, positively, is the group of people who are caretakers for Alzheimer's patients. I have a little knowledge about this, because I had to live with it. It happened to my dad, and I remember my mother's problems.

In this State, Alzheimer's patients and their caretakers have just about no place to go. Caring for an Alzheimer's patient is the most difficult thing, I think, that can happen to anybody, seeing someone you love not knowing you any longer. Physically they are able to manipulate, but mentally they are totally incapable. They don't recognize their caretaker; they don't recognize their family. I know my mother had to put up with this for a couple of years. We gave her as much help as we could. We all had young children of our own at that time. It was pathetic to see what she had to go through, and she got very little help from any source. This was a few years ago.

The same is true today. A caretaker for an Alzheimer's patient has no redress. He or she has no place to go. Under a bill such as S-2132, they would the possibility of a nurse coming in once in a while to check the condition of the patient. They would have the possibility of some kind of respite care, to give them a chance to breathe free for an hour or two, and try to find a way to cope with the problem. There could be advice from the medical social worker involved, telling them how things were going to happen and what was going to happen. That service is not available today.

This is one of the prime areas in the no-care zone and the people who are falling through the cracks that I want to give consideration to. I only see a bill such as this. I only see that such a bill as this will address this kind of a problem specifically. There are areas other than this that are just as important, but I can speak to this personally.

Thank you for your attention.

SENATOR JACKMAN: Thank you very much, Mr. Riorden. Young lady, you're next -- the one in the back. May we have your name, please?

R U T H M I T C H E L L: Good morning. My name is Ruth Mitchell. I am the Director of Home Health Services at Christ Hospital. I am speaking on behalf of Rose Gordon, who was supposed to be able to get here today, but who was unable to. She has been a patient of ours several times during the last few years, and she is a primary example of someone who would be helped by S-2132.

Mrs. Gordon is a very independent senior citizen, who has COPD, or emphysema. She has a very severe case, and has been hospitalized multiple times during the last few years. Following each hospital stay, she has been cared for by our home health agency. The care she has received has been respiratory therapy type treatments to relieve her of the secretions that build up and inhibit her breathing.

She requires the care several times a week. If she doesn't receive it, her breathing becomes worse, and sometimes she has to be rehospitalized. Over the last few years, we have spoken to her several times about what kinds of options she has in order to continue this respiratory therapy care she needs. Her Medicare coverage would not allow us to continue to provide service because she has a chronic condition, and it is no longer acute several weeks following a hospital stay.

Each time we have to tell Mrs. Gordon that her Medicare is no longer going to cover the care she needs at home, she gets very upset, very angry, and wants to know what her other options are. We explain to her that her options are to pay for the service privately, to spend down to the Medicaid level in order to get coverage under Medicaid, or to return to the hospital. They are her options. Obviously, she doesn't like any of those options. She rejects the hospital as being

something she doesn't want to do unless she absolutely has to. Paying privately is the one option she has been able to do during this most recent period of time, but her private money is not going to hold out too long. She emphatically says that she doesn't want to become part of the welfare system. She says she wants to be able to use her savings the way she wishes; she doesn't want to spend down to the Medicaid level. She feels she is not a nursing home candidate, and that she is inappropriate for C.C.P.E.D. She finds the whole Medicaid system distasteful for a middle-income woman.

When we told her about this bill, she was ecstatic, and wanted to know when it was going to start so that she could participate. She is very enthusiastic about it, but was reluctant to come to speak this morning. I wanted to speak on her behalf to let you know about a situation that would be very much helped by the passage of S-2132.

Thank you.

SENATOR JACKMAN: Thank you very much. We will hear now from Edna King.

E D N A K I N G: Good morning.

SENATOR JACKMAN: Good morning.

MS. KING: My name is Edna King. I am from Plainfield, New Jersey. This is a very emotional time for me. If I am not able to go through with what I have written for you, please read it.

I am very concerned about this bill. I was told about this by our Director in Plainfield. As you can see, I have a mother who has been very, very ill. She is now in the hospital. She had an amputation last week. (witness starts to break down)

SENATOR JACKMAN: Please-- I think it is going to be unfair--

MS. KING: I'm sorry.

SENATOR JACKMAN: I am going to-- Listen, I read just a little bit of your statement and, with your permission, I will make my own statements at the proper time, and you don't have to make a statement.

MS. KING: Well, I would like to--

SENATOR JACKMAN: If you want to continue-- I don't want you to get too excited.

MS. KING: No, I'm very sorry.

SENATOR JACKMAN: Don't get excited, because you are among friends.

MS. KING: Yes. I am very sorry.

SENATOR JACKMAN: Don't be sorry, I just don't want you to get sick. So, take it nice and easy, and won't worry. Go ahead.

MS. KING: I'm very sorry. I am not an emotional person, but this is an emotional subject. When you work over the years and save money for the days when you get old or get sick, and you find out that you have to really spend everything before you can get help, it is very frightening. I also have a husband who had a stroke, and he is not getting any help from anyone.

My mom is 82 years old. She is full of life. She has all of her senses. She is a very brilliant lady. She was a licensed practical nurse, who worked for many years helping other people. She retired from Runnell's Hospital in Berkeley Heights, from which she gets a small pension. We are her sole support. I get four hours a day from the home health care, and the rest of the time-- My mom needs someone 24 hours a day, which I pay for out of our small savings and my salary as a teacher. That is about $200 a week, which her Social Security or pension do not cover. There are food, medicine, and other things to be considered.

I'm asking all of you who have any type of influence, or any type of power to please, please -- not for my sake-- My mom might not benefit from this bill, but someone else may.

I want to thank you.

SENATOR JACKMAN: God bless you. Now, let me make a statement which I think personifies the feelings of all of my colleagues, and I am sure almost everybody in this room. I don't want my statement to be misunderstood, but I want to get it off my chest.

It seems to me that if we can send money all over the world, and yet we have to sit and listen to a young woman whose mother is 82 years old, and suffering -- and her husband had a stroke-- Yet, we don't have the facilities or the wherewithal to take care of these people financially. Now, if we can send money away from this country to help other people, it's about time we kept it here and started to help the people here who need money, instead of sending it overseas. Most of the time when we do send money overseas, the same people hate us because we didn't send enough. So, maybe we ought to start to reevaluate the senior citizens, some of whom are sitting in this room, and probably many of whom do without a meal.

I had the opportunity a few minutes ago to mention, how in the hell can we spend $100 a day to put a family in a motel, and keep them in there for 30 to 40 to 50 days, and spend $5000, when you could have used that money toward a deposit on a house? It's getting silly, spending the kind of money we're wasting today. Maybe we ought to reevaluate the way we spend our money, and spend it for the people who really deserve it.

I am happy today that there are a lot of young people here who are listening, and taking part in this program, because they are the future. They are the ones who are going to have to implement these programs we are talking about, so that the people sitting in this room -- myself included-- You know, I'm no baby. I'm 70 years old, so I'm no kid. I'm thinking, if we can do anything today -- just with the subject matter we are talking about here today -- we can go back to

Trenton, and then maybe put together meaningful programs that are going to be helpful to the people in this room.

So, thank you very much for your statement, Ms. King.

Young lady?

D E S I R E E M I T T L E S T A D T: I'm not young.

SENATOR JACKMAN: Yeah, you're young. Come on.

MS. MITTLESTADT: Let me tell you, she has stolen most of my ideas, but I am going to ask that--

SENATOR JACKMAN: You ad-lib. Do anything you want.

MS. MITTLESTADT: After listening to this testimony, the things I jotted down are a little superfluous. However, we are all seniors, and we all-- As you are, I once was. As I am, you will be. So, we better keep that in mind. The old adage of threescore and 10 has long since gone by the board. It is now fourscore and 10, and those extra 30 years cost a great deal more money, because you become feebler and feebler, and you need assistance.

There are a great many people who are in these famous cracks, myself included. To make it even worse, I live alone and have no family. Well, I may have a fifty-second cousin in California, who I am sure is no more interested in me than she is in you. So, there are a great many of us, especially, too, those who retired before 1975. In those days, salaries and pensions were not what they are today. If you retired later, your income is higher.

We do need help at home. There are not enough nursing home beds and, darnation (sic), there are a lot of people in nursing homes who shouldn't be there. They should be at home. But, if they can't take care of themselves, how are they going to do it? Plus the fact, you have to be practically pauperized before you can get any help at all. And, some of us were brought up not to accept help. If you had anything, try to live within your income. You can't do that anymore, especially -- as I said -- if you retired before 1975.

I do hope that eventually something can be done. I know the money isn't there. I have been a senior citizen advocate for 25 years. I know what finances are and how things have been cut. I also don't approve of having the younger generation supplement us just because we have gone through life. However, has anybody ever thought of having home health care put into insurance policies? Have they? Can anybody answer that question?

SENATOR JACKMAN: I would say, off the top of my head, that I guess it is too expensive.

MS. MITTLESTADT: Well, it might not be as bad as using up every penny you have.

SENATOR JACKMAN: I agree; I agree. Go ahead, Senator Garibaldi.

SENATOR GARIBALDI: Ms. Mittlestadt -- is it Desiree?

MS. MITTLESTADT: Yes. You know me.

SENATOR GARIBALDI: What do they call you for short?

MS. MITTLESTADT: Des.

SENATOR GARIBALDI: Des, at one time, I understand the Medicare Program attempted to include some home health care coverage. If my memory serves me, years ago, in the beginning of Medicare and Medicaid Programs, they used to provide some coverage.

MS. MITTLESTADT: After a hospital visit.

SENATOR GARIBALDI: That's right. And, they had to do away with it because the costs were too prohibitive, and took away from the actual hospital benefits and surgical benefits and doctors' medical benefits. That is why I said at the outset that those folks who find themselves with limited financial resources, with limited insurance protection-- You could buy this insurance, but the insurance premiums would be prohibitive. That is why we need to provide some gorvernmental subsidy to cover things, because we can't rely on the insurance companies to do something for our people. God knows, we are in

an insurance crisis, now only in New Jersey, but throughout the nation.

But, here is a point that I would like you to clarify for me, Des. You are a lone individual. You said you have no family.

MS. MITTLESTADT: No family.

SENATOR GARIBALDI: God forbid-- You look as healthy as, God knows, whatever. You look as healthy as anyone could possibly look. If you were--

MS. MITTLESTADT: I happen to have a pacemaker.

SENATOR GARIBALDI: Well, if you were bedridden, being an individual with no family, would home health care serve your individual needs? If you were in that circumstance, being all alone, with no one other than home health care-- Or, would you prefer if you were ever in that circumstance, where you were bedridden, to be in a nursing facility?

MS. MITTLESTADT: No, I would prefer to be at home.

SENATOR GARIBALDI: Be at home -- very good.

MS. MITTLESTADT: And I think you would find a great many people in the same situation.

SENATOR GARIBALDI: Very good. You answered my question, Des.

MS. MITTLESTADT: That's all I can say. That is what I would prefer.

SENATOR JACKMAN: You see, unfortunately -- and I think you will agree with me to this degree, Des-- If you were alone, and they supplied health care at home, it would almost have to be on a 24-hour basis.

MS. MITTLESTADT: It might; it might not.

SENATOR JACKMAN: Well, I know I wouldn't want anyone to be alone in her home who was bedridden, with a nurse coming in four hours a day, or even eight hours a day. What does a person do for the other 16 hours? God forbid you needed something, and nobody was there; nobody was there to listen to

you. That is the frightening thing I worry about. Home care-- I am not an advocate of nursing homes -- I want you to know that -- because in some nursing homes that I went into-- I want you to know that I broke an awful lot of backs when I went in there. Some of them were cited, and that is why you have an Ombudsman today going into the nursing homes. We have people like yourself and women in this room going into nursing homes and checking on the services.

You know, when I go into a nursing home, and I see a woman sitting in a chair with a strap around her, just sitting there, with nobody paying attention to her, to me that is not nursing care. When I go into a nursing home, I want to see people being mobilized and being helped to walk, and able to talk and discuss things with people. That is what I want to see. That is a nursing home. If you're ill, and you're incapacitated, and you need a doctor's care, okay, then I want to put you in a hospital where there are nurses around the clock, and where there are doctors to take care of you, to monitor you to make sure you are okay. But, I wouldn't want to leave you alone. I think that was one of Mr. Garibaldi's feelings.

Again -- and the statement was made by one of my colleagues who was sitting up here who has a background in nursing -- the frightening thing we have to confront ourselves with today is to make sure that everybody in this room -- if they need care, if they need it -- it is going to be available for them. They shouldn't have to worry if they have $300 in the bank, and they have to go and spend the $300 first before they can get care. That is silly; that is silly. To me, a person has to have some dignity. A person shouldn't have to sell his or her home, where they are living, in order to get some care. That doesn't make sense to me. Yet, we spend $100 a day to keep people in a motel, which comes to $3000 a month. That's ridiculous.

MS. MITTLESTADT: They will be paying that $100 a day for years.

SENATOR JACKMAN: It is $100 a day. I read in the paper yesterday that we are sending people from New York City to live in Newark. Six people in the family, three in a room. They are paying $49 a day to live in Newark -- six people, two rooms, $98 a day. You multiply $98 a day times 30 days, and you'll see what it comes to. It comes to almost $3000, and that, to me, is ridiculous. It's asinine. You can even buy a condominium today for $3000 a month.

MS. MITTLESTADT: Well, you could also get home health care four times with that amount of money.

SENATOR JACKMAN: Of course you could.

SENATOR GARIBALDI: Des, Chrisy-- I'm sorry, Senator Jackman.

SENATOR JACKMAN: No, Chrisy.

SENATOR GARIBALDI: The point Senator Jackman is making, and what we have to understand, is that we do have some good medical facilities in the State of New Jersey. There are not enough. The nursing care facilities that we have-- Chris knows, and just about everyone knows that there are people who are taking up beds in those nursing care facilities that could be better used for those who are bedridden 24 hours a day. Some of these beds would be made available if we had this home health care program that could release these people from these nursing care and these medical facilities, and bring them back home, where they would not be totally bedridden, can be serviced by the home health care program in their homes -- those who want to be at home -- thereby making these beds available for those that Chris and I and all of us know need that constant care. We have people who are just lying without medical attention, no one to care for them, and they are dying.

We can't continue to allow that to happen. That is why we need your support to get this word across and get a bill

-- any bill, but some bill, and some program implemented to start addressing these serious needs.

MS. MITTLESTADT: Well, you certainly have my support. I will do everything I can. But, on that score, I have a very funny story. I was in the hospital in January. My hospital bill came to a little over $8000. How much do you suppose Medicare paid?

SENATOR JACKMAN: Maybe about $3000.

MS. MITTLESTADT: Sixteen thousand dollars.

SENATOR JACKMAN: Sixteen?

MS. MITTLESTADT: On that, I will say good night.

SENATOR GARIBALDI: What was that again? Do you mean $1600?

MS. MITTLESTADT: Sixteen thousand.

SENATOR GARIBALDI: Well, you said your total bill was $8000.

MS. MITTLESTADT: My total bill was $8000.

SENATOR JACKMAN: I didn't get it.

SENATOR GARIBALDI: Are you saying they paid double?

MS. MITTLESTADT: My total bill was $8000, and Medicare paid $16,000.

UNIDENTIFIED PERSON FROM AUDIENCE: Double charge.

SENATOR GARIBALDI: Oh, double charge.

SENATOR JACKMAN: Double charge. I got it.

SENATOR GARIBALDI: I get your point.

MS. MITTLESTADT: They paid double. I looked at the bill, and said, "Heavens, you could have paid all of my doctors' bills, and been $5000 to the good."

SENATOR JACKMAN: Yeah, you're right. Thank you very much, Des.

MS. MITTLESTADT: That is one of the things that's really something.

SENATOR GARIBALDI: Thank you, Des.

SENATOR JACKMAN: That might be under that DRG.

MS. MITTLESTADT: That's right.

SENATOR JACKMAN: Is that what it was under?

MS. MITTLESTADT: Yes.

SENATOR JACKMAN: Yeah, they get you in and they get you out. Yep, I got it.

Yes, ma'am? (speaking to a lady in the audience)

V I R G I N I A S T A T I L E: I am Virginia Statile, Executive Director of the Visiting Homemaker Service of Hudson County, and President of the New Jersey Home Care Council, comprised of 21 voluntary nonprofit homemaker home health member agencies.

The Visiting Homemaker Service of Hudson County has been in existence for 27 years, providing home care services for over 5000 Hudson County residents a year. In 1985, our staff of 750 had a total of 710,000 homemaker home health aide working hours for emergency long-term and short-term care under Medicare, Medicaid, P.C.A., C.C.P.E.D., Developmentally Disabled, Community Development, etc. The Visiting Homemaker Service has developed other programs for the elderly such as Meals on Wheels, Youth in Elderly, CHORE, RESPITE, and BATH.

We are all aware of the problems of the increasing numbers of elderly, the need for increased services, and the decreasing dollars. Therefore, we applaud the efforts to provide more services through S-2132. However, in our anxiety to provide the necessary home care to maintain our elderly in dignity and with the basic essentials, let us not spend precious dollars heedlessly. This past summer has been an extremely difficult one for our elderly in Hudson County. We have had more pleas for homemaker services than we have had in many, many years. We are only able -- with our limited funding -- to provide the most extreme cases with minimal hours.

We have had people in wheelchairs come to our office to plead for one extra hour -- one hour. They were getting six hours, and they needed seven. We have had people on the phone

crying all summer long. It has been the worst I have seen in a long time.

S-2132 is designed to set up an administrative structure which is duplicative to the services being provided at the present time. With the need for moneys for direct services so urgent, it is wasteful and unnecessary to develop additional long-term care delivery systems. The Department of Human Services and the Division on Aging have been funding and administrating the majority of community-based long-term care programs. Should we now initiate another long-term care system under the New Jersey Department of Health, with the decreasing dollars, and not knowing what the Federal government is going to cut back next? Should we start this when people are crying for direct service hours, when all we have to do is increase these hours that are out there?

S-2132 was developed to care for the frail elderly who fall in the infamous "no-care zone." Give us direct service moneys, and we will be able to take care of those who are now on our waiting lists, in a no-direct-care zone because of lack of funding.

Other questions, such as who is the target population, what is the funding formula for Hudson County-- If you go according to the population and not the medically indigent, this might be hurtful to Hudson County and the numbers who need the care. Also, the proposed sliding fee scale-- We tried that with the Medically Indigent Program, and it is not working. I think this program is saying, "We want to raise another $11 million out of the pockets of the elderly." It has been my experience that it is a proposed sliding fee scale. It is not spelled out, but I think it is mentioned. We tried it, as I say, with the Medically Needy Program. I know in Hudson County, it is very, very difficult to get any of the elderly to do a co-payment. Some are so afraid to give their precious little dollars, that they would rather do without. I know it hasn't worked before.

These are some of the major concerns for our county. I urge you to begin the task of amending S-2132, to give the highest priority to a non-duplicative long-term care delivery system. Consider more funds to the existing system which is delivering the services at the present time. What we vitally need are more services -- not more administration.

Thank you very much for allowing me to testify.

SENATOR JACKMAN: I just want to make a statement to you. I don't know where everybody is getting this idea about administration. To me, it is my understanding that the $11 million is going to existing agencies which are now funding and doing the job that is necessary. Is that right?

SENATOR GARIBALDI: No, Chris. It is a totally new program.

MS. STATILE: No, it isn't.

SENATOR GARIBALDI: Senate Bill 2132, Van Wagner's bill, is a totally new program. It is being created and will be overseen by a whole new agency, the Department of Health. Up until now, the Department of Human Services has been overseeing and running all programs.

MS. STATILE: Yes.

SENATOR GARIBALDI: The other circumstance--

SENATOR JACKMAN: What was the statement you made? (addressing Ms. Cantrill) Just listen to this.

MS. CANTRILL (Partisan Staff Aide): The $11 million -- the way the bill has been designed -- goes to the existing providers of home health care in the State of New Jersey, those which are certified by Medicare and Medicaid. It does not create any local provider. It is a funding stream of new money -- $11 million in new money. The bill designates the Department of Health to pass through it. Senator Van Wagner has indicated, in previous testimony, that he was going to amend the bill to take care of that. But, it is important to understand that it doesn't create any new providers at the

county or local levels. It uses the existing Visiting Nurses, whatever is out there. So, that is a very important point.

MS. STATILE: It is designed to use the present existing agencies. However, it is a new structure. It is case management. It is assessment of all the people coming into the system. That necessarily will mean additional administrative costs.

SENATOR GARIBALDI: That is the 25% additional cost. Out of that $11 million in the bill -- if you read the bill -- $500,000 of that is set aside just for administrative costs, for the Department of Health to administer. As I read the bill, it would be restricted to approximately 50 certified home care agencies, and eliminates -- the bill, 2132, eliminates care providers such as the office on aging, county welfare boards, and many other home care agencies. So, it is restricting-- It is going to cut out other providers from the availability of this additional funding. That is not what we want.

We want something that will be-- We want to add more money to the program that is working. It has been working; it's just that there isn't enough money to handle the needs of our people in the State. That is the problem. We don't need to create another bureaucracy. It's guaranteed, every time you create another new bureaucracy, you are going to lose whatever money you put in there just to pay the administrative costs. Let's get that money to the people; that's what we want. Do you see?

MS. STATILE: We have Title XX, and we are giving four hours, six hours a week. Because of the cutbacks in the Medicare Program, you are having your long-term maintenance people coming into these programs more quickly, and we are giving less and less hours. This is what we need to shore it up.

SENATOR JACKMAN: All right, that makes sense.

SENATOR GARIBALDI: The only other frailty I find -- and God bless Senator Van Wagner; he's a personal friend of mine, and I support something-- But, the only other frailty in the legislation that he has, is that the disabled are not included in this $11 million. Read the bill. The disabled do not come under any benefits from this legislation. Before I could support it, I would have to amend the bill to include our disabled. You heard from the people who testified today, you know, their mothers are without-- They are disabled, they are bedridden, and without any care. They would not be covered under this proposal.

MS. STATILE: And it's surprising, because most of the other bills -- money coming from the Division on Aging and Title XX -- they all include disabled and elderly.

SENATOR JACKMAN: Is my understanding correct, that when you are over 65 you are covered? Am I wrong about that?

MS. STATILE: Covered by what?

SENATOR JACKMAN: Disability.

SENATOR GARIBALDI: No, no.

MS. STATILE: No.

MS. SAYNISCH (Committee Aide): It is under this bill.

SENATOR JACKMAN: Under this bill?

MS. SAYNISCH: Yes.

SENATOR JACKMAN: You know what we got? This is what I like about America. We listen to you, and we learn. Then we can go back and tell Van Wagner exactly what you are telling us. I'll guarantee you -- and this is not just a statement; you can check -- we are not going to pass any bill -- to my knowledge, because I sit on that Committee, and he sits on the Committee, and Leanna Brown sits on the Committee-- Before you can get a bill released from Committee, you have to get three votes. When you haven't got three votes, you've got no bill. Okay?

I can assure you that before any bill is released from Committee-- We are not going to spend any more money administratively; we are going to spend the money for the people, so they can use the money, rather than use it administratively. We have enough administrators today. Okay? Thank you very much.

SENATOR GARIBALDI: Very good, Chrisy.

SENATOR JACKMAN: Who else? The young lady here, yes. Now, I am going to be very honest with you. I am going to continue on for at least-- I am going to go right up until one o'clock, because some of us have to get back to Trenton. I am going to stay here until one o'clock so I can listen to the rest of you. Again, I want to assure you that your testimony is going to be brought back to Mr. Van Wagner, and it will be discussed at our meetings. Yes, young lady?

D O R I S N A S H: Since I just had a birthday, I want to thank you for calling me a young lady.

SENATOR JACKMAN: Yes, ma'am.

MS. NASH: I am Doris Nash, Director of Public Affairs at a social agency called Cancer Care. You have my testimony in front of you, I believe. I would like to tell you a bit about us.

We provide comprehensive social services to cancer patients and their families. We also include some financial assistance to eligible families to help them to maintain home care plans for the patient, or for transportation to and from chemo or radiation therapies. We also have a volunteer service program, which augments other services the patient may be receiving. Our goal is to strengthen the family's ability to cope with the patient's illness, and to enhance the quality of life for the patient.

We are a unique organization, in that we are still giving money to families so that they can cope with their problems. Ever since we opened a New Jersey office, our

caseload here has risen dramatically. Last year, we gave $276,126 to 336 families in New Jersey for home care.

SENATOR JACKMAN: Will you do me a favor, please? Will you try not to talk while the young lady is speaking? (in response to talking in the audience) Thank you very much.

MS. NASH: Thank you very much. One hundred and fifty-one of these disbursement patients were 65 years of age. In 43 of the cases, we were augmenting the few hours of Medicare-reimbursed home health services.

To set the record straight, Medicare does offer home health services to eligible patients who need a skilled service. If they need a skilled service, but can get by with part-time intermittent care, they will get some of that from the home health aide. But, Medicare is cutting back drastically in the services that are being offered by really diabolical changes in rules and regulations and so on. So, Medicare-certified home health agencies are having terrible financial problems, and Medicare patients are not getting the services they need.

All along, Cancer Care has advocated for Medicare to broaden their home care health services, so that they would cover patients who did not need skilled care. Because so many, even cancer patients, don't necessarily need a skilled service, they become ineligible for what Medicare home health services could have given them.

I'll pass up one of the examples we gave and how we are finding in New Jersey that what Medicare is giving in the way of home health care is much less than it was before. So, we hail the concept of a home health care partnership between government -- the voluntary sector -- community-based organizations, business and industry, as well as individual volunteers. We applaud the possibility that this proposal will create new funding for a variety of much needed home care services. We hope that the amount to be appropriated is really sufficient.

However, we do have a few questions about the proposal. While the bill does call for a sliding scale, it offers no income limits on eligibility. Although Medicare's deductible, co-insurance, and the Part B premium are the same for all, Medicare is an insurance program not funded by general revenues. Further, lack of a fee scale or income-related premiums are beginning to be seriously questioned. In any case, a State program such as proposed by S-2132 that does not call for any limitations in income eligibility, seems to us to be inappropriate and unwise.

I would like to interject that so much of the discussion that went on about the Department of Human Services, the aging network, and so on, sort of implies that these are very, very poor people who are being talked about. There are people above that level who are the middle, middle class and the low middle class who do need help, who really are far above any eligibility for what the Department of Human Services could give them. It is to these people that I address all of this, and it is to these people that our services go.

We are aware also of the differences which exist between the home health agencies and the aging network communities concerning case management. We hope that the Committee which has been convened by Senator Van Wagner will be able to reach consensus on how the money should be funneled, and will give recognition to the possibility that there are many elderly who do not require a skilled nursing assessment in order to establish home care plans.

It is conceivable that these service communities may have to share in case management and the delivery of home care services made possible by this proposal. I would like to just interject here that in New York State, there is funding through both channels now. There is some state funding for the home health agencies, as well as for the office for the aging.

While we fervently wish this proposal well -- it comes at a time when help is sorely needed by home health agencies, the aging network, and the voluntary sector as represented by Cancer Care -- neither of us can do it alone. I would like to add here that we raise all our own moneys, but we are having more and more trouble doing it. We anticiapte even further troubles, what with the tax reform legislation, and we are worried. Okay?

Thank you very much.

SENATOR JACKMAN: Thank you very, very much.

SENATOR GARIBALDI: Senator, may I ask a question?

SENATOR JACKMAN: Sure.

SENATOR GARIBALDI: Doris, is it my understanding you feel that the criteria in this proposed legislation for the eligibility of individuals need to be addressed? Is that a point that I gathered?

MS. NASH: Yes. It is open here. It's over 65, but otherwise it's open.

SENATOR GARIBALDI: In other words, an individual's income-- There is no ceiling on income, so anybody could qualify, and it might deprive those who are in real need from the benefits which are available. Is that the point?

MS. NASH: Yes, from what I can see.

SENATOR GARIBALDI: Okay. Very good.

SENATOR JACKMAN: Thank you very much, Doris. Yes, ma'am? (addressed to woman in audience)

E L I S S A P A T I C C H I O: My name is Elissa Paticchio. I am from the Hospital Center at Orange. My colleague is Herta Scheidhauer from Kennedy Memorial Hospital in Stratford, New Jersey. We are both Nurse Discharge Planners. We represent the Discharge Planning Nurse Coordinators of New Jersey.

First of all, Senator Jackman, the Discharge Planning Nurse Coordinators of New Jersey commend you for your interest and efforts on behalf of the elderly and disabled of our

State. Our organization is comprised of professional nurses actively involved in developing and coordinating discharge plans for in-hospital, as well as community-based clients. Our membership represents a variety of health care settings, from the hospital to nonprofit, as well as proprietary home health agencies. The vast majority of our clients are the elderly.

Our association strongly believes that every person in need of continuing health care has the right to a comprehensive discharge plan that will enable him or her to remain a viable community member. We recognize that institutionalized nursing home care is, in some cases, very necessary. However, we feel that all too often it has become the only alternative for our elderly clients who require more than very minimum plans of care.

The following case histories, compiled by nurse discharge planners, are true, individual accounts. However, we know that every nurse discharge planner, visiting nurse, and all others with firsthand field experience caring for the elderly and the disabled will recognize these accounts for cases just like these occur in our State every week.

The first case I would like to read is Case 2 in the handout you received: Mrs. B is an 83-year-old woman, seen in the hospital emergency room initially for a fractured left arm. She was discharged home following emergency room treatment. Mrs. B lives with her son, who works full-time and is available to care for her in the evenings only.

One week later, Mrs. B returned to the emergency room with a fractured right arm and a fractured nose from a fall. Mrs. B was now rendered helpless by these three injuries.

Mrs. B's condition did not meet the Peer Review Organization criteria for admission to hospital, although her broken nose required surgical attention. She was directed to return to the outpatient surgical unit the following day for the surgical procedure.

Under present Medicare regulation, Mrs. B is not eligible for visiting nurse follow-up. Fractures to upper extremities do not constitute home-bound status. Mrs. B is not Medicaid eligible, although her financial resources are very limited.

A nurse from the local visiting nurse agency made a no-fee evaluation visit, and placed a home health aide -- at no fee -- in the home for a few hours a day for one week. Mrs. B will be immobilized for six weeks. The discharge planner investigated private temporary nursing home placement. The cost of over $2000 a month was prohibitive. Mrs. B's son took time off for a week and struggled to arrange a patchwork of friends and relatives to care for his mother. However, Mrs. B is frequently alone for considerable periods of time.

Mrs. B is an example of an individual who fell through the cracks in our health care system.

SENATOR JACKMAN: You know, I hope everybody listened to that. To me, that doesn't make sense. Again, I am going to make a statement, and it bears repeating. How in heaven's name can we pay $3000 a month for people who are healthy to live in a motel, and here is a woman 83 years old, and we can't even provide temporary care for that woman? It doesn't make sense.

Go ahead. Thank you.

MS. PATICCHIO: The second case I would like to read is Case 4, from Essex County. Mrs. D is a 63-year-old diabetic woman who is unable to administer her insulin due to faulty eyesight and occasional short-term memory loss. Mrs. D has been in and out of the hospital frequently in the last several years because of uncontrolled diabetes. At the time of her last hospitalization, she had a blood sugar level of 1200 mgr. She has developed severe diabetic retinopathy -- loss of vision -- because of persistent high blood sugar.

Mrs. D resists nursing home placement. The nurse discharge planners determined that it was unsafe for her to

return home due to her inability to consistently self-administer insulin. Mrs. D was not found to be eligible for Medicaid Programs, and remains in the hospital since June of this year.

Mrs. D could return home with appropriate home care services. Medicare does not allow the visiting nurse to either provide daily visits for insulin injections or to prepare weekly pre-fills. Medicare regulations require that a family member or a friend be instructed to administer injections or prepare pre-fills. But Mrs. D has no family in the area. She has no family at all, actually. An elderly friend attempted to learn the procedures, but found it too difficult and, in the end, declined to take responsibility.

This situation could have been avoided. Periodic monitoring by a home care nurse may have controlled Mrs. D's blood sugar levels. She need not have experienced the frequent exascerbations of her diabetic condition nor the repeated hospitalizations.

SENATOR JACKMAN: Do you mean that Medicare has made no provisions for this kind of a case?

MS. PATICCHIO: None at all.

SENATOR JACKMAN: None at all?

MS. PATICCHIO: None at all. Eight years ago, Medicare would have paid for the visiting nurse to come weekly to pre-fill syringes. In the past eight years, I, myself, personally, have witnessed the climbing Medicare rules and regulations, or their changing definitions of rules and regulations. So, today, a patient such as this would get no-- Medicare would not reimburse her for any follow-up visiting nurse care.

SENATOR JACKMAN: Go ahead, my friend. (speaking to Senator Garibaldi)

SENATOR GARIBALDI: I hope you are suggesting that with this program -- home care program -- that this could be a

preventive medical maintenance circumstance that could eliminate these costly medical services that have resulted because of the lack of preventive care on behalf of an individual. I assume we have many cases like this.

MS. PATICCHIO: Exactly, Senator Garibaldi. In fact, many times we have heard of the need for a homemaker or home health aide and, granted, with our cases we certainly do need that, but more than that, the Discharge Planners Association -- we who are nurse discharge planners, many of us with visiting nurse experience -- feels that the ongoing professional nurse monitoring could, in the long run, prevent a lot of re-hospitalizations and continual readmissions which Medicare is paying for anyway.

SENATOR JACKMAN: How long was that woman in the hospital?

MS. PATICCHIO: She has been in our hospital since June of this year.

SENATOR JACKMAN: Since June of this year?

MS. PATICCHIO: Right.

SENATOR JACKMAN: And, when did she leave the hospital?

MS. PATICCHIO: She is still in the hospital.

SENATOR JACKMAN: Still in the hospital. Now, just think of this. Would you say the average cost of the hospital would be $100 a day?

SEVERAL PEOPLE FROM AUDIENCE: More.

SENATOR JACKMAN: I am not trying to be facetious. I am only asking.

H E R T A S C H E I D H A U E R: About $300 a day.

SENATOR JACKMAN: About $300 a day. Now, here is a woman in the hospital for $300 a day for, let's see, June, July, August, September -- 120 days. One hundred and twenty times $300-- God Almighty, $36,000, and you could have hired a nurse to live with her around the clock for about $15,000 a year. Am I wrong, or am I right?

MS. PATICCHIO: Well, Senator Jackman, what happens in this instance, is that Medicare, in retrospect, will review the chart. After she is finally discharged from the hospital, probably to a nursing home -- which she is resisting at the time, but we have no other safe alternative for her-- Medicare will review her chart, and then Medicare will decide how many days of hospitalization they would have paid for. They may only pay up until July 1, and the hospital will absolve the remaining costs.

SENATOR JACKMAN: Yeah, but in the meantime, while they are meditating and thinking about putting her someplace, who is giving her the insulin to take care of her? That is the part I worry about.

MS. PATICCHIO: Right.

SENATOR JACKMAN: It doesn't make sense.

MS. PATICCHIO: No, it doesn't.

SENATOR JACKMAN: Thank you. Go ahead.

MS. SCHEIDHAUER: I'm Herta Scheidhauer, and we would like to give you a couple more stories.

SENATOR JACKMAN: Go ahead.

MS. SCHEIDHAUER: Okay. This one is from up in Essex County. The patient is a 91-year-old frail woman, a widow, who lives alone in a first floor garden apartment. She is dependent upon two neighbors, both in their '80s, for shopping, meal preparation, cleaning, and so forth. There are no living relatives in the area.

Mrs. A experienced a chronic heart failure episode and was hospitalized. She was discharged from the hospital in a stable, but weakened condition. She is alert and oriented, resistant to nursing home placement, and determined to return home. Remember, we must accept the patient's self-determination. Okay? Because Medicare regulations state that a chronic cardiac condition with no new medications does not constitute a need for skilled care, it was not possible to arrange for home care under the Medicare Program.

SENATOR JACKMAN: At the age of 91--

MS. SCHEIDHAUER: Right.

SENATOR JACKMAN: --Medicare -- with its brilliance -- said that this woman was not entitled to home care.

MS. SCHEIDHAUER: Right. The visiting nurse did provide one free home visit for evaluation, and supported the judgment of the discharge planner that Mrs. A required home help, and an effort was made to obtain community services. Mrs. A was not eligible for the Medicaid Program. The Friendly Visitor Program had a waiting list of several months. Through the Senior Citizen Advocacy Program, Mrs. A was provided with telephone reassurance calls.

Two weeks after discharge, Mrs. A had a bad fall. She remained on the floor for six hours until a neighbor discovered her. She was returned to the hospital, where she remains at this time. She is, naturally, depressed and despondent.

A combination of periodic nurse visits to monitor her condition and home health support may have prevented this exascerbation of condition and resulting re-hospitalization.

Case 5: Patient is an elderly male with a chronic cerebral vascular condition. He has experienced recurrent cerebral vascular attacks in the last several years, resulting in hospitalizations, permanent left side paralysis, and organic brain syndrome. Mr. E is now incontinent. Please cross off the fact that there was no Foley. Mr. E also experiences frequent transient ischemic attacks.

Mr. E lives along with his daughter, who works full-time. He is usually alone during the day.

Following his last hospitalization, the discharge planner determined that it was unsafe for Mr. E to return home. Community services were investigated. Mr. E is ineligible for Medicaid. Medicare does not recognize chronic CVA or persistent TIA as conditions warranting skilled nursing care; thus, it is not possible for Mr. E to receive either nursing or home health aide service under the Medicare Program.

Mr. E's deteriorated state may have been moderated by ongoing monitoring by the visiting nurse, which may have controlled his elevated blood pressure, thus reducing the risks of cerebral vascular attacks and the continuing damage to the brain.

Case 6: Mrs. F, a widow in her '80s, has cancer being treated with chemotherapy. She lives alone. A daughter who lives nearby stays with her during the day, but Mrs. F is alone evenings and nights. The daughter is unable to take her mother in because of her complicated family situation, which includes a disabled daughter and an alcoholic husband.

Mrs. F is extremely weak and needs two persons to assist her to walk. She is alert and oriented. Mrs. F is not eligible for Medicaid or for the Medicare Hospice Program because her cancer is not determined terminal within six months.

Medicare provides only for a short-term intervention to instruct patient and family in self-care procedures, thus the discharge planner was unable to place a home health aide in the home or to provide periodic nurse monitoring for an extended period of time.

Mrs. F's prognosis and her present situation are bleak.

In conclusion, I would like to point out -- or to ask you to consider -- that, from the perspective of discharge planning nurses, and our understanding of what it is to be community nurses who have firsthand opportunities to take into the home not only an understanding of community and community resources, but the clinical expertise to recognize subtle changes in people that would, if they were recognized, allow for the transfer of people from one program to another in a timely fashion-- We think, truly, that you need to consider that when you think about how this program should, in fact, find itself administered. I realize that the administration is a factor that you have to think about, but I would like you to really think about the role that home care agencies can, and do

provide because they employ nurses who are clinically skilled in identifying and understanding the problems of the elderly.

Thank you.

SENATOR JACKMAN: Let me make a statement that I found out to be true. I am not being-- Don't anybody take this and say, "Chris Jackman said doctors are no good." I found out that the average nurse today does more for the health of the elderly than any doctor going. Now, the doctor makes the diagnostic evaluation, but it is the nurse who stands there and does the actual work. To me, the nurses today deserve most of the credit, compared to the doctors. I said it. (applause)

SENATOR GARIBALDI: Right on, Senator Jackman. That's why I love him so much.

But, you did bring out a point that disturbed me, and I wasn't aware of it until-- That may be my deficiency. But, the point that she brought out -- if this is the case -- is that you have to be within six months of dying before you can get care. Is that true?

MS. SCHEIDHAUER: We're talking about the Medicare Hospice Program.

MS. PATICCHIO: For terminal cancer patients.

SENATOR GARIBALDI: Before they will even come to your aid, you have to be-- In other words, they have to--

MS. SCHEIDHAUER: It is a funding mechanism. There is standard Medicare service, and then there is Medicare Hospice. They have slightly different regulations. The Hospice Program does have built into it some additional services, but you need, in fact, number one, to agree that you want to be in that program -- you waive certain other Medicare benefits for standard hospital care -- and you are and must be certified to be within danger of demise within six months.

SENATOR GARIBALDI: With six months?

MS. SCHEIDHAUER: Right.

SENATOR GARIBALDI: That's the way I read it. I heard mention of PRO criteria. What is that?

MS. SCHEIDHAUER: Peer Review Organization.

SENATOR GARIBALDI: What is that?

MS. SCHEIDHAUER: Peer Review Organization.

SENATOR GARIBALDI: And that's--

MS. SCHEIDHAUER: That is the hospital monitoring that is done of in-hospital patients. The patients she spoke of would probably have been denied as having been moved out of an acute care, or acute necessity for hospitalization. The hospital might have been given some reimbursement at a skilled nursing level, while awaiting nursing home placement. But if the patient really becomes just custodial care, we get denied that, and we absorb that cost.

MS. PATICCHIO: The Peer Review Organization is a Federal government program that began about 10 years ago to contain hospital costs. Patients are put on a level of care, either acute level of care, skilled nursing level of care, or custodial care level in the hospital. When a patient no longer requires acute level of care, Medicare does not have to pay for their continued hospitalization. Therefore, it puts a lot of pressure on hospitals to discharge these patients.

SENATOR JACKMAN: Is that like DRG?

MS. PATICCHIO: It is in conjunction with DRG, but it has existed much longer than DRG has been in existence. What happens is, when there is no safe place for the patient to go, the hospital is under pressure to discharge the patient. There is no safe alternative for the patient out in the community, and what many hospitals have to do is keep the patient in-hospital under absolved costs.

SENATOR JACKMAN: Okay. Thank you very much. May we have John Paul Marosy?

UNIDENTIFIED PERSON FROM AUDIENCE: He had to put money in the meter.

SENATOR JACKMAN: He had to put money in the meter? Don't worry, we don't give tickets up here in West New York.

(lots of disagreement from audience) Not today. I'll give them to Mr. DeFino.

Come on up here, my friend, and thank you for being patient. I know you were here early this morning. I appreciate it.

J O H N P A U L M A R O S Y: Thank you for your patience, Senator.

SENATOR JACKMAN: That's okay.

MR. MAROSY: And good morning, Senator Garibaldi. I am John Paul Marosy. I am Executive Director of the Home Health Agency Assembly of New Jersey. We represent about 75 providers of home health care throughout the State, Medicare certified and non-certified. Our member agencies serve over 133,000 elderly, disabled, and children throughout the State of New Jersey.

I just want to make a statement in strong support of Senator Van Wagner's bill today. I feel that this bill -- and my membership feels that this bill -- puts New Jersey in the leadership of home health care in the United States. The reason it does that is because it answers two questions: One, who is responsible for caring for the frail elderly? And, two, should the elderly have to go through the welfare system to get home care? We like the answers that Senator Van Wagner gives to these questions.

To the question, who is responsible for caring for the frail elderly in their homes, the bill answers by saying the family, the community, and the government together in a partnership. The bill says, let's bring together volunteer help with State funding and with the other sources of funding from the government, and the help of the family, to keep people independent at home.

To the second question, should the elderly have to go through the welfare system to receive home care, the bill answers "no." The bill recognizes that home health care is not

welfare. It is a form of health care. It is a way to protect the right of the older person to remain independent in his or her own home.

There has been a lot of discussion about which department the money should flow through, and how the money should flow. The Department of Health is mentioned in the bill. There are merits to the Department of Health doing it; there are merits to the Department of Human Services, and to the Department of Community Affairs.

We support the concept of this bill, and we are not afraid to say that maybe there is a need for some modifications to make it a workable program. What is important from the older consumer's point of view, is the ability to coordinate the care in the best way possible. Medicare is the single largest payer for home health care, not only in New Jersey, but in the United States. One hundred thousand people receive those short-term Medicare benefits every year in New Jersey. Only about 1/10 as many people are served by Medicaid, which is basically a welfare program. So, when we think about expanding home health care for people who have a little more in assets, let's tie it into the major funding stream -- Medicare.

An important fact, and I will close with this-- About one-third of all the chronically ill elderly, those who have these ongoing conditions where they need ongoing home care help-- About one-third of them every year go into the hospital or have an acute care episode where they have to see their physician. This means that even though they have a chronic illness, they have peaks and valleys, and when they are in that valley, they are eligible for Medicare, the major funding source from the Federal government. This bill assures that because the assessment and the case management are given by a nurse from a Medicare-certified agency, when they drop off the eligibility for your new funding stream here -- the Home Health Care Partnership Act -- and they become eligible for that

Medicare help when they come out of the hospital, they will tap into the Medicare. The individual won't have to be troubled with being shuffled from agency to agency. The nurse and the social worker will take care of the paperwork and assure that there is a continuity of care for that patient, but maximize the Federal dollars, and not make unnecessary use of State money.

It is for those reasons that we feel this bill deserves the support of the Committee, and we are available to help in any way we can to make it a workable bill, because we've got to work with the offices on aging, we've got to work with the homemaker agencies, whether they are nonprofit or proprietary, because it is that kind of a partnership that will pull the pieces together and make it work for the elderly individual.

Thank you, Senator.

SENATOR JACKMAN: Thank you very, very much. Camille Taylor.

C A M I L L E T A Y L O R: My name is Camille Taylor. I left at 6:30 this morning to come here, and I appreciate your being able to hear me.

Senator Jackman, Senator Garibaldi, I speak on behalf of my father, and many others like him who are unable to attend because they are at home caring for those who can no longer take care of themselves. This bill -- long overdue -- finally acknowledges the plight of many elderly people who are unjustly being discriminated against by the system. They have worked all of their lives, making sacrifices, doing without, in order to care for themselves and their families, including their elderly parents.

My parents came to this great country over 70 years ago, with only hopes and dreams for a good life. They overcame poverty, wars, the Great Depression, and many hardships. They never took a penny from the system. Rather than take welfare

or collect unemployment, my father even shined shoes. He worked long hours making the airplane engines necessary for this country's survival during the war.

My father never deserted his children when the going got rough or divorced his wife to allow them to become a burden on society. He retired 10 years ago, looking forward to his well-deserved golden years. He thought he and my mother would be able to take the vacations they never took and enjoy the fruits of his labor. By the way, when he retired 10 years ago, he never even made as much as $15,000 a year. I mention this for an important reason. I don't know what his assets are. I don't think they are my business, and I don't think they are your business. But I do know that they are the result of hard work and great sacrifice. No one ever made his or my mother's life easy. No one ever gave him anything. He is proud of his accomplishments, but the system penalizes him. Presently, he carries the burden alone, and things can only get worse.

I would like to add something that I do not have in my written statement. I do feel sorry for the people who are poor in this country, the people who are penniless. But I think we have to recognize the years-- My father is 74 years old. He has worked all of his life, and what he has accumulated-- I mentioned his not making more than $15,000. You use your own heads. If he has accumulated anything -- whether it be $1000 or $50,000 -- he earned it. Two years ago, the doctor recommended a nursing home for my mother, who has Alzheimer's and Parkinson's. Had my father not sacrificed his life and time to care for my mom at home, most of his savings would be gone by now, and they would be forced to become dependent upon the system. My father kept saying, "Please ask them not to make me a pauper." He is a proud man. He doesn't want to beg. It is bad enough to see the dreams for retirement shattered, but it is devastating not to be able to sleep at night, worrying about losing everything you have worked so hard for.

He doesn't mind paying his fair share. He has done that all of his life. But the costs of medical care are outrageous. He spends 24 hours a day with my mother. He has no time for himself. The only break he gets is when I go there from Connecticut to let him go shopping. He won't even take the time to visit or go see relatives. I say, "Go out. Take some time." No, he stays with her. It hurts me when a man 74 years old, for the first time in my life -- I am 45-- I see him break down and cry, and it is happening an awful lot now. It hurts. He worries about my mother. She is totally dependent on him. He must do everything for her. He worries about getting sick himself, or dying first. A great way to spend your golden years. He worries about leaving my mother helpless.

Fortunately, he is in very -- fairly good health, I should say, but he is showing signs of physical, mental, and emotional stress. He can't do it alone, but feels helpless because of the soaring costs of medical and health care, let alone nursing homes. He is sad because he sees what was once a close family -- close, loving family -- torn apart because of the pressures caused by helping him to care for my mother. He fears what tomorrow will bring. For him, there is no light at the end of the tunnel. he is bitter because Uncle Sam has taken from him all his life -- he has always paid his taxes -- and now Uncle Sam has deserted him, and the many others who, like him, worked to make this country the great country it is. He dreads going broke and becoming totally dependent and a burden on society.

I feel so helpless at times, and yet depressed because I am not able to do more for my parents. I have lived in Connecticut for 19 years. I have three teen-agers and a husband to care for. Fortunately, they are understanding about my frequent visits to help out.

May I also add another thing? People who are not understanding can cause divorces in families, and then those people may become dependent on the system to support that. I now worry about the unpredictable weather and the icy roads that will keep me from my parents this winter. I also worry about my elderly mother-in-law, who may some day need us. Trying to keep it all together on my part is difficult because of the guilt in deciding who needs me more -- my husband and my children or my parents. It is a terrible feeling having to choose at times. Like my father, I didn't see a light at the end of the tunnel either until now. This bill gives me hope that at last my parents will be able to get some happiness and freedom out of what has been a very difficult life.

This bill offers encouragement, support, and rewards their independence. It allows them their dignity and self-esteem. It should be called the "liberty bill," because it will give them a renewed lease on life, liberty, and the pursuit of happiness. I am indebted to those who wrote the bill, the Senators who introduced it, and the Legislature for considering its passage.

I thank you. (applause)

SENATOR JACKMAN: Do you want to do me a favor, miss? Is that the only copy of your statement?

MS. TAYLOR: Yes, I didn't have time to make copies. I could make copies and get them to you.

SENATOR JACKMAN: Would you do me a favor? Would you send a copy to this Committee?

MS. TAYLOR: Yes, sir.

SENATOR JACKMAN: If you would like, we would like to make copies of that statement. Did you want to say something? (addressing woman in the audience)

E S T H E R R O S E N F E L D: I would like to be next heard.

SENATOR JACKMAN: Will you hold it for a minute? I just want to finish up with this young lady. Senator Garibaldi, that is some statement.

SENATOR GARIBALDI: That's the bottom line right there, Chrisy.

SENATOR JACKMAN: Yes, ma'am.

MS. ROSENFELD: My name is Esther Rosenfeld. I just want to say, whatever I have to say follows what this woman has just gotten through talking about. My husband is 84. I am 74. He had a massive stroke three years and two months ago. They said, "Put him in a home." I said, "no." Twenty weeks he was in the hospital. I have him home with me, but he is confined to a wheelchair, unable to walk or talk. He is over 200 pounds. Did you ever try to lift up a man like that--

SENATOR JACKMAN: I believe you.

MS. ROSENFELD: --without any help? After three years, everything is gone. No vacations. He worked until the day he had his stroke, and now we are penniless and have to beg for help. You are a prisoner in your own home. You can't even go out to get food. After three years, I am down at the C.C.P.E.D. That is where my nurse is now, and she said, "Why not come down here?" I can't get out. I just look out of the window. I have to be with him, and hand him the urinal around the clock, bathe him and wash him, and I don't get any help. No vacations or nothing.

I don't know where to go. Right now, I am getting C.C.P.E.D.

SENATOR JACKMAN: Where do you live?

MS. ROSENFELD: North Bergen.

SENATOR JACKMAN: North Bergen.

MS. ROSENFELD: I know just what this woman is going through, because my husband was also an immigrant who came over. He worked as a baker seven days a week. He raised five children. Thank God, they are married, but with all this, they can't help me. They have their own problems. They don't live locally. We have a telephone; thank God for that. If it weren't for television-- Now they tell me I have to go out to

get therapy because I am going crazy. I said, "I am not crazy. Just give me help for my husband, and my life will be easier." I have to go for surgery. I can't go because I have no one to take care of him. (witness crying)

SENATOR JACKMAN: That makes sense. Don't get excited. Listen-- Would you do me a favor? Give your name and your address to our Committee Aide. I am going to make some inquiries. Go ahead.

MS. ROSENFELD: Okay. The latter part of last year, after two and a half years, they gave me Title XX. I was so happy. I had four hours -- eight to twelve. Then I got a letter, and they said, "We have to cut it in half. We have no funds." Then I only got eight to ten. They couldn't even stay to put him on the commode. Did you ever try lifting a man with one hand and pulling his pants with the other? He is over six foot. He used to be a professional fighter, and I have to do that at the age of 74? And I can't get help. They cut my hours, so I asked for a hearing. I had a hearing in my house. It was an initial hearing. The answer came in last weekend, registered mail: "We have no funds. You cannot get any extra help." After four o'clock, I am a prisoner. I can't even leave my husband for one minute to walk to the toilet.

SENATOR GARIBALDI: Ms. Rosenfelt, as you can see, the lady before you spoke--

MS. ROSENFELD: I know what she is going through, because I am going through it. But I have my husband home. We are going to be married 50 years, if we make it.

SENATOR GARIBALDI: Listen a minute. You are going to make it, and we are going to help you make it.

MS. ROSENFELD: I don't know if I will, but--

SENATOR GARIBALDI: I am going to tell you why. This is the first time in the State of New Jersey that you have ever had an elected representative sitting on a Committee of the aging. This is the first Committee ever in the history of the

State. And Chris and I and the other members are the first ones to serve on this Committee. It was created -- finally, after 200 years of government in the State of New Jersey -- in recognition of these very problems. We want your name; we want your address, and we want your phone number. We are going to get some answers about why these things haven't been addressed and brought to the attention of your government.

MS. ROSENFELD: I have to have surgery, and I can't do it because if I do go, who is going to take care of my husband.

SENATOR GARIBALDI: Well, we are going to address these questions now. I know Chris -- God bless him-- I have heard him battle since 1967 in the Legislature. Finally, after all this time--

MS. ROSENFELD: With the Van Wagner bill-- Is that going to take care of the handicapped, or just the elderly?

SENATOR GARIBALDI: We are going to correct that. That is what this hearing is for, to get to all of the questions; to answer all of these questions. What good is it if we pass a bill and you still find people like you who are not being served? We are going to make sure that folks like you are going to be served. I would like to have her name, address, and circumstances for the record.

MS. ROSENFELD: Thank you very, very much.

SENATOR JACKMAN: Thank you. You've got me crying.

Who wants to-- One more speaker, in the back there.

W I L L I A M A. M A C C H I (speaking from audience): The Hudson County Office on Aging.

SENATOR JACKMAN: Come on up, sir. And don't you say anything heartrending like that, or I'll break down.

MR. MACCHI: Thank you, Senator Jackman. My name is Bill Macchi. I am the Executive Director of the Hudson County Office on Aging. Before I start, the young lady, Desiree, asked you whether or not there are insurance plans to cover some of the situations we are talking about. In testimony that

was given exactly one year ago today before a House of Representatives Committee chaired by Mario Biaggi, testimony was given that there are. The Firemen's Fund, Prudential, and Metropolitan Life are currently examining the feasibility of such insurance policies, so someone on your Committee may care to look into whether or not those three agencies have, in fact, established insurance situations such as we are talking about.

The other thing is, when Virginia Statile was here and she talked about people who were begging her for additional homemaker services, I raised my hand. I was one of those who was begging for additional service for my mother. I cannot say it as eloquently as the woman who preceded me, and the woman who preceded her, but I will do my best, in addition to the facts and figures we deal with every day at the Office on Aging.

It was with a great deal of interest that I read the proposal for a Home Health and Community Care Partnership Act to assist ailing elderly people and their families.

I have before me the latest statistics from the United States Department of Health and Human Services with reference to the elderly in our country. The statistics are as follows for the period June 1980 until 1985: The 60+ population in this country grew by 10.3%, which is twice the national average. The 65+ population grew by 11%, which is over twice the national average. And now I guess we get into the real nitty-gritty: The 75+ population grew by 14.7%, which is about three times the national average, and the 85+ population grew by 19.4%, which is nearly four times the national average.

While the statistics should give us a sufficient warning to proceed with haste, I think it is important that we put a human face behind those statistics. I think the people who have preceded me have put more of a human face, perhaps, behind those statistics than I can ever do. However, I will try.

The elderly are those "golden age" people who have defended this country -- as the young lady who preceded me said -- in time of war and who have lived through the Depression. It is extremely difficult, if not impossible, to convey in words the hardships these people have endured. We are reminded of them every hour of every single day at the Hudson County Office on Aging.

The Home Health and Community Care Partnership Act will assist not only the individual who needs health care, but their families as well. This program will obviously reduce the rate of institutionalization and is more humane and practical, in keeping with the best traditions of our great country and our great State.

While the assistance to the elderly ill is obvious, the benefits to the family can be illustrated by my own personal experience.

My mother at the age of 75 passed away on July 1, 1986, after a long illness. She lived at home with myself, my wife, and my children. We were blessed with being healthful in every sense of the word, physically, mentally, and financially. I would be less than truthful, however, if I said there was not a tremendous drain on all of us. While we gave her the very best in loving care, the disruption to our family life was evident.

We failed to go out together as a family, as at least one person would always remain home to look after my mother. In order to attend a son's college graduation at Boston College, I flew in one of my sons from California to be with my mother. Our entire family's day centered around how my mother felt that day. There were countless other experiences that I could never put into words. I guess I am speaking to you not so much as the Executive Director of the Hudson County Office on Aging, but as someone who lived through an experience that your program would help to alleviate.

I'm sure there are thousands of people whose experiences are more trying than mine. I guess we heard two of those just before I started to speak. It is on behalf of these nameless, faceless people that I urge you to press on so that we will be creative in keeping the elderly ill at home in a caring, comfortable, and loving way.

I would agree with some of the previous speakers who have expressed their objections with respect to duplication of services, administrative costs, funding formula, etc. I think those things could be realistically worked out.

It is my belief that a compromise solution -- as I said before -- can be arrived at so that the elderly ill can be assisted, without delay, in a manner that reflects favorably on us all.

I also took the time to read last night the testimony of exactly one year ago before the Committee chaired by Mr. Biaggi. I would like to share some to of the things that I just read last night, which may or may not be important to you.

"Total public expenditures for nursing home care are running over $15 billion annually, and are supplemented by $12.3 billion in private funds." I guess I heard John Paul Marosy say that Medicare is the largest payer of those bills. According to the House of Representatives Committee, "Medicaid, by far, was the largest supporter of nursing home care, and provided over $13 billion in nursing home care money. This is about 90% of the total Medicaid budget.

"In view of the above, home health care" -- which we are all interested in today -- "should be the option of first resort, rather than last resort.

"Addressing the need for home health and community care service could not be more timely in the context of rapid change in the delivery and financing of hospital care, particularly care for the elderly.

"Changing laws and regulations, as we know, are dictating more selective admissions and shorter hospital stays." And I think Senator Jackman has referred to the DRGs several times. "While it is too early to have clear definite studies of the DRGs, what reports are available suggest a deterioration in the care of older people. The manner in which the DRG is constructed makes many older persons unattractive for hospital admissions, and leads to their rapid discharge" -- or, as some people are saying "sicker and quicker." I have listed as an example -- and she got the best of care -- my mother-in-law, who went in for a cataract operation last Thursday. She want in at 6:30 or 7 o'clock in the morning, and she was home with us at 1:30 in the afternoon. Fortunately, she has been staying with myself, my wife, and my family. She still has follow-up care, if not the medical expertise, at least the loving care, which is so important, in addition to the medical care.

"Some lawmakers have expressed the fear that if the home health care benefits are expanded, families will no longer provide support themselves, but will simply rely on the State to take care of them. This has not happened in the European countries, specifically the United Kingdom and the Scandinavian countries, where such benefits are available. Moreover, since the majority of the 75+ people, and especially the 85+ people, are women, and a majority of them have no families to rely on, having outlived husbands and, in many instances, their children, or not having any husband or children at all, we are talking about a group which will not be subject to what we call 'family abandonment.' The children of older people are themselves approaching later years. The adult daughters are now at work themselves and, therefore, not available at home." In olden days, the women were at home, and the majority of the home health care was provided by the people who stayed at home. "It is now necessary to realize how frequently American

women in the work force are not there, not out of choice, but out of necessity.

"The 'two paycheck' family has become essential for family survival.

"From a governmental or 'political' point of view, you should have the support of the elderly, because they are the individuals who obviously need the service." Through my own personal experience with my mother, you would have the support of the elderly persons' children -- like myself -- and also their grandchildren, who are now of voting age, and who have witnessed what goes on when someone attempts to take care of the elderly at home.

The components of a home health care system are already in place. The Hudson County Office on Aging contracts with different agencies to provide the following services: Visiting nurses; visiting homemakers; Meals-on-Wheels; congregate feeding sites; transportation; senior companions; legal protective services; and, going one step further, respite care -- which Senator Garibaldi talked about -- and hospice care.

As previously stated, I believe that home health care should be the option of first resort, rather than last resort. It obviously is more humane, and I think in the long run it would serve the people, and also save the government a substantial amount of money.

Thank you very much.

SENATOR JACKMAN: Thank you very much. I don't know-- Is there anyone else who wishes to be heard? I don't want to cut anyone off. (no response)

Let me make a statement. I want to express my sincere thanks to every one of you who came here today to give us the kind of information that I think is so very, very important. Let me say thank you to you. I am sure that your participation here today-- My colleague, Senator Garibaldi, and I will carry your message back to the Aging Committee.

Ms. Rosenfeld, I will make sure that I contact the necessary people. You will be getting a telephone call. I will also call some of my colleagues in North Bergen to make them aware. I am sure there is someone who is going to show some interest.

Is there anyone else who wishes to say anything? (affirmative response from audience) Yes, young lady? Do you wish to say something? You are going to be brief.

M A R Y E L L E N C A R R O L L: I am Mary Ellen Carroll. I am the Director of Nursing, Bayonne Visiting Nurse Association, which is also the case manager site for the Community Care Program for the Elderly and the Disabled in Hudson County.

I would like to thank the legislators for looking at home health care as a vital and important need in the care of the elderly, and especially for seeing nurses and nursing as a primary focus in proper health care delivery. However, I have grave concerns regarding the bill -- S-2132.

Establishing a new health care program for the frail elderly and the dedication of certain funding to establish new administrative hierarchy for this program, I cannot believe is the answer to the dilemmas of providing care. Our problem is money; money for the continuation and upgrading of the various services already being offered, but which are experiencing fiscal constraints and cutbacks.

S-2132, as I see it, is a proposal for a duplication of services. The new bill would require the assessment of clients as to their functional impairments. Services would then be coordinated to meet these needs. The Community Care Program for the Elderly and the Disabled, which is a special program which offers various home care services to eligible clients, performs the same functional assessment. However, in addition to nursing and home health aid and homemaker services, the program is able to offer medical day care, medical transportation, social day care, and respite care.

One of the problems that has been facing the C.C.P.E.D. Program is the financial eligibility criteria based on the client's monetary assets. It is my understanding that there is a new Assembly bill -- A-3177 -- that would expand the Community Care Program to include clients that have higher assets. Title XX, Long-Term Care, Respite Care are other programs that provide homemaker services for clients in the community. In addition, the Senior Companion Program provides in-home visits for clients who need minimal physical assistance, but who need to socialize. Unfortunately, the above programs are functioning with moderate budget constraints.

In Hudson County, no one has been admitted to the Title XX Program since May, and currently there are 90 individuals on the waiting list. I am told also that there is a waiting list for the Long-Term Care Program. These programs have a proven track record, and should be kept viable and even strengthened with more financial endowments.

Why reinvent the wheel, when we have programs that could meet the needs of the population if they had enough backing? S-2132 also stipulates a possible cost share on the part of the clients, and the use of other State and Federal government programs, if applicable, to provide care. This is not a unique concept. The Community Care Program also has these provisions in its plan.

If the legislators and those working in State government see regionalization as a positive force and as a part of the answer in providing the best possible care for the elderly, then a system of cooperation needs to be established among all health care providers. It can be done.

Thank you very much for your time.

SENATOR JACKMAN: Thank you very much. I want to express my thanks to everyone who participated here this morning. I can assure you that the information that was given

to us will be evaluated, and discussions will take place among the members of the Committee. Thank you very much. This hearing is adjourned.

(HEARING CONCLUDED)

APPENDIX

Never before have American's elderly lived so long and by the year 2030, an estimated 21% of all Americans will be over the age of 65. In light of the complicated financial and emotional burdens inherent in caring for parents, the prospect of a society in which the old will be looking after the very old is not too far from reality.

Clearly, there are obligations of the heart for both the government and the people in caring for aged parents, and if it is true that state and local government have responded to many of the elderly population's health care needs, it is also true that there is a substantial number of seniors, whose health care needs have not been addressed.

A prime example is long-term care for those who can no longer care for themselves yet, they wish to remain in their homes. This bill #2132 establishing the Home Health and Community Care Partnership Program, seems to address this problem from which no community is immune.

It is with great hope that I support this bill and congratulate Senators Van Wagner, Orechio, and Russo for introducing it to the Senate. If a society can be judged by the way it treats its elderly, we have so far not lost our honor, but as we all grow older, that honor will demand an even high price. Its first payment is due NOW!!!

STATEMENT BY

ASSEMBLYMAN JOSE ARANGO

TO THE SENATE AGING COMMITTEE, WEST NEW YORK

SEPTEMBER 30, 1986

MR. CHAIRMAN:

I WOULD LIKE TO EXPRESS MY APPRECIATION TO THIS COMMITTEE FOR BRINGING THE HEARING TO WEST NEW YORK. IT IS WELL-KNOWN THAT THE SENIOR CITIZEN POPULATION HAS BEEN INCREASING OVER THE YEARS AND THAT THE PROBLEMS ASSOCIATED WITH THE AGING YEARS HAVE ALSO BEEN GROWING. ONE SUCH A PROBLEM IS THE COST AND AVAILABILITY OF HEALTH CARE PROGRAMS FOR THE SENIOR CITIZEN.

AS LEGISLATORS WE MUST ACT RESPONSIBLY TO ADDRESS THIS NEED. IT IS FOR THIS REASON THAT I AM IN AGREEMENT WITH THE CONCEPT OF S-2132 BUT I AM CONCERNED AS TO THE MEANS BY WHICH IT WOULD BE IMPLEMENTED.

S-2132 WOULD CREATE A TOTALLY NEW HEALTH CARE PROGRAM TO BE OVERSEEN BY THE DEPARTMENT OF HEALTH WHEN THE DEPARTMENT OF HUMAN SERVICES PRESENTLY OVERSEES THE MAJORITY OF LONG-TERM CARE SERVICES TO THE ELDERLY BOTH IN INSTITUTIONS AND IN THE COMMUNITY, AND HAS LED THE WAY IN LONG-TERM CARE PLANNING AND PROGRAMS.

I AM CONCERNED THAT THIS BILL REQUIRES NO INCOME CEILING OR ELIGIBILITY CRITERIA. THERE IS NO FEE-FOR-SERVICE PROGRAM.

I AM CONCERNED THAT THE DISABLED CITIZENS OF OUR STATE HAVE NOT BEEN INCLUDED IN THE BILL.

I AM CONCERNED THAT THE $11 MILLION GRANT HAS NO FUNDING SOURCE AND THAT SUCH A PROGRAM MAY REQUIRE AN INCREASE IN TAXES.

MR. CHAIRMAN, IT IS FOR THESE CONCERNS THAT I AM IN OPPOSITION TO S-2132 AND AM IN SUPPORT OF AND CO-SPONSOR OF A-3177 WHICH WILL PROVIDE SERVICES FOR NOT ONLY THE ELDERLY BUT THE DISABLED WHO MEET THE INCOME AND MEDICAL TEST REQUIREMENTS.

THE $8 MILLION FOR A-3177 WOULD COME FROM THE CASINO REVENUE FUNDS RATHER THAN FROM THE POCKETS OF THE OVERBURDENED TAXPAYER.

THE HEALTH CARE PROGRAM DESCRIBED IN A-3177 WOULD BE OVERSEEN BY THE DEPARTMENT OF HUMAN SERVICES SO THAT WE ARE BETTER UTILIZING ADMINISTRATIVE FUNDS RATHER THAN SPEND A HALF MILLION DOLLARS TO OVERSEE A NEW PROGRAM.

LET US WORK TOGETHER FOR THE BEST INTEREST OF THE ELDERLY WITH A PRACTICAL AND FEASIBLE HEALTH CARE PROGRAM.

THANK YOU, MR. CHAIRMAN.

STATEMENT BY

ASSEMBLYMAN RONALD DARIO

TO THE SENATE AGING COMMITTEE, WEST NEW YORK

SEPTEMBER 30, 1986

MR. CHAIRMAN:

I WOULD LIKE TO THANK YOU AND THE COMMITTEE FOR ALLOWING THE GOOD CITIZENS OF HUDSON COUNTY AND WEST NEW YORK THIS OPPORTUNITY TO TESTIFY BEFORE YOU. IN WEST NEW YORK 14% OF THE POPULATION IS AGE 65 OR OVER SO YOU CAN SEE THAT THEIR PROBLEMS AND NEEDS IMPACT THIS COMMUNITY.

WHILE STATE GOVERNMENT HAS RESPONDED TO THE HOME CARE NEEDS OF THE ELDERLY AND DTSABLED POPULATION, THERE REMAINS A SUBSTANTIAL NUMBER OF PEOPLE WHOSE HOME CARE NEEDS HAVE NOT BEEN MET. MANY OF THESE ELDERLY AND DISBALED PEOPLE IN THE "NO CARE" ZONE HAVE A SMALL SAVINGS WHICH PREVENTS THEM FROM BEING ELIGIBLE FOR ASSISTANCE SO THEY DEPLETE THEIR OWN PERSONAL FUNDS FOR HEALTH CARE AND THEN MUST RESORT TO PUBLIC ASSISTANCE FOR SURVIVAL. IF THERE WAS A HEALTH CARE PROGRAM IN PLACE, THIS WOULD DECREASE THE NUMBER OF VICTIMS FALLING INTO THIS "NO CARE" ZONE.

MANY PEOPLE WHO NEED CARE TO REMAIN IN THEIR HOMES DO NOT HAVE THE FUNDS TO PAY PRIVATELY FOR THE SERVICES. TO INSTITUTIONALIZE THESE INDIVIDUALS WOULD CREATE AN EMOTIONAL AND FINANCIAL HARDSHIP TO NOT ONLY THE INDIVIDUAL, BUT THE FAMILY.

I COME BEFORE YOU TODAY IN SUPPORT OF THE TYPE OF PROGRAM MENTIONED IN S-2132 BUT I HAVE MANY PROBLEMS WITH THE TECHNICAL ASPECTS OF THE BILL.

I AM NOT IN FAVOR OF ENLARGING STATE BUREAUCRACY WHICH THIS BILL WOULD DO. THE MECHANISM IS IN PLACE THROUGH THE DEPARTMENT OF HUMAN SERVICES TO OVERSEE THE ELDERLY PROGRAMS IN THIS STATE, AND I FEEL THAT CREATING A NEW PROGRAM UNDER THE DEPARTMENT OF HEALTH IS UNNECESSARY AND A WASTE OF FUNDS FOR ADDITIONAL

ADMINISTARTIVE COSTS AND NOT SERVICES.

WHICH BRINGS UP FUNDING - THERE IS NO FUNDING SOURCE FOR THIS BILL. TAXES ARE ALREADY TOO HIGH IN HUDSON COUNTY - WE NEED PROGRAMS WHICH WILL NOT INCREASE STATE SPENDING BUT SLOW IT DOWN.

TODAY I WANT TO TALK ABOUT A-3177 WHICH I AHVE CO-SPONSORED IN THE ASSEMBLY. THIS BILL ESTABLISHES THE HOME CARE EXPANSION PROGRAM IN THE DEPARTMENT OF HUMAN SERVICES. THE PROGRAM CONSISTS OF HOME CARE AND COMMUNITY BASED SERVICES TO RESIDENTS 65 YEARS OF AGE AND OVER AND TO DISABLED RESIDENTS WHO MEET THE MEDICAL AND FINANCIAL ELIGIBILITY CRITERIA.

THIS PROGRAM COMPLEMENTS THE EXISTING COMMUNITY CARE PROGRAM FOR THE ELDERLY AND DISABLED BY RAISING THE ELIGIBILITY RESOURCE LIMITATION, ALLOWING ADDITIONAL PEOPLE TO RECEIVE SERVICES.

WE ARE ALL IN AGREEMENT THAT THE HEALTH CARE PROBLEM NEEDS TO BE ADDRESSED. NOW WE HAVE A RESPONSIBILITY TO THE SENIOR CITIZENS AND DISABLED TO BE AS RESPONSIVE AS WE POSSIBLY CAN BY SUPPORTING LEGISLATION THAT ENSURES THAT THE FUNDS WILL BE USED FOR SERVICES AND NOT NEW ADMINISTRATIVE ENDEAVORS.

THANK YOU.

TESTIMONY FOR THE SENATE AGING COMMITTEE

SEPTEMBER 30,1986

My name is Edna King. I live in Plainfield. I am here today to talk about my experiences in trying to arrange home care for my mother, Louise Lewin, who also lives in Plainfield.

Let me tell you something about my mother. She is now a widow and is eighty-two years old. She was a licensed practical nurse, starting in Norfolk, Va. for eight years. Then she came to Plainfield, where she worked both in Muhlenberg Hospital and Runnell's Hospital. She retired when she was about seventy. She also used to do private duty work, working three jobs at a time. Alone, she put two daughters through college. She always was self-sufficient and financially self-supporting.

My mother suffers from diabetes and arteriosclerotic vascular disease. For the past fifteen years she has needed care on and off from the Visiting Nurse Association of Plainfield and North Plainfield. It started in 1971 when she had a fractured leg. Then she had a heart attack. Since 1983, my mother has been hospitalized six times. For the past few years she has been unable to walk and has poor endurance. She is blind in one eye. She cannot take care of her personal needs. She can't cook. She can't bathe herself. She can't keep up her apartment. For thelast two years she has been bedbound. She developed contractures of the lower extremities , which had to be surgically relieved this year. She has painful bedsores. My mother suffers from a lot of pain.

You might wonder how my mother lives alone under these conditions. First, let me say she does not want to go to a nursing home. Our family is doing our best to help her spend her remaining days in her own home. I visit my mother at home twice a day; but I also have an obligation to my

husband, who is home recovering from a major stroke. And I have to have a job, too, because my husband does not get any type of benefit, no social security or anything.

So, because of all my mother's health problems, we have had to hire homemakers for her daily care; and also, we have needed a visiting nurse, who not only does specific medical treatments, but who can alert us when mother's condition changes.

Generally, after each of her hospitalizations, Medicare would pay for the nurse's skilled care, such as treating her wounds. But it has been harder and harder to get Medicare to pay for the services she needed. So, in the past few years, our family has had to supplement this care. We have had to sleep over and to pay privately. The bills for private care, a homemaker and other medical expenses, came to about $200 a week; and this used up my mother's savings.

By the end of 1985, we applied to CCPED soon after that program started in Union County. Mother was deemed eligible for CCPED in January of 1986; but she did not get any service under CCPED until April, even though in those months she needed care. Consider, my mother had used up all her life's savings to be eligible, but it was months before she really got any help from the program. In the meantime, the Visiting Nurse arranged for some minimal care using Title III funds from the Union County Division on Aging.

If the program in S-2132 were available, our family would have been saved a lot of heartache. First, my mother would not have had to spend her life savings to get the care she needed, which was humiliating to us. Going through the process for CCPED caused us uncertainty; and it took too long and gives us too little. Five days a week is not enough. I get no weekend care. I have to pay or be there myself. I have no social life, nothing.

I think the way things are set up now is degrading. And I hope that other families, other daughters, won't have to go through the financial and emotional burden we are going through. We are just a working family. We have never collected assistance. This is a very difficult time for us.

8X

LEGISLATIVE MEMORANDUM

Cancer Care, Inc.®
AND THE NATIONAL CANCER FOUNDATION, INC.®

WILLIAM C. PELSTER
Chairman, Public Affairs Committee

WERNER WEINSTOCK
Vice-Chairman, Public Affairs Committee

DORIS B. NASH
Public Affairs Director

September 30, 1986

To: Senator Frank R. Pallone, Jr. Chairman
Committee on Aging
New Jersey Senate

Re: S.2132 - The Home Health and Community Care Partnership Act

I am Doris Nash, representing Cancer Care, Inc. where I am Director of Public Affairs.

We are grateful for this opportunity to present testimony in general support of S.2132, a proposal which would greatly benefit the sick and frail senior citizens of New Jersey. We support this bill because we know full well the plight of so many Medicare patients when they try to get home health care services.

Cancer Care, Inc. is a voluntary social agency serving cancer patients and their families. For over 42 years we have offered individual and group counseling services to cancer patients, their relatives and concerned friends. We also provide ssome financial assistance to eligible families to help them maintain home care plans for the patient or for transportation to and from chemo or radiation therapies. In addition, we have a volunteer service program which augments other services the patient may be receiving. Our goal is to strengthen the family's ability to cope with the patient's illness, and to enhance the quality of life for the patient.

While we have traditionally offered direct services to New Jersey residents, we did not have an office here until October 1982. We now have our main New Jersey office in Millburn, and other offices in New Brunswick and Ridgewood. The overall agency's original office is in New York City, with a satellite office in Woodbury, Long Island.

One other thing to know about Cancer Care is that we raise all our own monies through a variety of means including direct mail appeals, foundations, and special events, to name some. We are very concerned that the new tax reform bill will make our fund raising task more difficult. In any case, we have already had to cut back on how much funding we can offer to families because of decreased incomes.

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Ever since we established a physical presence in New Jersey, our caseload here has increased dramatically. We served 1,441 patients in New Jersey during '84-'85; the number rose to 2029 during '85-'86. In our '82-'83 fiscal year, we disbursed $87,437. An now, to jump to our latest fiscal year, '85-'86, disbursements totaled $276,126, an increase of over $76,000 from the previous year. The demand for our services in New Jersey has shown no decline since July 1 of this year. In fact, disbursements in New Jersey take up an increasing percentage of the overall agency's disbursements to patients; during the '84-'85 year the percentage was 23.2%; during the '85-'86 year, this percentage rose to 27.7%.

There were 336 New Jersey disbursement recipients last year. Of this group, 123 had incomes below $600 a month, 148 had incomes between $600 -1500, and 65 over $1500. These are low incomes indeed. While New Jersey's new Medically Needy program might allow some very low-income patients to become eligible for Medicaid, it is uncertain whether the Medicaid program will be able to offer sufficient home care services.

One hundred and fifty-one of these disbursement patients were over 65 years of age. In 43 of the cases, we were augmenting the few hours of Medicare-reimbursed home health services the patient was receiving. But the balance of the Medicare paitients were not eligible for Medicare home health services either because they did not need a skilled service, or because they needed more than part-time of intermittent care, these being some of Medicare's criteria for home health services. This is a very ironic Catch 22 situation: the very sick cancer patient who doesn't need **skilled** care, but needs a considerable amount of paraprofessional care at home. So many elderly cancer patients are in that category and can not get home health services under Medicare. Most of the Medicare patients to whom we are offering disbursements are indeed the ones who fall through the home care cracks left by Medicare and entitlement programs.

In addition, Medicare has in the last year or so slashed away at the availability of home health services via exceedingly stringent re-interpretations of the statute, and new rulings as to what constitutes part-time and intermittent and numbers of hours per visit. These and other revisions have led to a marked increase in the number of claims denied reimbursement, to such an extent that certified home health agencies are in great jeopardy throughout the nation. To make matters worse, this comes at a time when elderly patients are being discharged from hospitals sooner than in the past needing, therefore, more care at home. Here is but one example:

Mrs. E.D. is an 82 year-old widow living with her 52 year-old son who has a degenerative muscular disease. She has breast cancer metastatic to the lung with a prognosis of less than 6 months. Despite ongoing deterioration, she has surprised her doctors by surviving as long as she has. She has been on and off Medicare hospice benefits because of stabilization in her condition.

She really requires 24 hour care. Medicare home health coverage for 2 hours a day, 5 days a week was provided following a hopsitalization, but was terminated after only 4 weeks. Cancer Care is now helping her pay for 8 hours of help, 5 days a week.

In general, our New Jersey social workers are finding that recently discharged Medicare patients are receiving home health services only 3 times a week, 2 hours per visit. This is in sharp contrast to what used to be the norm: 4-hour visits 4 or 5 times a week for newly discharged elderly patients.

Therefore, we hail the concept of a home health care partnership between government, the voluntary sector, community-based organizations, business and industry, as well as individual volunteers. We applaud the possibility that this proposal will create new funding for a variety of much-needed home care services, and we hope that the amount to be appropriated is really sufficient.

However, we do have a few questions about the proposal: While the bill does call for a sliding scale, it offers no income limits on eligibility. Although Medicare's deductible, co-insurance and the Part B premium are the same for all, Medicare is an insurance program not funded by general revenue. Further, lack of a fee scale or income-related premiums are beginning to be seriously questioned. In any case, a state program such as proposed by S.2132 that does not call for any limitations in income eligiblity seems to use to be inappropriate and unwise.

We are aware of the differences that exist between the home health agency and the aging network communities concerning case management. We hope that the committee, which has been convened by Senator Van Wagner, will be able to reach consensus on how the monies should be funneled and give recognition to the possibility that there are many elderly who do not require a skilled nursing assessment in order to establish home care plans. It is conceivable that these service communities may have to share in case management and the delivery of home care services made possible by this proposal.

We fervently wish this proposal well. It comes at a time when help is sorely needed by home health agencies, the aging network, and the voluntary sector, as represented by Cancer Care. Neither of us can do it alone.

New Jersey Business Group on Health, Inc.

TESTIMONY BEFORE THE SENATE COMMITTEE
ON AGING WITH REGARD TO THE "HOME HEALTH
AND COMMUNITY CARE PARTNERSHIP ACT"
SENATE BILL NO.2132
SEPTEMBER 30, 1986

The New Jersey business Group on Health, Inc. is a non-profit coalition of employers in the state concerned with assuring cost effective, high quality, accessible health care to the state's residents and our employees. Our membership of 54 corporations statewide covers nearly 500,000 employees, retirees and their families under their combined benefit programs. We believe S. 2132 encompasses several key concepts which are consistent with our efforts:

1.Home health care is a financially and socially sound mechanism for meeting the needs of the elderly. While the business community is beginning to take steps to provide necessary and appropriate benefits to retirees, there is an urgent need to address the gaps in the system that currently force unnecessary and unwanted institutionalization.

2.We are encouraged by the bill's attempt to coordinate services currently provided to the elderly by a number of state agencies. The lines between health and community affairs are increasingly blurred, and the Partnership seems to provide an excellent opportunity to coordinate efforts, avoid duplication and maximize efficient use of the limited resources available to us.

The business community is a new entrant into the arena of elderly health care. Our interest has been spurred by a number of recent developments in the courts, the financial community and by the emerging needs of our active employees who are caregivers for elderly relatives and of our retirees. In an effort to avoid many of our past mistakes in designing and paying for health care for our employees, we have undertaken to acquaint ourselves with the variety of public and private providers of care so that we can plan effectively, cooperatively and in a fiscally sound manner. We believe the Partnership proceeds along comparable lines.

3.Efforts by the Dept. of Health to develop a State Health Plan for the Elderly brought together interest groups whose expertise and concerns complemented one another and fostered the development of a concensus with regard to prioritization of service and funding needs. In its disposition of this bill,the Senate Committee on Aging should seriously consider evidence of a similar willingness and ability of the multiple parties at interest to work together toward the common good of our very deserving and dependent elderly population. Any amendments that

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855 Valley Road, Suite 1000, Clifton, N.J. 07013 • 201-472-0780

might grow out of the consensus building can only serve to enhance the value and impact of the partnership over the long run.

September 25, 1986

Dear Legislator:

I am an 80 year old widow who lives on my Social Security Pension and resides with my son in my own home.

I was born with bilateral dislocated hips which have become progressively worse as I have aged. The hips have caused extreme weakness and stiffness in my legs making it necessary to use a walker to assist my walking in the home. The stiffness has also made it impossible for me to get in and out of bed alone. In addition, approximately 7 years ago I was diagnosed as having rheumatoid arthritis which has caused weakness and pain throughout my body. My arms have become so weak that I cannot even raise my hands to my head making grooming and self dressing impossible. This past spring I suffered a fracture of my leg below the knee and my doctor now requires me to wear braces on both legs to prevent further fractures.

Due to the above medical problems I am confined to either a bed or chair and a very limited amount of very slow, painful walking. Before my son goes to work in the morning he gets me washed and dressed and into a chair in the living room. He also gives me breakfast and leaves a small lunch in the refrigerator. I am then confined to the chair except for an occassional walk to the bathroom and to the kitchen for lunch. I am able to get out of the chair because it is a specially equipped chair with an electric motor which will raise me into a standing position.

My toileting is difficult because it takes a great amount of effort and time to get to the bathroom. This sometimes causes me to be incontinent of urine. If this happens I must be wet until my son returns home after work. I know that if an emergency occurs, such as a fire or a fall, I would never be able to get out of the home or summon help.

This "Partnership Legislation" would assist me in obtaining assistance of a Home Health Aide who would help me with my personal care and enable me not to be "trapped in my chair" all day. With this assistance both my son and I could live a more normal life.

The Partnership Legislation could also provide nursing visits and physical therapy. My physical condition is so unstable the nursing visits could help prevent further medical problems. I received physical therapy approximately 5 years ago and for a time I became much stronger and could do more for myself. Medicare will not pay for these services since I am considered chronically ill. In fact Medicare denied physical therapy this past spring when I fractured my leg.

I know that my condition will gradually worsen with time but I want to remain in my own home as long as possible. My son is willing to care for me but it has been a hardship and I doubt if we can manage for very long without more help. This legislation would be the means to allow me the help to stay at home.

Sincerely,

Gertrude McCloud

Gertrude McCloud
341 Edstan Lane
Paramus, N. J. 07652

14X

Dear Legislators:

My husband is a 76 year old with Parkinson's Disease. He requires total care for all his needs. I must wash, dress, feed and transfer him to a bedside chair. While he is in bed he must be turned every two hours in order to prevent bedsores.

My husband is not eligible for Home Care Benefits under Medicare Guidelines due to his chronic condition.

I have made the decision to keep my husband home and care for him, but I could use the help of a Home Health Aide. I can not leave him alone and must be with him to assist with his most basic needs.

The "Partnership Legislation" would help me to keep my husband home where he is happy.

Julie Grundin

(wife of Albert Grundin)
Mrs. Julie Grundin
338 E. Cooper Place
Paramus, New Jersey 07652

The patient is now deceased.

15X

LEBANON TOWNSHIP VALLEY CLUB INC.
MUNICIPAL BUILDING
RD 1 BOX 123
GLEN GARDNER, N. J. 08826

September 23, 1986

Legislators
13th District
24 Leonardville Road
New Monmouth, N.J. 07748

Dear Legislators,

I am writing about Senate Bill #2132, the "Home, Health and Community Care Partnership Act".

We can all agree that there is need for adequate home health care services for the elderly. Replication of services already in use have been unnecessary and costly.

Please consider allowing the Department of Health to

16X

LEBANON TOWNSHIP VALLEY CLUB INC.
MUNICIPAL BUILDING
RD 1 BOX 123
GLEN GARDNER, N. J. 08826

I find the County Office on Aging and the Board of Social Services, both agencies coordinate and administer these programs successfully at the present time.

Administration costs should also be increased in order to provide more funds for the care of the elderly.

Thank you for your consideration.

Sincerely,

Eleanor R. Rich
Lebanon Township
Coordinator

16 Longfellow
Clinton NJ 08809
Sept 22, 1986

Dear Legislator,

I am deeply concerned with the Senate Bill #S2132, the "Home Health and Community Care Partnership Act," and I would like to express these concerns to you.

Though there is a dire need for expanded home health care services to the elderly, the act #S2132, proposes to expand community based health care services for the frail older person, which is highly commendable, there are certain portions of the Act which, I believe, are a duplication of existing services and defeat the cost effectiveness of the proposed Act.

S#2132 seems to be unaware of the existing county services. There are 21 county Offices on Aging and under the Older Americans Act, an Office on Aging is mandated to plan and coordinate services

services pooling resources, in cooperation with local government civic and religious organizations and the business community that will enable older people to remain in their homes and avoid unnecessary institutionalization. The Office on Aging directly provides information and referral. There is a County Office on Aging Advisory Council and a Human Services Advisory Council. The Home Health and Community Care Partnership Act proposes to duplicate these existing services, to create an additional advisory council and 25% administrative cost is excessive compared to other service delivery systems.

I, as a senior citizen, therefore respectfully request that an amendment to S#2132 be considered incorporating these suggestions:

(1) Allow the Department of Health to expand designation of an eligible agency to a County Office on Aging or a Board of Social Services, whose purpose is to coordinate and administer such programs. In addition, both

agencies are non-direct service providers, preventing a possible conflict of interest.

(2) considerably decrease the administrative cost to free more funds for provision of direct services to the frail elderly person.

There may be other suggestions for expansion of home health care services to the elderly. I trust you will include these in your discussion.

Thank you for your time and consideration.

Sincerely,

Lillian Kornitsky

P O Box 163
Railroad Avenue
Stockton NJ 08559
September 22, 1986

The Honorable Richard Van Wagner, Senator
13th District
24 Leonardville Road
New Monmouth N J 07748

Dear Senator Van Wagner:

As an 80-year-old senior citizen of Hunterdon County, I am deeply concerned about the need for more effective home health care services for the elderly. I was happy to learn about Senate Bill #S2132 which you are sponsoring. However, I have learned that this bill allows 25 per cent for administrative costs and believe this is too high. Furthermore I see no need for the establishment of another agency when there are existing agencies such as the Human Services Advisory Council and the Office on Aging Advisory Council. One of our problems now is that we have too many agencies, and I would very much like to see the delivery of services simplified and administrative costs lowered.

I hope that you will take these factors into consideration in the final version of the bill. Thank you for your consideration.

Sincerely yours
Isabel Boner
Isabel Boner

To N.J. STATE SENATORS
COMMITTEE ON AGING

BOROUGH OF CALIFON
MUNICIPAL OFFICES
Main Street, Califon, New Jersey 07880
832-~~2150~~ 2091

SEPT. 24, 1986

Office of the
Tax Collector ~~and Assessor~~

Dear Hon. N.J. Senators:

The purpose of the "Home Health and Community Care Partnership Act" is to help the urgent needs of the elderly.

The County Office on Aging should be included as an eligible agency to promote and administer the programs advocated in Senate Bill # S 2132.

Including the County Office on Aging into the program will reduce administrative cost and will provide more financial support to the elderly from the appropriation money allocated to the Department of Health under the proposed bill.

I represent the Senior Citizens of my Borough, appointed by the governing body. I'm also tax collector. Serving on these two jobs gives me the experience and knowledge of the conditions, needs and plight of people, especially the elderly.

Notwithstanding, I find that officers and people in the County Office on Aging are the most informed dedicated and helpful public servants doing their assigned job.

Sincerely,
Joe Inguaggiato

22X

113 Rocktown Road
Lambertville, NJ 08530
September 24, 1986

The Senate Committee on Aging

Gentlemen:

Re: Senate Bill #S2132

It is true that there are many many seniors in New Jersey who need help and who could benefit from increased, improved and expanded Home Health Care. This program could greatly relieve overcrowding and senior unhappiness in our hospitals and nursing homes.

However, we DO NOT need a new organization set up to implement and oversee this expansion!! We already have in place experienced, efficiently operating Offices on Aging in each county of this state, who have had years of experience and first-hand acquaintance with these needy people and their problems in their own localities. These agencies are further assisted by an intricate network of concerned, hardworking volunteer groups. Their chief handicap is lack of sufficient funds to serve all of these needs.

DON'T vote to spend millions to set up a new organization staffed by highly-paid executives who will investigate and ponder the needs of New Jersey's older citizens! Vote millions of dollars to the existing organizations who are very familiar with these needs and who have been struggling to meet them with very limited funds.

Sincerely yours,

Olive Nolan,
Senior Citizen
(Volunteer, Municipal
Coordinator for Senior
Activities, West Amwell
Township)

23X

The Honorable Richard Van Wagner, Senator
13th District
24 Leonardville Road,
New Monmouth, N.J. 07748

Sept. 22, 1986

Dear Senator:

I am disturbed by Senate Bill #S2132 - "The Home Health and Community care Partnership Act.

It is of critical importance that we expand community based "home health care" for the elderly, as I kept my 92 year old mother at my home and I needed home care help so badly. But this bill, like most State Agencies, over-laps the present agencies. This bill #2132 should expand the present services of the county office on Aging or the Board of Social Services and save the 25% administrative, excessive costs.
I beg you to reconsider this bill and save dollars for the proper cause, help for the elderly through existing services, instead of duplicating existing services, which is merely common sense.

Thanking you for your reconsideration of this bill, and save much in taxpayer money.

Sincerely,

Lise A. Biel,
Mt. View Road, R.D. 1
Box 847, Asbury, N.J. 08802

Coordinator between my twp.
Bethlehem and the
Area on Aging, plus Board of Director of the Citizens and
Taxpayers of Hunterdon County

24X

Cppies to:

Senator Carmen A. Orechio
Senator John F. Russo
Frank Pallone, Jr.
Catherine A. Costa
Ann Zahora
Senator Walter Foran
Assemblyman Richard A. Zimmer
Theodore J. Savage
Richard Kamin
Angelo DiOrio
Bob Fasanello
Geoffrey S. Perselay
Barbara McDonald
Wendy Weaver
Rosemarie Doremus

Sept. 22, 1986

25X