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

before

ASSEMBLY COMMITTEE ON AGING

on

THE ISSUES AND CONCERNS OF SENIOR CITIZENS IN THE STATE OF NEW JERSEY

Held:
March 22, 1984
New Jersey Home for Disabled Soldiers
Vineland, New Jersey

MEMBER OF COMMITTEE PRESENT:

Assemblyman Thomas H. Paterniti, Chairman

ALSO PRESENT:

Norma Weiss, Research Assistant
Office of Legislative Services
Aide, Assembly Committee on Aging

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ASSEMBLYMAN THOMAS H. PATERNITI (Chairman): Good morning, ladies and gentlemen. I am now going to open this public hearing. As you know, this hearing has to do with aging. This is a new Committee which was created a little over a year ago through the auspices of our Speaker, Alan J. Karcher. I think this was long in coming. We owe this to our senior citizens, because actually they are a great percentage of the people of our State. They have made quite a contribution to our State, and I think it is only right that we find avenues to help them in their golden years.

I am pleased to welcome all of you to this public hearing being conducted, as I mentioned before, by the Assembly Committee on Aging. My name is Thomas Paterniti, and I am Chairman of this Committee.

Before I start, I would like to take this opportunity to mention the names of the other Assemblymen who sit on my Committee. Some of them will try to make it, but right now our sessions are basically closed, and they have other commitments they are trying to fulfill. Therefore, they may not be here. Our Vice Chairman is Assemblyman Anthony P. Vainieri, and the other members are Assemblymen David C. Schwartz, John O. Bennett, and Edward K. Gill.

I would also like to mention that if you have any written testimony, or wish to be placed on our witness list, please contact our Staff Aide here, Norma Weiss.

Last year, as I said before, the New Jersey Legislature created this long-awaited and greatly-needed Assembly Committee on Aging. Now, for the first time, legislative efforts dealing with issues, problems, and concerns of senior citizens have a forum and a mechanism devoted solely to this purpose. Before the formation of the Assembly Committee on Aging, legislation which addressed the needs of our seniors went to different committees. Now we can give top priority to these concerns, and coordinate a more effective response to the problems faced by our senior citizens.

There are many problems which we must attempt to solve: the development of a balanced long-term system; the easing of tremendous tax burdens faced by our senior citizens; the provisions of adequate

and affordable transportation; and, the construction and financing of suitable housing. These are only some of the problems.

During the past year, we have been successful in beginning to address and solve some of these preexisting problems. This public hearing is the first of two hearings which will be held in the rural counties of the State, because we are concerned about reaching as many of our State's senior citizens as possible. We are conducting these hearings to get your input. We want your thoughts, ideas, and questions. The Committee is very interested in hearing your comments on these very important issues.

I would like to ask witnesses to keep their testimony as brief as possible. Anyone wishing to present written testimony for the record may do so.

The first witness I will call upon is Colonel Warren Davis, who has charge of all the veterans' affairs in the State of New Jersey. He has been doing an outstanding job. I have dealt with him, and we are very lucky to have this type of person. Colonel?

COLONEL WARREN L. DAVIS: It is a privilege to host this public hearing of the Assembly Committee on Aging. The members of the Committee, and you, Chairman Paterniti, have the task of addressing the needs and concerns of the State's geriatric population. We all share the view that the elderly are not a burden, but a resource that should be cultivated and nurtured.

Decisions made now will not only address current problems, but will lay a foundation for future programs. The New Jersey Memorial Home in Vineland is proud of its role as a member of the health care community in South Jersey. Although the facility resources are directed to providing care to that special group of elderly who have served our nation, this does not alter the reality that this is a long-term care facility. The fact that we are State funded, while receiving a per diem from the Veterans' Administration, makes us unique among organizations from other proprietary and non-profit health care providers. This uniqueness, however, does not eliminate, or reduce, the problems associated with long-term care.

The most pressing problem is the fact that New Jersey is desperately in need of short and long-term care beds. The most frequent figure used today reflects a 3,000-bed shortage. This shortage, coupled with the high cost of providing long-term care, offers our Legislature, and the health care profession, a formidable challenge. In addressing this challenge, the temptation to seek quick-fix solutions is common. This highly emotional issue must be thoroughly investigated. While long-term care beds are needed, alternatives must also be sought. These include: senior citizen centers; medical day-care centers; respite care centers; home care health programs, such as visiting nurses; and, Meals on Wheels.

These programs should not be intended to eliminate long-term care but, instead, should be part of the total health care package available to our geriatric population. The coordination of these programs should also help to reduce duplication of regulations and inspections, and help to eliminate those regulations which prove to be ineffective.

As members of the Committee on Aging, you undoubtedly recognize the magnitude and importance of the problems of the elderly. It is the intention and goal of this organization, both as a State facility and as a member of the health care community, to offer any assistance possible to aid you in your task.

As a point of information, I would like to go over some statistics of the population here. We have a total of 298 primarily elderly in our facility. Of that number, there are approximately 46 World War I veterans, which include five female veterans; 181 World War II veterans, which include one female veteran; 14 Korean conflict veterans; five World War II and Korean conflict veterans -- those who served in both; and, from the Vietnam area, four veterans. The peacetime eligible veterans for government aid include 12. Now, of the 298 total, we have 31 females. Many of them are World War I and World War II widows and gold star mothers.

This facility is one of the oldest in the State, having been erected sometime in the early 1900's. It has continued on through to today to serve our veterans.

Again, we are very happy to host this Committee, and we hope your stay with us will be a pleasant one.

ASSEMBLYMAN PATERNITI: Thank you very much, Colonel. I know you are doing a commendable job. We also have a similar facility up in Edison Township, where I used to be the Mayor, and I know our veterans are being well taken care of since you are constantly trying to address their problems. I'm happy you want to extend this to seniors who are non-veterans, because I know that from the exposure you have had with senior needs here, you know exactly what we are facing throughout the State. Thank you very much for your input.

We would like to call on one of our first witnesses, Judy Demby. She is a Community Health Clinical Specialist, from the Visiting Nurse and Health Association of Camden County.

JUDITH DEMBY, R.N.: The Visiting Nurse and Health Association of Camden County does not provide service in rural communities. We provide service in the municipalities of Camden, Gloucester, Brooklawn, Pennsauken, Merchantville, and some of the surrounding areas. Seventy-five percent of our service is provided in the City of Camden. We provide the services of skilled nursing, home health aid, physical therapy, occupational therapy, and speech therapy, under the prescriptions of an physician. We are certified as a Medicare/Medicaid provider, and are licensed by the New Jersey Department of Health. We are a voluntary nonprofit agency which has been servicing this area since 1920.

The problems of our municipalities are well-known to you, I'm sure. We are poor in comparison to the surrounding affluent communities. Our aged population has witnessed very marked changes in their communities. Their surroundings have declined. Much of the housing is, at best, in deplorable condition.

The income of our people is very, very low. People who own property have witnessed their properties depreciating greatly. Any savings that people have had are certainly devastated by what has happened to our economy. So, what should be content and enjoyable years, have become years of turmoil and fear.

Within the City of Camden, we have a great deal of unemployment, particularly among our youth. Unemployed young people result in many problems in our cities, certainly the problem of crime. Some of the victims of crime, or of easy prey, are our aged.

The people we serve have many needs which include: the prevention of illness and injury; maintenance of a level of wellness; maintenance of independence; socialization as they desire; and, the basic needs of shelter, clothing, and food. They also need help with preserving their own dignity as individuals.

At the present time, the aged have medical coverage for acute illnesses with Medicare. This impoverished insurance program presents financial problems to the lower socioeconomic elderly with its system of co-payments and deductibles. Incidentally, that is continuing to increase. The deductibles get larger and larger, and the ability to pay them gets less and less. Nonetheless, there is a selective mechanism for providing illness care for the impoverished elderly with the assistance of Medicaid. Even so, regulations are mandated as to what we in the health care provider system can provide and be reimbursed for. We have limitations placed on us. There is only so much service we can give.

What are either not available at all, or are available only in small quantities, are the services which would meet the needs that are not directed toward the treatment of an acute episode of illness. Payment for service declines as one's medical stability is reached. So, the more well you become, the less able you are to have the system provide you with supportive services.

We propose that you look at developing mechanisms which would provide personal care services -- homemaker services, chore services -- more homemaker and chore services than bathing services. There are bathing kinds of services, not that they're not important, but we should get someone into an older person's home to be able to do homemaking, cleaning, and those kinds of chores, and this is very, very difficult.

We need emergency call mechanisms, and some way to provide payment for a system where the elderly who are by themselves will have

a way to summon help in a hurry. We need some way to do monitoring and supervising of health, not necessarily illness, but to help people who are at a level of maintenance -- to help people with prefilling their insulin syringes, to make sure they are taking their medications, to set up a system whereby on a weekly, or whatever basis, their medications can be laid out for them so they know when to take them, and those types of services.

We need a way to have early detection of health problems. This does not need to be the providing of M.D. services. It could be providing nursing services which could detect early that there is a need for physician intervention.

There needs to be some way to provide dental service, particularly dental service in the home, for the extraction of teeth and the replacement of dentures.

We need transportation and recreation services. We should have some way that something can be done about the cost of food, possibly food cooperatives. There should be some way to get food. In the City of Camden, we do not have a major supermarket. Most of our citizens have to rely on convenience stores. Convenience stores are exceedingly expensive. There have to be ways to take care of clothing, clothing cooperatives, or some sort of discount arrangements for senior citizens.

It will be only then that we can help some of the people who are presently institutionalized -- who may not need to be, or who may not wish to be -- to remain in their own homes, functioning at a level that is satisfactory to them, to those individuals.

We feel there has to be a way within each municipality for us to meet the needs of our elderly. There are very, very few service providers who are actually going into the patients' homes, or the individuals' homes. We, as nurses in visiting nursing services, feel that we are one of the few groups of people who go out and go into people's homes to provide them with service, rather than pulling them away from their homes and bringing them to us. We would certainly welcome the opportunity to work with the Assembly Committee on Aging in some kind of capacity, and share with the Committee members the kinds of things we have learned in family homes -- patient homes.

I thank you very much for this opportunity to speak with you. I digressed from my formal statement.

ASSEMBLYMAN PATERNITI: That's all right; I'm glad you did. I appreciate your input. You have highlighted some of the problems we are looking into. We have already tried to address some of the problems. For example, the Governor and the Legislature have appropriated $10.5 million from casino revenues, which will be matched with Federal moneys. This will come to about $21 million. This money is supposed to create a whole series of programs, such as the Community Care Program for the Elderly and Disabled, and the Medicaid Personal Care Service. What they are trying to do is-- A short while ago, some of the counties received grants. For example, Middlesex County received a grant from the Channeling Demonstration Program. They have a psychologist and a nurse go into a senior's home to find out what that person's needs are. They can then more or less set up some kind of a program where they can go in and give him or her some kind of partial help. We have had this in other counties, and the State is trying to do this on a whole. We hope to reach about 1,800 people when this Program is completely implemented. I think that is a drop in the bucket, but it is a step in the right direction.

The way the Federal programs are written, they are creating a problem because under Medicaid, I believe, you have to make under $332.00 to qualify for in-home care, and under $882.00 to qualify for nursing home care. The Federal government has more or less deviated a little bit from that, where if you are above the $332.00, you have to make up the difference out of whatever moneys you are getting. For example, if someone makes about $600.00 a month, anything over $332.00 must be given back to the Federal government. People need that money for rent, food, and clothing. I mean, they are actually destroying these people. In fact, I read an article which stated that many people have saved money to retire so they could be comfortable -- so they could have a home and a few dollars. While they are healthy, that's fine. But, instead of it being a blessing, once they become sick, it is the other way around. It becomes a curse, because they have to get rid of all their assets in order to qualify for Federal money.

So, the whole spectrum of what is happening on the Federal level and on the State level has to change. We have to change our priorities. The input you supplied today is really good, and we will look into the things you mentioned. Thank you very much.

The next speaker I would like to call upon is Alice McNemar, Director, Community Nursing Service, Vineland; President, Cumberland County Hospice.

ALICE McNEMAR, R.N.: As Director of a combined certified home health agency and public health nursing agency -- and I neglected to put in my comments here that we are part of the Vineland Health Department -- I have worked closely with the concerns and problems of many senior citizens in the City of Vineland. In 1983, 46% of our clients for home visits were 65 and over. Cumberland County is fortunate in having many services, programs, agencies, groups, and individuals whose primary focus is meeting the needs of senior citizens. Yet, there are three major areas of concern which indicate unmet needs of our senior citizens, and which I would like to address today.

Many elderly are at risk of being institutionalzed in a nursing facility, boarding home, or similar residential setting. Usually a chronic illness or several prevent these people from independently managing their activities of daily living and other "custodial, unskilled needs." Medicare and other insurances minimally cover only skilled services and, incidentally, the custodial aspects of care. The problem occurs because most of these individuals do not need skilled care and, those who do, need it only for short periods of time. Families either cannot or will not meet elderly relatives' needs, and often they are either long distant or nonexistent. A few programs have been instituted to meet the needs of chronically ill Medicaid recipients. Although we are grateful for them, many people are not eligible for Medicaid and are too poor to afford hiring someone to assist with activities of daily living and to provide socialization. The infamous people who "fall in the cracks" may be only a few dollars above the income level to qualify for Medicaid. Since Medicare cannot currently meet these needs, which are the ones most necessary to allow people to remain at home, changes must be made

legislatively and fiscally, or custodial services must be reimbursed by an alternative program.

My second concern regards senior citizens who live alone in questionable surroundings, and who are either unknown to health and service agencies, or refuse outside help and social contact. These people are not necessarily mentally incompetent, but frequently need some form of assistance or even a more protected environment. Not only is the quality of their lives diminished, but safety and continuation of life itself become real problems. Not long ago, an elderly woman in Vineland who lived alone was discovered deceased from exposure. Often we join with the Police Department and the Community Mental Health Center in answering neighborhood pleas to help a senior citizen living alone to utilize community services or be placed in a nursing home. If our goal is to allow people to remain at home in a safe, quality existence, then we defeat it by carrying these people off to nursing homes or inpatient psychiatric facilities. Protected residential centers, host homes, or reimbursed custodial care at home, such as I discussed first, would greatly improve the situation. An area which requires more study and attention is the question of the rights of these individuals to decide their own destinies. These cases always create an ethical/moral/legal dilemma for all agencies called to the scene.

The third concern involves abuse of the elderly. Abuse comes in three forms: physical, verbal, and social. Examples of social abuse include locking a person in his room, isolating him from friends and any outside activity, and communicating with him only minimally. Examples of verbal abuse and physical abuse are fairly obvious. Proof of either verbal or social abuse is almost impossible to detect when dealing with elderly persons of questionable mental competence.

The public has been made aware of a national problem by the media. Unfortunately, we have discovered cases of possible elderly abuse locally. Often the senior citizen lives in his own home, and relatives or friends who stay there are the abusers or neglectful parties. The questionable safety and decreased quality of the elderly person's last years are only two possible concerns. These people are

caught in a difficult situation, as are the visiting nurses who feel that abuse or neglect is occurring. County welfare agencies have personnel responsible for elderly abuse cases, but locally the funding and support services are not available. The police and social agencies can be called if abuse is obvious, provable, or if the elderly person seeks help. But, abuse and neglect are usually well-hidden, and visiting nurses become aware of it only after long tenure in the home or as a result of some intuitive feeling about the relationships in the home.

Abuse of the elderly is an increasing form of family violence. It speaks clearly about our society and how we mistreat those who should be our most valued citizens. More attention from national, State, and local governments, and agencies, is necessary.

I hope that after today my concerns will become your concerns, and that we can work together to ensure that the senior citizens' extended lives are worth living.

ASSEMBLYMAN PATERNITI: Thank you for your input, Ms. McNemar. Regarding a couple of questions you brought up, we have legislation and we are trying to address them. In fact, I have proposed several pieces of legislation. One bill would direct the Commissioner of the Department of Community Affairs to establish and monitor group homes for seniors. What this would do is-- In many instances, such as the one you pointed out, where someone was found deceased in her home -- when it comes to a point where people are up in age, where they might have lost a spouse, where they're by themselves, they shouldn't be in a nursing home, and yet, it is difficult for them to stay at home by themselves. Under this proposal the State would have group homes. They would have about eight people to a home. They would be with their peers, people who had the same needs and the same wants. The State would actually provide the home. It would provide someone to live in it with them, come in part of the day to help them with their chores, help them if they had to go to the doctor or go shopping, show them how to take their medication, and instruct them how to take care of themselves and how to keep themselves clean.

The way this bill is constructed, the people would share the costs as far as their own food and the utilities are concerned. The State would pay for the home and for the personnel to supervise the home. It would be almost like a den mother in a college.

Another piece of legislation I have introduced -- and most of these bills that have gone before the Appropriations Committee have been released from Committee -- is a bill that authorizes the Department of Community Affairs to develop a program for the provision of para-transit services, rental assistance, and community-based in-home care. This appropriates about $10 million, and this money would go to the various county committees on aging. I think there are 21 in the State. They would just pick what priorities they felt were the most important. Some counties might feel that rental assistance was their top priority; others might think that in-home care was the top priority, or vice versa.

The third bill, which I will be having a public hearing on in about three weeks, has to do with a catastrophic type of life insurance. As you pointed out, there are some people who might be just slightly overqualified as far as getting Medicaid or Medicare. As you know, Medicare will treat you in a hospital for about 90 days. After that, you more or less have to go into a nursing home. If you don't qualify for Medicaid, you have to pay it out of your own pocket. This legislation I have proposed-- I'm coming up with a formula where people would actually take out an insurance policy. I am trying to keep the cost low, where they could qualify, and where it would pay $35.00 a day, $50,00 a day, or $70.00 a day, depending on how high a premium they wanted to pay. The ones who qualify for pharmaceutical assistance would get 25% of that premium paid by casino revenues. So, it would be an incentive to get people who have a modest or low income to go into it. For people who have a fairly nice income, it would give them some kind of protection that if they had a few dollars they would not get wiped out, because this would pay for the actual nursing home care for a period of three years. They would qualify for this after 90 days.

We're looking for answers to some of these problems, because what's happening is that the senior citizen population is really growing at an alarming rate. In fact, it is even getting more difficult for a child or a grandchild to take care of a parent or a grandparent because the whole climate of family life has changed. There are more divorces. People are moving all over the country. They are into the fourth and fifth generations, and sometimes the child is 65 or 70, and the mother is 85 or 90. Almost all of them have problems, but the greatest problem is when they are very old, because their sicknesses are not acute. With something acute, you either -- God forbid -- pass away, or you resolve the problem. But, when a condition is chronic, it is over a long period of time. So, we're trying to reach out to address a lot of these problems through legislation. Hopefully, in time, we are going to make the problems of seniors a lot easier.

I appreciate your comments. I know my Committee and I will digest your input. Thank you for coming.

MS. McNEMAR: Thank you for the opportunity.

ASSEMBLYMAN PATERNITI: That completes the names we had on our witness list. Is there anyone in the audience who would like to testify? We would be happy to have input from anyone in the audience. (affirmative response from audience) Yes, go ahead, please. We want all kinds of comments. You know, you can be just a resident, but you may come up with an excellent idea. That's what we need.

DOROTHY CULLEN: My name is Dorothy Cullen. I'm better known as Dottie Cullen. I have been arranging parties here for, I would say, a little over nine years. We are called "Dottie Cullen and Friends." They call me an angel of mercy, their sweetheart, a little bit of everything.

The facilities are here, but what these disabled, almost forgotten heroes need, is diversified entertainment. The Chamber of Commerce in this community and other civic organizations should be more aware and more sensitive to the needs of these veterans. They welcome us. Mr. Cagno is very helpful and supportive. I started out with two or three ladies helping me, and at my last party the Key Club had 18 volunteers from the high school come over. We had mini-wrestlers,

little tykes about eight to twelve years old. The comment from one of the veterans who has been here for 16 years was that he was so happy. It was just beautiful.

We're working on this. Mr. Ortiz, the publisher from the Vineland Times Journal, will be here at the next Easter party. I invited our Assemblyman, Guy Muziani, down for the November--

ASSEMBLYMAN PATERNITI: (interrupting) He is a fine person.

MS. CULLEN: Yes, he is. He was so impressed that he came back Christmas with his accordion to entertain the veterans. We are working in the community to make everyone aware. Believe it or not, there are some people right in this community who do not realize there is a New Jersey Memorial Home here. That is the truth.

ASSEMBLYMAN PATERNITI: I know that. You see, we're fortunate up in Edison. We have a lot of veterans' organizations in the area, and I know they are always running functions. They probably have more -- I won't say entertainment and I won't say services either -- but there is a little more input there because they have various groups which do remember our veterans, which do extend themselves. A lot of the problem is the State of New Jersey; I'll be honest with you. You know, this State, since 1975, has not given the veterans any more money. In fact, the Colonel will tell you how hard we had to fight to help the veterans in the homes, and to try to get enough money to establish offices throughout the State to assist our veterans. The State has been really negligent, and I am not just blaming it onthe present Governor. None of the past Governors since 1975 have allocated any additional money for the veterans. I think it's a shame; I really do. We have to almost embarrass them into giving us any kind of moneys to actually help our veterans.

MS. CULLEN: I think sometimes that if these politicians would come and visit, and be a little more interested-- The only time you see some of them is at election time. I know this, because I am very politically minded. I am also a member of the Board of Trustees over at the Vineland State School. You mentioned group homes. It just so happens that I have this letter. I should have mailed it two weeks ago to Commissioner Albanese. I wonder if I might share it with you; it's very interesting.

ASSEMBLYMAN PATERNITI: Fine. I'd like to say that Commissioner Albanese has been doing a great job. He has been really working hard.

MS. CULLEN: Yes, and so has Governor Kean. This letter was addressed to George J. Albanese, Commissioner: "Dear Sir: This letter is to inform you of my unannounced visit to the group home located on Chimes Terrace in Vineland, New Jersey. I arrived at the home on Sunday afternoon, February 26. Upon showing my identification, I was invited into the home. Mrs. Dondrea and Mrs. Fedde, who were on duty, received me in a courteous manner. Also, they gave me a tour within the premises. The following observations were made:

"The home was furnished beautifully. There were televisions in the private bedrooms, a pet cat, toys, and personal items, which enhanced the feeling of belonging and warmth. There were eight clients whom I met with a concerned interest. One of the clients, Elizabeth, was cutting coupons from newspapers. This is her hobby every Sunday. It betters their economic situation in reference to their grocery needs. Their shopping days are Thursdays and Saturdays. I felt that Elizabeth was in her own little world. She was very happy to see me, very emotional, with a laughing face. She couldn't wait to show me her room, immaculately clean.

"Then the two evening employees came on duty. I had a brief visit with them, and the women expressed their opinions about the clients living at the group home -- less frustrations, gaining skills, and having responsibilities with close supervision.

"My visit helped to change my views about group homes. It was a most gratifying experience, a touching feeling of pride, to know that my support as a Board Trustee at the Vineland Developmental Center will enable these handicapped women to perform duties to the best of their ability. This is a new beginning for these beautiful people, living in surroundings with a promise of love from the outside community.

"We have a lot in common with these clients at the Vineland Development Center, where we bear the great title, 'An American Citizen,' a title to be proud of, not forgetting that we are all God's children, and that He loves us all."

Now, I feel that way about the aged.

ASSEMBLYMAN PATERNITI: There should be more people like you.

MS. CULLEN: Sometimes I feel the young people in the schools should become more interested. Maybe the educational system could do something along that line. The children could earn credits in some way. They are waiting; the young people are waiting. All you have to do is contact them and get them interested. Thank you.

ASSEMBLYMAN PATERNITI: Thank you very much. Is there anyone in the audience who would like to give us some additional input, because we would welcome it. We need this kind of input so we can open our eyes to the problems of the elderly. (affirmative response from audience) Yes, young lady.

DIANNE McDANIELS: Good morning. My name is Dianne McDaniels; I am the Director of Social Work Services at the Newcomb Hospital here in Vineland. I do not have a formal statement, only because I was just informed of this hearing yesterday afternoon.

Being in the health care profession, I have some concerns and ideals I would like to share with you. One of the main problems we face in the medical setting is that patients are living longer, much longer than they have in the past. Therefore, the needs, psychosocial and medical needs, have increased. Thus, patients have to be evaluated for nursing home placement. Alternative care other than nursing home placement has posed a problem. Because of the lack of nursing home beds, patients have to wait to get into nursing homes because of the long stays. Patients are transferred to nursing homes because they cannot maintain themselves in their own dwellings, and they need some type of assistance in terms of supervision.

I have to second what the others have said in terms of having an alternative care facility to a boarding home or nursing home placement facility, only because most of the patients we encounter in the health care setting are patients who fall between the cracks, in terms of not being able to ambulate, which is one of the major boarding home criteria, and not requiring enough care to be a suitable candidate to be transferred into a nursing home. So, I have to second the group home, or an interim care facility which would accommodate the patients who are really forced to go into nursing homes against their will.

We are also faced with the inflexibility of Medicare regulations which really work to the disadvantage of senior citizens. Medical costs have increased, and many patients are not financially able to afford to even keep up their insurance.

We have the absence of adequate support services in the county, and a lack of available nursing home beds. In conjunction with that, nursing homes have become very selective about the patients they are able to accept into a facility. In examples that we have experienced, patients are accepted according to the amount of care they require. The more difficult patients we have a problem in trying to place are: patients who are ventilator dependent; patients who require more around-the-clock nursing care; and, patients in need of "trache" care, or tube feedings. These are the patients who are the most difficult to place.

The impact on our internal discharge planning process in the health care setting oftentimes is combined not only with the physical, but also the medical factors which are attributed to the patient's inability to return home. Oftentimes patients cannot understand this, so we act as a liaison between the family and the patient, always trying to act in the patient's best interest.

One of the main problems we are facing also in our hospital is declaring a patient mentally incompetent, which we do not like to do. Oftentimes when patients do not have family members, we have to sort of act in their best interest and declare them mentally incompetent, only because they are not able to do so for themselves.

Sometimes it is very discouraging being in the health care field, because we are met with so many brick walls. We do not have any outlets; we do not have answers for the senior citizens who ask us, "Why don't you have excess money to assist us with prescriptions?" which they cannot afford to buy. "Why is it that I don't qualify for Medicaid?" and "Why is it I have to be forced to go into a nursing home against my will?" These are just some of the issues we encounter in the health care field.

Thank you for allowing me this opportunity to speak before you.

ASSEMBLYMAN PATERNITI: You're quite welcome. You're right about the criteria some of the nursing homes have set up where they are very selective. In many instances, where someone has Medicaid, they try to put him or her off because they would rather have people come in who can pay out of their own pockets. They can probably get more money that way. The other thing is, they shy away from people who need, more or less, acute care around-the-clock. I have been aware of that, and we are definitely going to look into it.

You have pointed out a lot of things we are going to have to address, and I appreciate your coming. Thank you for your input.

MS. McDANIELS: Thank you.

ASSEMBLYMAN PATERNITI: Is there anyone else who would like to address this subject? (no response) If there is no one else, I guess we will close the hearing now. I want to thank you all for coming. I appreciate your input. This is the kind of input which will open our eyes to the problems of the elderly. Thank you very much.

(HEARING CONCLUDED)