
Public Meeting

of

SENATE HEALTH COMMITTEE

“Testimony concerning health issues of importance to senior citizens in the State”

LOCATION: Barton Hall
Leisure Village East
Lakewood, New Jersey

DATE: May 16, 2000
11:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Senator Jack Sinagra, Chairman
Senator John J. Matheussen, Vice-Chairman
Senator C. Louis Bassano
Senator Robert W. Singer
Senator John H. Adler



ALSO PRESENT:

Eleanor H. Seel
*Office of Legislative Services
Committee Aide*

Caroline Joyce
*Senate Majority
Committee Aide*

Freida Phillips
*Senate Democratic
Committee Aide*

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SENATOR JACK SINAGRA (Chairman): Good morning. I want to thank you for attending this session of a Health Committee Meeting dealing with senior issues and health care.

I want to thank Senator Singer for hosting us today in his district. Senator Singer, would you like to say a few words?

SENATOR SINGER: Thank you.

Good morning. The first thing, before we start the meeting with testimony and things like that, I do have a few words to say, Mr. Chairman, but I'd like to do one presentation first. Last year I had the honor of sponsoring the legislation that with the Heart Association -- that allowed defibrillators to be easy accessed to the State of New Jersey, taking away the liability problems from individuals using them and bringing down the hours of training. But defibrillators save lives, and if you have ever had a heart attack, you'll know the defibrillator, if it's there within the first five minutes, could make the difference between life or death. It is critical.

With that, and the help of this Committee, I was able to bring back \$60,000 to Lakewood Township this year to buy defibrillators for our police department and for certain other members of the first aid squads within the Township. The request, originally from Helen O'Neil, who asked me, "Is there a way that Leisure Village East First Aid Squad could get a defibrillator?" I went to Chief Flinch (phonetic spelling) and said it would be absolutely wonderful if we could make a presentation of a defibrillator, from the money I got, to Leisure Village East. He was very supportive of it, and I have the defibrillator here today. (applause)

Terry Sloane, who is President of the First Aid Squad of Leisure Village East, has been very supportive of this issue, and I want to thank -- letting you know that we are concerned about your health care in Lakewood Township and that certainly presenting this defibrillator to you is a pleasure. I hope you never have to use it. But if you do, it's here.

So, if you don't mind, Chief Flinch, if you could come forward.

Terry, if you could come forward, so we could make that presentation to you officially. (applause)

(presentation of defibrillator) (applause)

Just so we don't leave everybody out, why doesn't the rest of the Squad just stand up so we can all applaud you for the fine job that you're doing. (applause)

First aiders are special people. My son is one, so I know.

I would like to thank the Chairman for giving me this opportunity to speak before we begin taking testimony today and to welcome the people from Lakewood and the surrounding area who have taken the time and made the effort to come to this very important hearing on health-care issues affecting New Jersey's senior citizen population.

This is the fourth in a series of hearings that our Senate President, Donald DiFrancesco, requested, exploring the health-care systems in New Jersey. I would like to commend the Senate President for his leadership in this area. In previous hearings, we have explored the issues of accessibility and affordability of health-care insurance, the financial problems facing our hospitals today, and the concerns of physicians.

Today we focus on obstacles facing seniors when dealing with health care. A recent study conducted by the Rutgers University found that senior citizens faced the greatest burden of out-of-pocket expenses for health care, including health insurance, premiums, medical copays, and the most important, prescriptions. In fact, the rising cost of prescriptions for medications commonly used by seniors is reaching the crisis proportion. Just this year alone, prescription medication costs have risen 22 percent. This is an issue that the Federal government has been looking to address and that New Jersey must do as well.

As a member of the Committee, I am committed to investigating ways to relieve the financial burden faced by seniors. One way that we can do this is to focus on efforts on exploring ways to help seniors obtain affordable private insurances to cover non-Medicare covered health-care expenses. Another area that I feel is in need of attention is that of the State's current infrastructure for providing education, information, and counseling to seniors on health-care issues.

Earlier this year, the State began implementation of the New Jersey Easy Access Single Entry, otherwise known as the New Jersey EASE program. It is designed to help seniors receive information in case-management services through a streamlined system, essentially a one-stop shopping experience. It is unfortunate, however, that, to this date, the program does not appear to be living up to original expectations. New Jersey senior citizens continue to experience difficulties in navigating the complex workings of the managed-care system. We need to see if there are better ways to provide services and counseling to senior citizens.

Again, I am pleased to be here in Lakewood today tackling these very important issues. This hearing is a valuable opportunity for you to tell us firsthand of difficult issues you have faced so at the end of this health-care hearing, the Committee can present the Senate President with a blueprint of legislation that will help advocate your problems.

I look forward to working together with my colleagues in the Health Committee towards this end. Thank you very much. (applause)

SENATOR SINAGRA: Thank you, Senator Singer.

The first person signed up to testify is Dr. Stephen Crystal.

STEPHEN CRYSTAL, Ph.D.: Good morning, and thank you for inviting me.

As the Senator mentioned, we have been doing some research of the out-of-pocket cost burden of prescription drugs, which is a very serious problem nationally. Some of my testimony today draws on that. As we all know, Medicare's lack of prescription drug coverage is one of the most grievous shortfalls in that program, and it's one of the reasons why Medicare actually only covers about half of senior citizens' health-care expenses when you factor in long-term care expenses, as well, that aren't fully covered.

When Medicare was enacted in 1965, the focus was on hospital costs. So Medicare sort of looks like a hospital insurance program with some other stuff tacked on. But as we know, that's very much out-of-date and does not meet the needs today. So prescription drug costs have become an increasingly large share of health-care expenditures. The increase in costs both to seniors themselves, who pay about 50 percent of the bill in all kinds -- forms of insurance considered, and to the other payers, private insurance, the PAAD

program, Medicaid, and so forth, continues to grow at several times the rate of inflation.

It's believed that about half of that comes from an increase in the use of prescription drugs, and the other half comes from price increases, both price increases on existing drugs, which have been increasing rapidly, and the price increases and the very high cost of new classes of drugs that are being introduced. And there are some more extremely expensive drugs in the pipeline which we can anticipate will increase that problem further in the next several years. So this creates a double whammy for individual seniors and third-party payers. Properly used, modern prescription drugs can actually help save us health-care expenditures, keep people out of the hospital, keep people from needing more expensive services. But there's many studies that show that because of these cost burdens -- it's one of the factors that prevent some people from using the most effective drugs or using them appropriately.

We know that this is a very serious problem on the national level and that we need a Medicare prescription drug benefit, and that, also, the efforts of the State of New Jersey are extremely important. New Jersey has been one of the leaders in this area. The PAAD program was one of the pioneers and is one of the largest programs. It still has a few gaps, but it really has put New Jersey ahead of many of the other states. There's about 16 states to date that have some form of state prescription drug coverage for the elderly and disabled. And in the rest of the states, those who aren't eligible for Medicaid, which is just the poorest of the seniors -- less than 10 percent of the senior population -- and who do not have private insurance are kind of on their own.

The trends that we see, unfortunately, are for even more of a gap to be filled, which means that programs like PAAD will become increasingly important. Why is this? The kinds of coverage that people have received -- that people receive now are at risk because of economic forces that are squeezing things in the health-care market in general, particularly for people -- new cohorts of older people who were retiring. The main ways that seniors get insurance coverage for pharmaceuticals apart from programs like PAAD is through retiree benefits, benefits that are provided by their former employers and through the Medicare HMOs.

Now, as probably many of you are personally familiar with, the coverage from the HMOs is threatened. There have been withdrawals from the New Jersey market, and more withdrawals from the New Jersey market may happen with the HMOs, which have offered prescription drug benefits -- in the past have offered the zero-premium plans, which have been attractive to many seniors.

But in 1997, the Congress passed the Balanced Budget Act. And many of you are probably familiar with some of the impacts from the Balanced Budget Act, which put a number of cost limitations in place for Medicare. The impact on home health care has been particularly severe, the availability of home health care. The impact of nursing homes -- many nursing homes are in financial difficulties.

And one of the things that happened in that Act was that the reimbursement for HMOs was limited to growth and reimbursement -- was capped so that it becomes more difficult for the HMOs to offer generous prescription drug benefits, which are an optional benefit for Medicare HMOs.

So these are some of the reasons why we can anticipate more pressure on seniors, more pressure on programs like PAAD in the coming years, and why programs like that are particularly important. I think the members of the Committee and the Legislature should be proud of the roles that they've played in developing and maintaining that program. We need to look at coverage for that program.

By and large, and there are some statistics in prepared testimony that I've provided, which I'm not going to bore you all with all of the detail. But basically the income range that's covered by the PAAD, which is roughly not exactly up to 200 percent of the poverty line, covers the majority of the people that are the most heavily burdened, and those people should be our priority first. We're talking, for example, about people who are spending more than 10 percent of their income on prescription drugs.

There is a group that we need to look at who have, what we would call, catastrophic expenditures for prescription drugs, some of whom are in the income range above that. So there might be a need to look at the coverage in the range -- 200 percent to 300 percent of the poverty line range. For some people, there's been discussion of an asset test in the past for the PAAD.

If you look at the relationship between income and assets, nonhome equity assets among the elderly, you find that the people who are eligible by income for PAAD have relatively limited liquid assets. So I think there's relatively little to be saved from that type of a cost containment strategy.

So these are some of the issues that we need to look at with the PAAD program. I think we need to look at Outreach. That's very important,

to have adequate appropriations for Outreach, because there are people who are eligible for that program who, for various reasons, don't apply for it. As you know, it does require a detailed income statement in the process of the application. So we need to be sure that everybody who is eligible for that program gets the benefits of that. We need to be sure that everyone who is eligible for the various permutations of Medicaid, including the programs for Medicaid, which are called the Qualified Medicare Beneficiary and the Special Low-Income Medicare Beneficiary, that can pick up part of copayments or other Medicare copayments or other costs for moderate-income people, are addressed.

And we need to look at, as I said, that number of people who have particularly catastrophic pharmacy expenses and are in the income range just above the PAAD. But all things considered, this is a very important and very valuable program, and we need to look at building on this program, hopefully building towards a national benefit that is part of Medicare, but in the meantime protecting and enhancing what we have here in New Jersey.

Thank you very much. (applause)

SENATOR SINAGRA: Thank you.

Are there any questions?

SENATOR SINGER: Yes. Mr. Chairman, two quick things.

SENATOR SINAGRA: Yes.

SENATOR SINGER: One is -- before I ask the doctor one question -- I want to thank Leisure Village East for allowing us to be here today. Their Board of Directors--

Ray, thank you so much. You allowed us to come. We appreciate that, and your present was very generous to us.

And special thanks to Barbara Crincoli, who set everything up. So we thank you, and we appreciate the fact that you allowed us to be here today.

There's one thing you left out in your comments that concerns me very much. The senior population, through the aging process, unfortunately, has problems with hearing. And there's a big void when it comes to the cost of hearing aids. As you know, they're very, very expensive. Many seniors don't have them who need it, because they can't afford it. Many of them, if something happens to them, can't replace them. I think what we're doing is we're looking at everything. We have to find some way of helping out the hearing impaired. It is critical. It is the question of a quality of life, of people being able to live satisfactorily, being able to hear what is going on or really not being.

So even though PAAD covers prescriptions, it doesn't reach into the hearing aid situation enough, and I think many, many seniors-- Because you know, when you talk about 200 percent of poverty level, most people don't understand what that is. It's about 17.5 for a single person and about 21.5 for a married couple. They'll never understand why it's 17.5 for a single and 21 for a married couple for the PAAD eligibility. The problem is that a married couple that has \$22,000 a year doesn't live any better than someone making 21.5, and yet they're out of the PAAD program. So, unfortunately, though the program helps out and it's the largest part of the Casino Revenue Fund -- about \$190 million to \$200 million -- there is an awful lot of seniors in the State of New Jersey who are just in that struggling range.

Thank you, Mr. Chairman.

SENATOR SINAGRA: Any other questions? (no response)

Thank you very much.

DR. CRYSTAL: Thank you.

SENATOR SINAGRA: Denise Conklin.

D E N I S E C O N K L I N: Hello, Senator Sinagra. I got it right. I practiced.

SENATOR SINAGRA: Very good.

MS. CONKLIN: Thank you.

I was just thinking that maybe I could just talk from the floor, but that doesn't work.

Senator Sinagra and distinguished members of the Health Committee, my name is Denise Conklin. I am the Executive Director of the Alzheimer's Association for -- South Jersey Chapter. I am here representing the New Jersey State Public Policy Coalition, which is comprised of the three chapters of the Alzheimer's Association serving those living and working in the Garden State. I am pleased to appear before you today to emphasize the needs of the more than 160,000 individuals with Alzheimer's disease in the New Jersey state and their caregivers.

Given the prevalence of this disease, one in ten for those age 65, and 50 percent for those age 80 and over, with 14 million baby boomers projected to have the disease by the year 2050, we must take action now. In today's economic climate, the average lifetime cost for the care of somebody with Alzheimer's disease is \$174,000. This number pales when compared to the 196 billion estimated annual value provided by the informal caregiving

system, the informal caregiving system meaning the family, friends, religious leaders, and other members of the community.

The family caregivers are the backbone of our long-term care system. Seventy percent of the people with Alzheimer's live at home, and almost 75 percent of the home care is provided by family and friends, those that I just spoke about. Caregiving takes a high toll, economically, physically, and emotionally. Commerce throughout our state is directly impacted due to the fact that caregiving can seriously interfere with the caregiver's employment outside of the house. Over 70 percent of the Alzheimer's caregivers are employed, and the majority of them report missing time from work, cutting back from a full-time to a part-time position, taking a less demanding job, or giving up their occupation altogether. Actually, they trade their occupation for caregiving, which is an occupation, in my opinion.

Furthermore, this selfless, loving act contributes directly to the increasing health-care costs we are now seeing reported in the editorial pages all across the country. We know that one in eight Alzheimer's caregivers become ill or seriously injured as a direct result of caregiving, and that they are three times more likely to suffer from some form of clinical depression.

Intervention for caregivers, such as respite -- that is a brief time off for the family caregiver -- adult day care, counseling, and supportive services, can have a major impact on containing health-care costs, sustaining the economic well-being of the families and the businesses, and maintaining the quality of life for everyone concerned. These interventions can reduce the caregiver's stress and burden, while extending the time they can provide the care for their loved ones, thus delaying an admission to a nursing home.

Caregiver training for professionals and for family caregivers is essential to ensuring the quality of life and the quality of care for those with Alzheimer's disease. Practical hands-on training for caregivers, with attention to management of difficult behaviors and intervention strategies, coupled with supportive counseling, care management, and respite, will better equip our family caregivers to cope effectively.

The need for dementia-specific training for nurse's aides and home health aides is critical to our ability to provide quality long-term care, and at least half of all nursing home residents have Alzheimer's disease or another form of dementia. For the 70 percent of those with Alzheimer's disease who are cared for at home, family and home health-care workers share that burden of care. Training must include handling difficult behaviors related to dementia, communication, and other problems with sight, hearing, being able to talk, family caregiver issues, and recognition of other health-care problems and activities-based care. This level of training should be provided to professional and paraprofessional caregivers, because it forms the foundation for a better care system.

To provide quality care, we also need sufficient numbers of properly trained staff. Staffing shortages and turnovers affect care, often resulting in poor nutrition, dehydration, and an increased resident mortality. Nationally, the nurse's aide turnover rate has reached 93.9 percent, and this was in a 1997 statistic. Short staffing, direct-care staff that is underpaid, limited benefits, and the lack of a career ladder contribute to the health-care crisis we are now experiencing in our long-care and community-based services.

We face a time, not only in New Jersey, but nationally, when we must do something and do it right now or as fast as possible. On behalf of those with Alzheimer's disease and their families and their caregivers, we respectfully request that this Senate Health Committee act or address the following issues.

1. Respite care: The cap on respite care funding has remained static for the last 12 years. The waiting list continues to grow. We need to increase the cap to 35,000 per year and increase the eligibility limits to make them comparable to the Jersey Assistance for Community Care, or the JACC, program.

2. Adult day care: An additional appropriation of 803,000, obtained last year, was not included in this year's budget. We need that appropriation for 803,000 for dementia-specific day care for this fiscal year.

Dementia-specific training: Practical training for nurse's aides, home health aides, and family caregivers is needed on managing difficult behaviors, communication problems, activities, and on an overview of the disease process. I firmly believe in educating people -- what Alzheimer's and other dementias is all about, so this is one that's close to my heart. An appropriation that supports the development and delivery of such training programs is critical to delivery of quality care for those with Alzheimer's and related dementias.

And finally, workforce issues: Quality of care for those with dementia is related to training and adequate staffing. Long-term crisis, staff turnover, insufficient numbers of nurse's aides, home health aides, and other hands-on care providers must be addressed through changes and regulations

and reimbursements, which will directly impact hourly wages, benefits, career opportunities, education, and job satisfaction for our long-term care of workforce.

Thank you very much for allowing me to testify. (applause)

SENATOR SINAGRA: Thank you.

Any questions? (no response)

Sy Larson.

S Y L A R S O N: I'm going to take the opportunity to thank you, Mr. Chairman, and to thank the Senate President for having these hearings, but also to commend you and the Senate President for meeting with the seniors about two weeks ago, to listen to our concerns, and also to support S-366, which is the Community Health Care Assets Protection Act, and S-369, which is spousal impoverishment.

It's not my intention today to recount all the grim tales of the impact of inadequate medical care on senior citizens, but to focus instead more on the opportunity we have for new programs to improve the medical care of not only senior citizens, but of the entire citizenry of the State of New Jersey. This opportunity comes about because of the settlement of tobacco moneys. And I would urge this Committee to support some version, if not the entire proposal, of the Sinagra-Codey bill, which would dedicate all tobacco moneys to health care and tobacco prevention and to provide new and expanded programs in health care to enhance the opportunities of the citizens of this state and also of senior citizens to enjoy the benefits or new benefits or more benefits of the citizenry of being citizens in the State of New Jersey.

We interpret tobacco care and health care derived from tobacco moneys in a broad sense. We see it as part not only of research, as part of helping the underinsured and the uninsured, as part of providing charity care, and as part, too, as I've stated, of providing for and adding to new and expanded programs of health care. We also see it as part of dealing with the entire citizenry of the State of New Jersey because we see health care as part of a continuum. Because we know that if you provide adequate health care for individuals at the age of 45 or 35, they will have better health care when they reach the age of 65, 75, and 85.

So, along those lines, let me say that we support the proposal for Family Care, for helping the underinsured and the uninsured. Of particular importance to senior citizens is the entire question of the access to home and to community services. So, wherefore, we propose that you look in the question of home care and what is happening to home care. As the speaker before me recounted when it comes to Alzheimer's, 70 percent of the population of people who have Alzheimer's prefer that their loved ones live in the home. The question is that many of these individuals must work, and it is difficult to provide for a loved one at home and also go to your place of employment.

We know the problems that have come up. We know that some of the agencies providing this care have gone out of existence. We know that many of these individuals are low paid. We know that many are inexperienced. We ask you to look into this question and to provide some kind of resources and some kind of funding to enhance home care for those who seriously need it. We can also think of model programs, like model adult

day care centers, where even Alzheimer's patients can have a rich and rewarding experience, where it can provide something of respite care, and where both of these programs are budgetarily feasible. Because instead of putting someone in a nursing home where they don't want to go, they can remain at home and, of course, it will be budgetarily favorable to the State.

We also can look on the Meals on Wheels programs. I know that much has been done in several counties, but I think more may be able to be done. Because in some places at certain given periods of time, not always, but at periods of time, there are waiting lists. There are also problems where people cannot deliver. I simply ask the Committee to explore the entire concept of community and home services and health care to enhance the needs of many of our senior citizens.

The question of pharmaceutical drugs has been alluded to by a number of speakers, by Senator Singer, and by Dr. Crystal. Of course, it is one of the greatest problems that is facing senior citizens in the population as a whole. The statistics are staggering. In the last year alone, pharmaceutical prices have risen at the rate of approximately 5.7 percent or 5.8 percent, which is more than twice the rate of inflation. Projections in the next 10 years are that it will be raised at double-digit rates, which is really pricing it not only then, but pricing it now out of the reach of many individuals where they're forced to make a choice between food, shelter, clothing, and pharmaceutical drugs.

Again, if you look, one-third of all the senior citizens do not have any insurance on pharmaceutical drugs, and it is not only a question of lower income seniors. The statistics indicate that 25 percent of all individuals who

make more than \$45,000 a year do not have insurance for pharmaceutical drugs. Well, the question always becomes, what do you do about it? And sometimes I smile, because I do live in the State of New Jersey, and I do look at Maine. And sometimes I say, well, if we can duplicate Maine, oh boy, would we make history.

But I want to make two recommendations along this line. I do want to recommend that PAAD be expanded. It is one of the best programs in the nation for low-income seniors. And with the tobacco moneys, I would urge you to look at the possibility of raising the levels of income so that more low-income seniors could enjoy pharmaceutical drugs at a cost which is certainly reasonable.

The second proposal I have would be-- I have a Walter Mitty dream, and if I have a Walter Mitty dream and I go to bed at night and I tell my wife-- She just goes to sleep on me. So I figure, well, now that I have a captive audience of Senators in front of me, what better opportunity have I got, you know, than to say right now you've got to lower the price of pharmaceutical drugs at least to the price that they pay in all foreign nations. Why should the American people pay more for pharmaceutical drugs than they pay in Canada? (applause)

You know, in Canada, and people living in Maine, they don't-- Unlike New Jersey here, seniors take a bus and they go to Atlantic City. In Maine, they take a bus and they go to Canada, where they get drugs at half price. Perhaps -- and we know how the system of best price works -- perhaps you can look at some kind of system where the State can be able to purchase

pharmaceutical drugs at the rates they pay in Canada and provide it to the citizens of New Jersey for a small administrative fee.

The last item I'm-- I was not going to take too much time. You know, when you get before a mike, you don't want to get off, particularly when you have a group of Senators listening to you. (laughter)

I last want to talk about a staffing problem. We in the senior community and senior organizations-- We're getting a number of complaints lately from individuals who are either in nursing homes and hospitals, and one of the problems they face is sufficient number of staffing. We get stories of people laying in their own excrement overnight because there was nobody there to take of them. We know that's a problem. I would hope that the Committee could look at that, could provide some kind of legislation to deal with that situation to assure that there are a proper number of people on duty to care for senior citizens or for all of the citizens.

Let me just add by, I don't know, it's probably a regressive note. Before I came up here, everybody-- I've heard stories about ending community rating. I hope you wouldn't end community rating. I think it's important for us that you maintain it. And also, these medical savings accounts, I don't think they're going to in any way address the problems that senior citizens need. In fact, they may be detrimental to their needs.

Again, please, I want to thank you for giving me the opportunity to speak before you, and I hope I didn't take too long.

Thank you. (applause)

SENATOR SINAGRA: Thank you, Sy.

Anybody have a question? (no response)

Frank Mikorski.

FRANK A. MIKORSKI: I'll try to be as concise as I can, but I keep hearing everyone talk about the tobacco settlement. I think, for the benefit of the public, it's important to recognize some of the numbers we're talking about. These are projections in terms of the settlement.

In 1999, the State of New Jersey was supposed to get \$92.8 million; the year 2000, 247 million; 2001, 247; 2002, 321, and it continues in that vein. So, when we begin to talk about the issue of what can we do with some of these health-care concerns, I think there has to be a definitive commitment that tobacco settlement moneys go to one place -- the health-care delivery system. To do otherwise is not being fair to the people who believe that this settlement was in their best interest.

Now, in this past budget, I think there was a request by the Governor to use part of the settlement for payment of the State health-care benefit premium costs. That is not right. That should come out of the operating expenses, and therefore, that money would be available for other problems in the health-care delivery system. So I think that's one issue that we have to look at.

Senator, I have to compliment you. You last year had sponsored a bill on how to distribute this tobacco settlement money. Quite frankly, it was pretty much consistent with the proposals that we at AARP have made, and we suggested that, in terms of the distribution of the funds, we use a percentage for each category of issues as it relates to the health-care field. And the reasons for that, if you use a percentage, you don't have to revisit every year, "Well, we

gave 100,000. Do we do 100,000 this time?" You use the percentages as the criteria and apply those percentages accordingly.

And I also want to compliment you, Senator, on putting that bill into the hopper again. I think its time has come, and there has to be a commitment that it be preserved. And I know there are some discussions to utilize those funds for school construction and in other arenas. That is inappropriate. I serve on the school board. I'm President of my school board. I know what the problems are of funding for schools, but let's not be tapping every source. If there's a commitment to school construction, there are a number of bills that you're looking at, and I think those are the bills that should be addressed.

Now, when Sy was up here a few moments ago, he talked about the issue of prescription drugs. And there's no question about the effectiveness of the PAAD program. And someone must have heard Sy speaking from this podium here, because there is a bill that was introduced by Assemblypersons Buono and Barnes to change the cap from 22,000 to 28,000. I think that's a step in the right direction. It would cover more people in terms of making them eligible for the program. (applause)

But on the other side of the PAAD, I serve on the PAAD Committee as well. I think there are certain cost issues we should look at. Most seniors are on maintenance drugs. By that, I mean they're taking the same drug repeatedly, either for blood pressure or whatever. I see no reason why they should be limited to a 34-day supply, so that a distribution fee of \$5 is charged every time. Why not give them a 90-day supply? The answers I've heard was, "They may overuse the drugs."

UNIDENTIFIED SPEAKER FROM AUDIENCE: (indiscernible)

MR. MIKORSKI: Well, I don't want to get into a dialogue on that, but this is an issue--

UNIDENTIFIED SPEAKER FROM AUDIENCE: (indiscernible)

MR. MIKORSKI: Well, if they give you a 90-day supply for one dispensing fee, I have no problem with it. Okay. I got you.

So I think that's an avenue to look at.

The other point is, Medicaid and Medicare get discounts for prescriptions. Why doesn't PAAD? I think we should get the same kind of discounts from the drug manufacturers as some of these other organizations get.

Now, I'd just like to concentrate on the whole total health-care delivery system, and that's where some of our proposals extend way beyond, let's say, prescription drugs. If we look at the health-care delivery system, we're really talking about acute care in a hospital. We're talking about hospital stays. We're talking about assisted living. We're talking about nursing homes. We're talking about home health care, and we're talking about visiting nurse services. It's inconceivable to me that in the Balanced Budget Amendment they cut home-health care reimbursement. It's the most cost-effective way of delivering health care services. The alternative to that is either to put people in a nursing home or back in a hospital. It doesn't make any sense. And our proposal considers the fact that some of those moneys from the tobacco settlement should be used for that purpose as well.

Now, when it gets to the issue of hospitals, and there was some reference made to the concern of the hospitals. And there's no question in

New Jersey, the hospitals have problems. Some of those problems stem from the fact that we have excess capacity. It's inconceivable to me to understand why the Commissioner of Health would suggest expanding C of Ns so that more capability is brought into the marketplace when there's an excess capacity in certain areas today. It would have an impact on quality. It would have an impact on cost. And I think that C-of-N approach should be revisited so that we look, first of all, what is the capacity of the delivery system now and not add to that capacity at a time when we're looking at excessive costs.

The other problem that hospitals face is with managed care. The payment -- some of the managed care companies are using the payment or the reimbursement to the hospitals as a means of improving their cash flow and getting an interest-free loan, because they're going 90 to 120 days to make the payments. And I know there's a bill to do something about that, and I would urge the members of this Committee to move as quickly as possible.

The other issue is denials. If the doctor says, because of quality care issues, this person should stay in the hospital for another day or two, it makes no sense whatsoever for the managed care company then to turn around and say, "Well, instead of paying you for the five days, which have been provided to the patient, we'll only pay you for three." It makes absolutely no sense at all. It's a quality care issue, and it's an issue of reimbursement as well.

One other issue that I think is important to us is the issue of long-term care. I think its time has come. There should be either tax credits or tax deductions for the premiums for long-term care. You can do it at the Federal level, which is an approach that's being taken, but I think something can be done at the State level as well.

And I'd just like to make one other observation. And Sy made reference to this. I just don't understand why we force people to spend down whatever they saved all through their lives for maybe their grandchildren and their children before they can be eligible for other programs. That's a disgrace. Why should people who plan for their future be penalized in terms of receiving, perhaps, Medicaid and other avenues of health care? It is wrong. We should not penalize people, who throughout their lives were prudent and made efforts to try to save money.

And then finally, on the issue of estate taxes-- I know this may not be a State issue, but I don't understand why we take over 50 percent or more of people's money when they have an estate. That's criminal. That is money that they've put away and saved and prepared for their children and their grandchildren, and it should remain. Sy also mentioned the Asset Protection Act, and we support that as well.

So I urge you to look at some of these issues. We have an opportunity now that we never had before with the tobacco settlement moneys. This is money that we didn't anticipate we would get, and we should be very prudent and careful on how we spend those moneys and ensure that they are dedicated solely and principally for the health-care delivery system.

I want to compliment this Committee for giving us the opportunity to appear before you. We appreciate your efforts in this regard, and we look forward to being able to work with you on some of these issues in the future.

Thank you very much. (applause)

SENATOR SINAGRA: Thank you.

Neal Gorfinkle, is it? (indicating pronunciation)

NEAL A. GORFINKLE: Yes.

I guess it's good afternoon everybody, now. My name is Neal Gorfinkle. I'm the political and community organizer with District 1115 of the Service Employees Union. And beside me is Leslie Beicht, who is a Certified Nursing Assistant at Crystal Lake Nursing and Rehabilitation Center in Bayville, not very far from here, and she's going to make a couple of comments when I'm finished.

First, I want to thank Chairman Sinagra and members of the Committee for the opportunity to be here before you today. I work for an organization that represents 600,000 health-care workers around the country, 100,000 of whom are -- work in nursing homes. And here in New Jersey, we represent about 7000 nursing home workers, primarily certified nursing assistants, dietary, and housekeeping workers.

I come to speak with all of you regarding a growing crisis, which has been alluded to by some of the other speakers before, in nursing homes, which is beginning to seriously undermine the quality of care that's being provided by nursing homes throughout the state, and that is the issue of short staffing in nursing homes. Our members throughout the state have been telling us, time and time again, horror stories of a growing workload and inability to provide the kind of care that they've been trained to provide and they want to provide.

Our members, by and large, are extremely dedicated folks. They have to be to do the kind of hard work they do with our most vulnerable citizens and for the limited compensation they get. It's not just a few times.

We've heard stories of our members, for instance, breaking down in tears at the end of shifts because they know the gap between the kind of care that they want to provide, they feel they should be providing, and what they're able to provide, because of a question of short staffing in their facilities.

What I want to do very quickly is go over some of the roots of the problem -- the short staffing problem -- some of the consequences of that problem, and some suggestions, perhaps, about what can be done to resolve the problem.

One thing that makes me believe that this problem is not properly understood -- it's also been alluded to by some of the other speakers -- the proposals that -- to spend tobacco money on issues other than health care, assuming, supposedly, that these moneys are not needed in health care. Also, a proposal to spend reimbursement moneys coming back to the State from Medicaid sources that are supposed to be but that came out of the nursing home Medicaid reimbursement process -- the proposal that this money not go back to nursing homes, but go to the General Fund or to tax rebates. And as important as tax rebates are to my family and everyone else, the important thing is that the health-care system is really deficient in a lot of ways, and in nursing homes, we see it very directly every day.

So, in terms of some of the causes of the problem, one is the managed care environment under which nursing homes are now functioning. Where in the past, moneys were available in a lot of different areas that could be moved around to cover issues of staffing, now tighter cost controls in a whole number of areas require a tighter lid on all of the nonfixed costs. And staffing, of course, is the greatest nonfixed cost in the nursing home industry.

Secondly is, and related to this, is the consolidation of a growing proportion of homes into for-profit chains where there is increased stockholder pressure for -- to maintain a certain level of profit. And this has particularly become a problem in situations like, for example, where Genesis Elder Care came into the state, buying up a previously existing chain, going into significant debt and having to both deal with the debt and maintain the profitability of the company. And as a result, the staffing issues and the compensation of the staff is what suffered.

Another issue very important here in New Jersey is the low Medicaid reimbursement rates that we're dealing with in the State of New Jersey. New Jersey has, from what I understand, the lowest Medicaid reimbursement rate in the region, and this limits even those nursing home operators who would like to provide better staffing. Also coming out of the low reimbursement rates is the increased and very heavy turnover of nursing home staff because of the low compensation rates, the low wages. Overall across the state, we have close to a 100 percent average reimbursement rate in nursing homes. Not that all jobs turn over every year, but maybe half the jobs are stable and the other half of the jobs in many nursing homes turn over two, three, and four times, because people just can't afford to keep those jobs. They're always looking for opportunities to make enough money to support their own families.

Another issue that has increased the problem of short staffing is the increased acuity of nursing home residents. The fact that other options are available, like assisted living and home care, has meant that the population that remains in the nursing homes tend to be sicker and requiring a higher

degree of care, and this in a situation where the level of staffing has not been at all increased to deal with this problem.

In the material that I gave to you (indicating statement) there are some statistics that during the last five years Alzheimer's beds in nursing homes have increased by 125 percent, rehab beds by 149 percent, and ventilator beds by 195 percent, and staffing during that same period was basically flat.

So what are the consequences of short staffing crisis in nursing homes? Residents don't get turned or repositioned every two hours, as is required and as should be, resulting in increased incidences of bedsores. Residents are not fed properly, resulting in lost weight and malnutrition. Residents do not have their hygiene needs met, resulting in increased incidences of residents lying in their own feces and urine. Residents are not walked or given adequate range-of-motion exercises, resulting in contractures and other deterioration. And also, workers are often not able to seek help in performing rigorous tasks, such as lifting heavy patients, resulting in nursing home workers suffering an 18.2-percent injury rate -- highest of any occupational group in the nation -- primarily due to back strain injuries. And this, of course, is something that people are very surprised to hear, that nursing home workers suffer injury rates higher than coal miners, higher than construction workers, other industries which are considered to be high-risk industries.

So what action needs to be taken to begin to address some of these problems? One has been referred to already, to make sure that the money that should be earmarked for health care, such as tobacco settlement money and the

money coming in for readjusted Medicaid rates, those moneys be dedicated to health care and particularly to nursing homes where possible.

The second thing is to support S-120, which is a bill introduced by Senators Vitale and Bennett, which is a public disclosure legislation requiring nursing homes to disclose their staffing levels. This is to lay the basis for future discussion about staffing regulations themselves and that we also want and would like the Senators to support the concept of staffing minimums for certified nursing assistants and nurses in nursing homes. Also, a review of the New Jersey Medicaid reimbursement formula so that -- to allow nursing home operators the flexibility to hire enough staff to do the job that needs to be done.

I want to thank you very much for the time to speak with you. The fate of our most vulnerable citizens and dedicated professionals who care for them is in your hands. I would like to introduce to you now, for a couple of moments, Leslie Beicht, who is one of our many employees who works in one of the nursing homes in this area.

Leslie.

LESLIE BEICHT: Good afternoon. Like he said, my name is Leslie Beicht, and I am a CNA in a long-term care facility for the past eight years.

When he asked me to testify today, or at least come up with reasons why I thought short staffing affected the geriatric population, I came up with about five or six different reasons. And I think, well, these are good ones, this is what I'll bring to them. But I don't want to just give you five reasons of why I think short staffing is affecting our geriatric population in the nursing home, because I don't want you to think it's just an isolated incident.

It happens daily. It happens every day in every nursing home. And if you heard it didn't, they lied.

The people that I take care of once had individual lives outside of a facility. They raised families, they held jobs, they touched lives. They deserve better. They deserve my time. That's why I got into this business. I was supposed to be taking care of people, and now I'm pushing papers. Nurses that I work with have to measure tape so that they can get reimbursements from Medicaid. Measure tape? Are you kidding me? I don't have time for that. I have people who need me.

There's a quota of hours and amount of time I can spend with a resident in a day. I couldn't even possibly give them the care that they deserve in that amount of time, and I'm only an eight-hour shift. What happens for the rest? What happens the rest of the day?

It's a health-care facility. The business is health care. What else is it? It's not about the profit or anything else. It's a health-care facility. Care, and that's what we need to do, give them better care.

Thank you. (applause)

SENATOR SINAGRA: Thank you.

John Dill.

JOHN C. DILL: My name is John Dill, and I live here in the Village. I want to talk about Alzheimer's. My wife just passed away this past September of Alzheimer's. She was in a nursing home for three and a half years, and she fell and broke her hip. She was operated on, but never came out of the operation. So it was a way the Lord had of taking her.

I made sure that they wrote down Alzheimer's on the death certificate, and that's what I want to talk about, is the fact that most doctors just write down that they die from pneumonia or heart failure, and when the government is taking a survey for certain diseases, I think that the Alzheimer's Association doesn't get any benefit for the people who are passing away when they take an amount of -- like your other diseases, the heart, and so forth. So I think it's very important that doctors know that they should write down Alzheimer's, because all these diseases that they die from are the results from Alzheimer's.

Alzheimer's is not just from-- People think that it's just the memory that goes. It's the mind that breaks down. The brain controls the whole body. One day they can't walk. The next day they can't talk, and then the last thing is, they can't eat. They can't swallow, and it's a horrible, rotten disease. People don't realize how bad it is. I was a caregiver for my wife for 40 years. She was blind for 40 years, and then had cancer, and then she went into Alzheimer's. So it's very rough for a caregiver.

I've been a volunteer with the Central New Jersey Alzheimer's Association, and we've run several caregivers' meetings. And without a caregivers' meeting, I think I would have folded up a long time ago. It's very important because you think you're the only one in the world that has this problem until you get out there and talk to the groups and find out how these people-- And you have something -- so much in common, and you can help one another. So if there's anyone that has any relatives, or so forth, that have Alzheimer's or any mental-- They should get to an organization. Over here in the local for Lakewood, you have the hospitals that have them. You have them

down there in Toms River, and we have a list of all the places. You can call the Alzheimer's Association. They have an 800 number you can call.

I hope that people will realize that Alzheimer's is not just a memory thing. It's a horrible disease, and it's what they call a long funeral because there is no way of getting out of it. You're eventually going to die.

And I want to thank you, ladies and gentlemen, for the time, and I didn't plan on talking so long. I really wasn't really prepared, not that I'm prepared anyway, but-- (laughter) I want to thank everyone. (applause)

SENATOR SINAGRA: Thank you very much.

Theresa Edelstein.

THERESA EDELSTEIN: Good afternoon.

Senator Sinagra and members of the Senate Health Committee, thank you for the opportunity to testify today. It is particularly fitting that we are discussing these issues today because May is Older Americans Month. So I wish you all a happy Older Americans Month.

I'd like to focus on five areas today: preventive case management for seniors and their families; adequate funding for the state's nursing facilities; appropriate support and funding for home- and community-based care; shortages of nursing personnel; and increased flexibility for providers to address identified needs.

Two and a half years ago, NJHA's Board of Directors made the decision to add a focus on post-acute care to its policy division. This was in recognition of the fact that more than one-third of our 107 member hospitals are involved in the delivery of post-acute services, because they operate rehab hospitals, nursing homes, assisted-living residences, home health agencies,

adult day health centers, hospice agencies, and/or respite care. All of this, of course, is in addition to the acute and outpatient services that are the core of their existence.

On a daily basis, New Jersey's hospitals predominantly serve a senior population. This is a reflection of our state's demographics. These numbers will continue to increase during the next decade and beyond as the baby boomers age and as medical advances and healthier lifestyles add life to years.

Late last year, the Governor's Advisory Council on Elder Care, of which NJHA was a member, provided the administration with a blueprint for the future of aging services in New Jersey. While the focus of the Council's 36 recommendations was the expansion of home- and community-based services, also recommended were further work with the state's hospitals with respect to preventive case management through their well-established senior membership programs, as well as appropriate and adequate funding for the state's nursing facilities. Both of these are critical to New Jersey's future success in addressing the needs of seniors and their families.

Almost every one of the state's 10 or 12 major hospital systems has had a senior membership program for more than five years. Senior membership programs are available to all seniors in a hospital's community, usually for free. Membership benefits generally include access to community education programs and health screenings offered by the hospital, as well as a subscription to a regularly published newsletter. Thousands of seniors belong to these programs, and they offer a terrific opportunity for preventive health care and case management services to be offered.

Many adult children of seniors can also be reached through these programs either because they, themselves, are old enough to be members or because they live in the community. Any vehicle that can be used to encourage families to seek information and resources prior to a crisis should be maximized. This is particularly true with respect to topics like dementia.

Dementia threatens to outpace physical disability as the predominant reason that seniors and their families require health-care services. While more than 70 percent of nursing home residents have some form of dementia, as you've already heard, many more individuals with dementia still reside in community settings. This places an incredible strain on families who often only seek assistance once a crisis has occurred. Hospitals' senior membership programs are a way for the Department of Health and Senior Services to get the word out about their initiatives, like New Jersey EASE and Community Choice, and a whole array of others, and to work with New Jersey's hospitals to better educate and serve families coping with dementia and other senior care issues.

The second recommendation I mentioned -- appropriate and adequate funding of New Jersey's nursing facilities -- is also critical. For some families, no matter how many community services are available, there will come a time when the nursing facility setting is the right place for the older person to have her needs addressed. And at that crucial decision point, it is imperative that the state's nursing facilities are able to provide the best quality care and services possible. As a result of the Balanced Budget Act of 1997, the last two years have been unprecedented in terms of reductions in Medicare funding for nursing facilities, more than 20 percent by some estimates. This

has contributed to bankruptcy filings by some of the largest nursing home providers in the country.

On the Medicaid side, with your help, nursing facilities have been able to minimize reductions in Medicaid reimbursement. This could not have been accomplished without the commitment and dedication of the Legislature, and we thank you for your continuing efforts in this regard. But there still has been a cumulative reduction in Medicaid funding of close to \$100 million in the last six years.

This year the Department of Health and Senior Services has applied to HCFA for an intergovernmental transfer of funds that has a potential to reach \$450 million in new money. We, along with New Jersey's nursing home associations, have requested that the administration earmark \$35 million of this additional money to the nursing screen for nursing homes so that all facilities can benefit. The beauty of this is that providers will only receive this money if they spend it on nursing staff.

Going forward now, the industry and the Department of Health are engaged in a process to develop a new Medicaid system for payment of nursing facility care by July of next year. This is truly a unique opportunity for us to get it right, that is, to recognize the true costs associated with providing care to the most physically and cognitively frail New Jersey seniors and make sure the payment system more closely reflects those costs.

As you've already heard, there's a critical shortage of paraprofessional and professional nursing personnel, and this is resulting in higher labor costs. Currently, nursing facilities are at a competitive disadvantage in the labor market because of the artificially low payment level

for nursing in the Medicaid system. This seriously affects the facilities' ability to attract and retain qualified staff. This is just one of the costs that must be appropriately accounted for in the new payment system. Nursing facilities should be places that serve seniors when all other options have been exercised or exhausted, but they will not be able to respond to that mandate and provide dignified, high-quality care without appropriate funding.

Let me turn for a moment to home- and community-based care. You've already heard quite a bit about this. We fully support and applaud the Governor's initiatives in this area. We all can agree that seniors and their families prefer to receive services at home or in a community-based setting. However, again, because of the critical shortages in nursing, particularly among certified nursing assistants and home health aides, it will be all but impossible for providers to step up as participants in the new programs being designed by the Department of Health and Senior Services to carry out the Governor's mandate.

During the last two years, the shortages of nursing personnel have reached levels not seen since the late 1980s. New Jersey's strong economy and the increase in opportunities for women in particular have contributed to this. In addition, nursing as a profession is aging, and enrollment in nursing schools is not keeping pace with projected retirements. So, unlike other nursing shortages, this one does not show signs of abating in cyclical fashion and demands immediate attention from providers and policy makers.

It is essential for us to work together to address the issues of recruitment and retention, not just with adequate funding that can be used to offer a competitive wage, but with innovative approaches to attracting

individuals to health careers. Government cannot afford to ignore this or claim that it is not their issue, particularly since the success or failure of community-based initiatives for seniors hinges on having caregivers to provide the services. Providers have acknowledged that they cannot address the issue of labor shortages alone and are partnering with educational institutions and the private sector to develop new strategies.

Strategies such as sign-on bonuses and other financial incentives are not proving to be as effective as in the past. Innovation and partnering are required to address this situation. The active involvement of the Department of Health and Senior Services and the Department of Human Services in this effort is very important, and we ask that you ask Commissioners Grant and Guhl to direct their attention to this issue. If we cannot resolve these issues together, then we may very well end up with programs in name only. And in the end, New Jersey seniors and their families may have no other choice but to turn to traditional sources of care, like the hospital emergency room or the nursing facility, when they are in crisis. Clearly, this is not the best way to use clinical and financial resources.

Finally, as you have heard at other committee hearings from NJHA's President and CEO, Gary Carter, New Jersey's hospitals are facing enormous financial challenges. These have been studied and well documented by the Advisory Commission on Hospitals. One of the themes that came out of the Commission's deliberations was the need for greater flexibility for hospitals to be able to address identified health-care needs in the communities they serve.

Steps are being taken by the Department of Health and Senior Services to streamline processes and smooth transitions so that hospital space and resources can be more effectively utilized. Nowhere is this effort more likely to reap rewards than in the area of care and services for seniors and their families. We look forward to continuing to work with the Department on this.

Once again, thank you. (applause)

SENATOR SINAGRA: Thank you.

Henry Holtzman.

HENRY HOLTZMAN: Senator Sinagra and distinguished members of the Health Care Committee (*sic*), my name is Henry Holtzman. I have been a member of the South Jersey Chapter of the Alzheimer's Association since 1983. More importantly, I have been my family's primary and secondary caregiver since 1950, when I was 12 years old. I've seen eight members of my family succumb to Alzheimer's disease starting, as I said, in 1950.

One thing with all of the numbers that we have heard here today about increase and larger and bigger, of all the numbers that we've heard, there is one number that sticks in my mind and perhaps should stick in all of our minds because it has not changed since 1950. In 1950, it took approximately one-third of my father's, my grandfather's, and my mother's combined income to pay for my grandmother for respite care and, finally, hospital care because she suffered from Alzheimer's disease.

Today, in checking with some of the other caregivers who are in my support group, I find that it takes approximately one-third of the combined incomes of three family members to keep those people in a situation that would allow them to have respite care or day care or care in a nursing home.

This really represents a dilemma for everyone because Alzheimer's has been called the caregivers' disease.

Not only is there a money factor that's involved, as everyone who is familiar with this disease knows, the emotional stress for which making money to pay for the cost of taking care of the Alzheimer's patient is an incredible load and has taken its toll as far as the other emotionally or stress-related diseases are concerned. Depending on which numbers you'll care to use, either for every Alzheimer's patient there are three people who are subject to emotional stresses, or four, or even as many as five. Again, depending on what numbers you care to use.

It's been said that it takes a village to raise a child. Our problem today is that it also takes an entire community to provide for the care needed for an average or typical Alzheimer's patient and their caregivers. Don't forget, for every primary caregiver, hopefully, there is a secondary caregiver. And as the rule of thumb goes, the secondary caregiver is the primary caregiver's primary caregiver.

I certainly favor the pending legislation regarding funding for respite care, including day care. I want to thank you for the opportunity to testify, and if you have any questions, I got my expertise the very, very hard way. So I'd be happy to answer any questions now.

SENATOR SINAGRA: I don't think there are any. I want to thank you for testifying.

MR. HOLTZMAN: Thank you.

SENATOR SINAGRA: Thank you. (applause)

Dr. Soled, is it? (indicating pronunciation)

M O R R I S S O L E D, M.D.: Good morning. Thank you for this opportunity. I'm Dr. Morris Soled, and I am Emeritus Attending Physician at Christ Hospital in Jersey City. I am on the Executive Committee of the Hudson County Medical Society, and the Editor of the Medical Society Bulletin.

On May 5, in Atlantic City, I was a delegate to the State Medical Society Convention. I have two brief points to make. At this convention, I introduced resolution, or I spoke for resolution A-31, which was passed, which concerns giving retired physicians an opportunity to use the libraries in the community hospitals. I want to extend this to point out to you that there is one support group that you have not investigated -- and you will probably hear this from no one else but me in the entire state -- which is that there are physicians now retiring who are still intellectually functioning and alert and don't play golf. (laughter)

SENATOR SINAGRA: Is that true? (laughter)

DR. SOLED: And they represent a source of community support. If you had a physicians' panel in Ocean County of retired physicians who would be very helpful and informative to you on a number of your committees-- I rely on your own creative ability to see how they would fit in. But there's one higher point than that, which is now there are physicians who are retiring earlier because they can't make it very well on what managed care pays them. Consequently, they're retiring in their 50s, which means that they are sharp, experienced individuals who will then go to waste. The community will derive no benefit from them. They won't, like in Florida, get a license to go listen to the heart murmurs of school children or such. They won't be of

any value to the medical community. They will be lost. And these are the people you want. You want to be able to place them in the communities on committees.

As a matter of fact, at a dinner we spoke at last Friday night in Atlantic City, one of the past presidents of the State Society about four years ago, who was past president, who is an obstetrician, said that he is retiring. He is a healthy, vigorous 55-year-old, and his father was an obstetrician. He's giving it up because he said that he is getting paid less for his services than he received in 1970. That being the case, that is good fortune for you, because now you have an experienced obstetrician/gynecologist who can advise and a past president of the State Society. If a place with respect and with suitable application were made, he could be a very good advisor to a committee. Not for one or two years, we don't expect him to drop dead or to get Alzheimer's disease in two years. He would be of service for a long time. It's a question of harvesting all these people and putting them in a comfortable, respectable, and valuable position. And this is going to waste now.

And since I-- It's just coincidence that I am the one who brought up this resolution for the Hudson County Medical Society, and it was put on the floor, and it was passed.

SENATOR SINAGRA: Doctor, when do you want to start?
(laughter)

DR. SOLED: I've lived here six years. I'm retired. I just finished my office lease. I gave it to two young psychiatrists. April 30 I closed my office.

The point is-- That's point No. 1. Now a second coincidence. You may have heard of my sister, Mrs. Beatrice Baskin, who lived in Greenbriar, who was stabbed to death over 70 times by a home health aide on September 17, 1993. And this came about because she wants to take care of her husband with Alzheimer's disease, and there was a nursing home only half a mile away. I was trying to convince her that she should put him in the nursing home. She could sit there all day and tend to him until he goes to sleep, and then at least she would have some rehabilitation and peace and quiet if she went home and closed the door and had some rest herself. It would sustain her. But, no, she wouldn't.

And so, she had trouble with the one that she hired. He wouldn't come on time. She needed him on time to come and help him to the bathroom before he went to bed. Then, he'd come too late, and he was doing other things that were inappropriate, so she fired him. So two weeks later he came to rob her and with a mask on a Friday night, and she pulled off the mask and recognized him. And then in court-- I was in court in Toms River, also. Then he told his accomplice that he had to kill her because she recognized him. But that's besides the point.

The point is that whoever has to take care of an elderly person is driven in part by guilt, because they feel guilty if they let them go and be well-taken care of in a nursing home, and there was a nursing home only half a block away. I had a patient in Christ Hospital that I and the surgeon took care of who was operated on -- had four procedures. We were able to succeed in getting her mother, about 78 years old, recovered. We gave her her mother in December. She thought she would lose her mother, and we gave her a

Christmas present of her mother, whom she took home well for Christmas. But then she had to give her mother a lot of care. And as the weeks went by, she became depressed. The nursing service provided to get someone so that she could go to Florida for two weeks. She wouldn't go. She was locked to her mother. So she ended up getting psychiatric treatment in one of the hospital facilities as an outpatient. She needed a support group.

I have given you in a nutshell here-- I didn't give you 20 pages of anything. I have showed you two things. One is that the doctors are going to waste, and they're retiring younger, and the second is that you need guilt relief as well as emotional support for the people who have to take care of their parents or whoever is ill.

It's rather interesting, now, that if you look in Staples, for \$150 you can get a video arrangement so that you can talk and see through the Internet to someone else, and this has not yet been used. Suppose you had a nursing office somewhere in the area and the senior people had these? Think of the support that they could get if they can see and talk either to the nurse or to each other. So this is another frontier which is opening up of emotional support.

It reminds me of the outback educational system in Australia, where the people talk and teach the children 100 miles away by radio. But here, this is another opportunity. So what do we have? One is the retired physicians. Second is the support system for people who are caregivers.

And I thank you for the time. (applause)

SENATOR SINAGRA: Thank you, Doctor.

The last person who signed up to testify is Jerome Safner.

J E R O M E S A F N E R: My name is Jerome Safner. I live at 1188 Clydebank Court in this Village. I have a question about the quality of our water. There are many people who have to go out and buy bottled water or distilled water because they can't rely on the quality of our water. I think we have a right to know exactly what the quality is and what contaminants it contains. I think it's very easy for us to get this kind of report.

The Federal government mandates that we get one report each year, but I don't think that's enough.

I've written to you, Senator Singer. Of course, you've answered me and referred me to the Municipal Authority. When I approached them for a report about our water, the answer I got was, "Oh, it's fine," but I never got a report about the water. Now, we should be able to get a report of the contaminants contained in our water that any of us laymen can understand. We certainly should be able to get them more than just once a year.

SENATOR SINGER: Through the Chair, that's State mandate now. I don't why you're not able to get that.

MR. SAFNER: Well, we get one report a year, and that's not really enough because the quality changes.

SENATOR SINGER: But the Open Public Meeting factor is you can get a report as many times as you want of anything you want if you want to go down and pick it up.

MR. SAFNER: Well, if I write to the Municipal Water Authority, I never get a report. They never send me one.

SENATOR SINGER: If you call my office this afternoon, we'll get you a report. Okay?

MR. SAFNER: What about getting reports that are published? Say they could be published in the newspaper periodically to let all the people know. People shouldn't have to go out and buy bottled water or distilled water.

SENATOR SINAGRA: I don't disagree with the statement. I don't really know how we ever got here. If my grandfather was alive and I told him, I said, you know, I spend \$50 a month on water, he'd laugh. What's next? Air? Somehow our society, we-- Probably there is cause going back in history. We no longer trust our tap water. We feel like criminals if we give it to our children. That's really wrong. And the fact of the matter is, when you want to go there as far as bottled water for your children, when they go to school, what water are they drinking? So I agree with you, but the information-- The Federal government has recognized this. The State has recognized this. There is a tremendous effort going on to both educate people about the drinking water and protect the drinking water that we have today.

In fact, in one of the papers, whether it was *The Star-Ledger*, just as an expose on the water we drink -- maybe it was the *Home News* -- one of the papers I get has a whole thing on -- try to make people understand where the water comes from, how it's treated. I also know that there are a whole bunch of regulations. Even restaurants now are required to post what contaminants may or may not be in the water they serve you when they give you a glass of water. They're not going to hand you a piece of paper, but that information should be readily available once those regulations go in.

MR. SAFNER: There are constant reports in the newspaper every once in a while that question the quality of our water with very specific questions.

SENATOR SINAGRA: And some of that is justified, and some of that really depends on where you live and the water system. But I am also one of the people that are as guilty as anyone else. My kids drink bottled water. We have bottled water in the house. I'm not quite sure how we got here. But as far the information -- your question -- it is available, and I'm sure Senator Singer will make sure you get it.

Thank you.

MR. SAFNER: Thank you very much for listening to us.

SENATOR SINAGRA: Thank you.

I want to thank everyone for being here today. (applause)

I guess I'm not thanking everyone. (laughter)

T H E R E S E S L O A N E: I just want to say thank you to Senator Singer for really getting us this equipment. I know you've been very supportive of Leisure Village East for many, many years, and on behalf of the Squad, I'd like to say thank you again. (applause)

SENATOR SINGER: Thank you.

SENATOR SINAGRA: Thank you, and have a nice lunch.

Thank you.

(MEETING CONCLUDED)