SPECIAL NEEDS AND PROBLEMS OF OLDER AMERICANS IN RURAL AND SMALL COMMUNITIES

HEARING

BEFORE THE

SUBCOMMITTEE ON AGING

OF THE

COMMITTEE ON HUMAN RESOURCES

UNITED STATES SENATE

NINETY-FIFTH CONGRESS

SECOND SESSION

ON

EXAMINATION OF THE PROBLEMS FACING OLDER AMERICANS IN RURAL AND SMALL COMMUNITIES

JULY 28, 1978
PORTLAND, MAINE

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PORTLAND, MAINE

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SPECIAL NEEDS AND PROBLEMS OF OLDER AMERICANS IN RURAL AND SMALL COMMUNITIES

FRIDAY, JULY 28, 1978

U.S. SENATE,
SUBCOMMITTEE ON THE AGING,
OF THE COMMITTEE ON HUMAN RESOURCES,
Portland, Maine.

The subcommittee met, pursuant to notice, at 10:15 a.m. at the Senior Citizens Center, Franklin Towers, Cumberland Avenue, Portland, Maine, Senator Thomas F. Eagleton chairman (of the subcommittee) presiding.

Present: Senators Eagleton and Hathaway.

OPENING STATEMENT OF SENATOR EAGLETON

Senator EAGLETON. Good morning, ladies and gentlemen. The Subcommittee on Aging of the Senate Human Resources Committee is in session to take testimony with respect to the Older Americans Act and other legislative considerations pertaining to America's senior citizens.

My name is Eagleton. I'm from Missouri and chairman of the Subcommittee on Aging of the Senate Human Resources Committee.

I'm delighted to be here today, of course, with my colleague, who also serves on the Senate Human Resources Committee, Senator Hathaway.

On July 24, just 4 days ago, the Senate passed the 1978 extension of the Older Americans Act by the lopsided vote of 85 to 2. This legislation extends the Older Americans Act for 2 additional years, through September of 1980, with total authorization levels in the bill of about $1.2 billion, going up to $1.4 billion in the second year.

As passed by the Senate, the bill makes major changes in the administration of the present act, providing that all service programs be operated through area agencies on aging.

As many of you know, prior to 1973 the Older Americans Act was primarily a State-based program. Adoption of the 1973 Comprehensive Older Americans Service Amendments established the network of area agencies on aging and sought to bring a better organizational scheme to the local level.

Now that these agencies, these area agencies, are well in place, the Senate has sought to transfer greater responsibility to the local level and to allow flexibility as to how the funds are to be spent, with local determination deciding what the priorities in any given area should be, based on local know-how.

At the same time we felt it important to set some broad priority areas of services. Perhaps the greatest concern to me in the lengthy congressional hearing process has been the repeated testimony that Federal funds are being so broadly dispersed as to preclude provision of any one service in meaningful depth.

I was impressed with the statement of an elderly gentleman from Iowa who testified before our committee, and he said, "I don't think you can talk about high-falutin programs without getting down to the basics; that is to say, that people have to have a roof over their heads, they have to eat properly, and they have to have some sort of social outlet. These are all basic requirements which all human beings require, otherwise," this gentleman said, "they can die in more ways than one." Well, I think that gentleman from Iowa was absolutely right. And, as a result, the Senate bill requires that three basic services, those related to access to programs—for instance transportation, information, and referral and outreach are under the category of access—to in-home services and then legal services, are some of the priority items. Therefore, under the bill that passed the Senate, each area agency on aging should target 50 percent of its allocation in these three primary areas, but they can determine, based on local judgment, which ones of the three they think ought to be emphasized the most. Maybe all three, maybe one a little more than the other, but they can determine that.

In addition, the bill contains separate authorizations for congregate site nutrition programs and home delivered meal programs.

I might say parenthetically, and without doubt, that the most acclaimed program for America's senior citizens encompassed by the Older Americans Act is the nutrition program for the elderly. You'll probably hear reference to it in today's testimony, and I'll try to inquire as to how many programs they're operating in the greater Portland area and how successfully.

Now, I'm not going to dwell on all the details of the bill, some of that will come out in testimony. I do in all candor want to pay tribute to the contribution that Senator Hathaway made to the evolution of this bill in three important and significant areas. The first was an amendment of his to set up a demonstration program for new innovative techniques or approaches to comprehensive and coordinated long term care service delivery. Long term care is, of course, exceedingly expensive, and there are possibilities through innovative and imaginative research that we might develop newer approaches to long term care that we might want to try out on a demonstration basis. His amendment would permit that.

The second one was with respect to an ombudsman—a complicated name that we borrowed from the Scandinavian countries—which would permit an individual to serve as the spokesman or problem solver on behalf of elderly people in a given area agency on aging or on a State program in a larger context. That Hathaway amendment was adopted on the floor of the Senate.

And third, when Senator Kennedy offered his amendment to split the nutrition services into two categories, meals in congregate settings being one category of service, meals-on-wheels—or home delivered meals—being another category of service Senator Hathaway perfected the Kennedy amendment to insure that, if not, enough money were appropriated for meals-on-wheels, additional moneys could be

made available to it to keep the program functioning on a sound basis from the congregate meals account. I think that was a very valuable contribution because we might have ended up with a bizarre result of funding only one-half of the program, and his emphasis was that both programs are indispensable and vital, both meals in congregate settings, and home delivered meals.

Like most Senators, I've talked longer than I should or that I intended to. I'm delighted to be here to hold today's hearings, and to be with my colleague.

We want to focus on what programs you think are worthwhile because the Senate bill is by no means law yet.

Now we've got to get to work with the House of Representatives on a bill that they are formulating and reconcile the differences, and then just as importantly, and that's one of the reasons we're here today, we have to determine the appropriation level of these programs. It's one thing to authorize a program; it's one thing to say that we've got a nutrition program for the elderly, but it you only put 50 cents in a program, you only have a program in the most cosmetic of senses; that is, you only have it superficially. So, we want to have some attention paid to how much money to put into these programs; what your emphasis is and what your sense of priorities are.

So, without any further ado, I yield to my colleague, Senator Hathaway.

Senator HATHAWAY. Tom, thank you very much, and thank you very much for coming here today. I know that the people of the State of Maine, as well as people throughout the Nation, appreciate the leadership that you have offered as chairman of the subcommittee in this very important field, particularly the legislation which you mentioned was passed earlier this week.

I am pleased to say that in the Older Americans Act of 1978 we were able to include a number of provisions that would assist senior citizens in States such as Maine, including provisions for mobile senior centers, meal sites, and information and referral centers, among others.

The bill also provides for projects to explore alternatives to institutionalization as well as State ombudsman programs, as Tom mentioned, to assist those who are in institutions.

I mention these provisions not simply to bring you up to date on what's happening on Capitol Hill, but to let you know that as a result of your input—some of the people right here in this room have an input into this legislation because I received many letters from you from time to time, all the time that I have been in the Congress, as to just what programs you thought would be effective, and as a result of your letters and as a result of your phone calls and as a result of meetings with you and others here who are representatives of yours throughout the State, Tom and I, and the others who are on the Human Resources Committee, as well as the other Members of the Senate, were able to formulate, we think a reasonably good Older Americans Act of 1978. Of course, as Tom just mentioned, the act has not as yet become law. We still have to meet with the House in conference. There will be considerable differences between the two bills, and later on, of course, we'll be funding this act, so the testimony that you give today will have a considerable input on just how we manage the conference with the House and how much of that money

is allocated to various programs, and also whether or not additional authorization might be needed in the future for other programs that you feel would be desirable.

We will hear, of course, from a variety of witnesses today from all parts of the State on issues ranging from nursing home care to home care to transportation, nutrition, social services, senior centers, and housing. Many of the matters that the various witnesses will be talking about will not necessarily pertain just to the Human Resources Committee, some in the Banking Committee, which has jurisdiction over housing, but you can be sure that the testimony that you give, whether it actually pertains to the committee which Tom and I are serving on or not, will be received by the respective committees in the Senate so that they will be able to consider your views, whether they're on nutrition or housing, or whatever.

Before we open for the first witness, I just want to mention briefly that it has only been in recent years that I think the Federal Government has paid the attention to the senior citizens that it should have paid. It goes back to 1935. When the Congress did authorize the passage of the Social Security Act, but between that time and 1965 the Federal Government took very little interest, deplorably little interest, in the problems of senior citizens. Of course the percentage of senior citizens was not all that great until around 1965, when it ran to about 3 or 4 to 5 percent and now, as we know, it's up around 10 percent. Here in the State of Maine it's around 12 percent. Estimates say that by the turn of the century people 65 and over are going to represent about 20 percent of the population in the United States as a whole, so that the problem has become significantly larger over the years. In 1965, as you know, we passed the landmark medicare legislation and passed the first Older Americans Act. We want to continue to be mindful to the problems of the elderly and responsive to those problems, and it's only through hearings such as these that we can properly do so.

Thank you very much, Mr. Chairman. I guess we're ready to proceed.

Senator EAGLETON. Thank you, Senator Hathaway.

Our first witness will be Mr. Floyd Scammon, Chairman, Maine Committee on Aging, from Augusta.

STATEMENT OF FLOYD SCAMMON, CHAIRMAN, MAINE COMMITTEE ON AGING, AUGUSTA, MAINE

Mr. SCAMMON. Senator Eagleton and Senator Hathaway.

Senator EAGLETON. Would you care to have a seat—whatever you're comfortable doing.

Mr. SCAMMON. I'm going to stand just a minute, please, because we were a little confused on how this was going to be done, so I have a dual purpose for standing.

Senator EAGLETON. Yes, sir, go right ahead.

Mr. SCAMMON. On behalf of the State Committee on Aging, the Bureau of Maine's Elderly, the area agency directors, and the State Council of Older People, we welcome you here today. We're very happy to have you with us. We're happy to have this opportunity to give you some of our thoughts, I'm sure.

To the people here whom I thought I was addressing, and I guess I am, it is a pleasure for me to be allowed to welcome all you good people to this most important hearing which is being sponsored by the U.S. Senate Subcommittee on the Aging. You are welcome indeed. And it is hoped that you will take an active part in the discussions and give us the benefit of your ideas and suggestions.

We are confronted today with troublesome problems in connection with our rural elderly. This is not to say that there are any less problems in connection with our urban elderly. But today we are committed to addressing the problems of the rural elderly.

The problems are compounded by the fact that we cannot categorize elderly people. There are as many different problems as there are different kinds of people, but it seems to me that we are committed to finding the answers to the problems which confront those elderly who, for one reason or another, cannot adequately take care of themselves and need good nutrition, transportation, knowledge of benefits available to them, help in securing such benefits, and last but not least, recreation and socialization.

We all know that meeting any or all of these problems requires a great deal of money, and the services of many dedicated people, both paid and volunteered. We must use money as available for any particular service, first, to provide some service, and, second, to make sure that full value is received by the elderly people involved for the money used. Following are some of my thoughts which represent my input to this hearing.

NUTRITION

I believe that effective nutrition programs in rural areas must provide a high percentage of home delivered meals and/or transportation over long distances to central meal sites. One advantage of central meal sites is that they provide and should promote social contacts and recreation.

TRANSPORTATION

In rural areas this is a serious problem which cries out for a solution. Many studies have been made and are being made but as yet we have no answer, which can be met with the funds now available. Anything less than door-to-door transportation or taxi service will not supply the needs of rural elderly. Scheduled bus runs which take in all the populated roads in an area might be feasible on a once-a-week basis. Some improvement may be made if those able to do so are allowed to pay a part of the passenger mile cost. Here we would get involved with the Public Utilities Commission. The driver-owned vehicle operated on an hourly rate, plus cost per mile, may be one of the answers.

We will hear from those persons who have had a lot of experience with transportation programs.

KNOWLEDGE OF BENEFITS

This I believe is one of our easier problems. There are a large number of senior citizen clubs and centers throughout the State and as programs go it would not require large amounts of money to provide outreach workers to visit the clubs or centers and take information to them in person and explain all the details. This cannot be done by

written or printed material. Many older people have to be told and shown more than once. The outreach workers could instruct some lead person in the ways of making out the necessary forms to get the tax and rent refund or Social Security and SSI.

RECREATION AND SOCIALIZATION

This program would involve the formation of new clubs or centers outside of that which title 5 money can do. Support is needed for all clubs and centers by helping them to have satisfactory meeting places which are heated and lighted. This should be accepted by all towns as their responsibility, as it is now by many. Advocacy is needed.

Future rules or regulations of title 5 or other source of funds should allow some funds to provide kitchen equipment, tables and chairs and some games, for those clubs or centers that are not able to get them otherwise.

I believe that such a statewide program would contribute greatly to the quality of living of our rural elderly and the cost would be small compared to a lot of the programs.

Loneliness rates high on the list of problems of the elderly. Organized groups do much for lonely elderly people.

Thank you very much.

Senator EAGLETON. Thank you very much, Mr. Scammon.

Do you know how many congregate sites there are in the State of Maine, noon meals in the congregate setting?

Mr. SCAMMON. No; I don't know. Maybe there's——

Senator EAGLETON. Do we have someone here from the State office—do you have someone——

VOICE. Yes.

Senator EAGLETON. Is he or she going to testify—are you going to be a witness, ma'am?

VOICE. Yes. About 75.

Senator EAGLETON. Seventy-five. Mr. Scammon, you emphasized several things that I think are very important. What kind of outreach program do you have to get the knowledge of the benefits around? I mean do you rely primarily on the clubs that you mentioned to assure people are made aware that there are services available, whether it's nutrition or transportation?

Mr. SCAMMON. Well, I think there are still 270 clubs or centers in the State of Maine altogether and these are all organized groups of older people who are not serviced by any particular agency. They were formed in the beginning by the old coordinated program, as you may remember, which came out of the first meeting, the first Old Americans Act bill in Washington. The first thing they started to do in the State of Maine was to put on what they called a coordinated program and they organized clubs and centers of senior citizens, the very first movement for senior citizens in this State. When that program—went through its financing and closed down, then local agencies took over and kept on organizing clubs and centers, until now I think there are about 270 of those in the State of Maine.

There are groups of perhaps anywhere from 40 to 200 people. They meet usually weekly or every other week, and this is a great ground place for information, and passing out information to these people. But we don't have, as far as I know, very active Outreach workers with these groups and centers and every day we hear of someone

saying of some program that they never heard of it or don't know anything about it. I'm sure that our older people, particularly the rural people, this is—this is a big State and they're awfully scattered. They don't get the full information.

We have found in the Outreach work that we've tried to do that but you can't get the message to them by just telling them once. They'll come right back and ask you what you meant. It has to be explained to them all more than one time.

So, I feel that the Outreach workers is not an awfully expensive program. To service these clubs and centers and any other groups of seniors is an important part of our work with senior citizens.

Senator EAGLETON. I have one final question, and I'm giong to ask this of every witness—you have not been forewarned but the others now are. If someone came to you and said, what is the single greatest unmet need insofar as the elderly people of Maine are concerned, if you could only get one problem, what do you think is the greatest unmet need insofar as elderly people in Maine are concerned?

Mr. SCAMMON. Well——

Senator EAGLETON. Income maintenance, health care, nutrition, transportation, legal services, inhome services—I know it's tough to ask a question like this but I'd like to get sort of a sense of what the local priorities are. What do you think is the biggest single problem?

Mr. SCAMMON. I think the biggest single problem of the older people in our rural areas is transportation.

Senator EAGLETON. Transportation.

Mr. SCAMMON. And this is the unanswered problem, you know. There isn't money enough in Fort Knox to give us all the transportation we would like to have.

Senator EAGLETON. It so happens that transportation, as I mentioned in my opening remarks, is one of the priority services that the new Older Americans Act, the one just passed a few days ago, has included in the bill.

I'll yield to Senator Hathaway.

Senator HATHAWAY. What are you doing for transportation now in the rural areas, Mr. Scammon?

Mr. SCAMMON. What's that?

Senator HATHAWAY. What are you doing for transportation in the rural areas now, just volunteers?

Mr. SCAMMON. Of course, as you know very well, when we tried to set up transportation for the elderly in the State I was involved in our eastern Maine area, five counties in eastern Maine, and with the money that we had available, what we tried to do was to spread a spider web of transportation all over the five counties. Now, we did this in two ways. First we had, as I mentioned in here, individually owned cars and the drivers were paid an hourly rate and the mileage for taking senior citizens from their door to where they have to go, to the doctor or shopping, and so forth, and take them right back to their door. This is an ideal way of transporting older people but just a wee bit more expensive than some. Then we had acquired quite rapidly quite a few buses and they use the buses for carrying larger groups, and they have provided a lot of transportation but so far we haven't been able to get taxi service out of buses. If you have a regular bus stop and the people have got to get there, that doesn't service older people who are feeble or unable to get around.

It's a problem well beyond my ability to solve, the transportation problem for rural elderly people. Our urban elderly are more easily taken care of because for those who can afford a taxi, or there are some city buses, but for the elderly that have to travel long distances to get to where they want to go is quite expensive. Passenger mile cost is quite high, but it is still a great need.

Senator EAGLETON. Thank you very much, Mr. Scammon.

Senator HATHAWAY. Thank you, Mr. Scammon.

VOICE. Mr. Chairman, sir?

Senator EAGLETON. Yes?

VOICE. May I speak out of turn? I came here from a sick bed.

Senator EAGLETON. Sure. What is your name, sir?

Mr. BRIGGS. My name is Arnold W. Briggs.

Senator EAGLETON. B-r-i-g-g-s?

Mr. BRIGGS. Yes, sir.

Senator EAGLETON. Go ahead, Mr. Briggs.

Mr. BRIGGS. I've been sick and I just heard about the meeting.

Senator EAGLETON. Go ahead, Mr. Briggs.

Mr. BRIGGS. I will, sir, in a minute.

STATEMENT OF ARNOLD W. BRIGGS, FORMER 5-TERM MEMBER OF THE MAINE STATE COMMITTEE OF THE AGING

Mr. BRIGGS. As a former 5-term member of the Maine State Committee of the Aging, starting under Governor Muskie, serving under Governor Read, Eleanor Curtis, Governor Don Clauson (phonetic), and recently under the State chairmanship of Kathy Goodman, I came here from a sick bed to congratulate Senator Hathaway for all the bills he has sponsored to help the elderly all over the country.

As a former State legislator I know how hard it was in 1959 to get $35,000 to start the Committee on Aging to its present level, especially under Republican legislature.

I just want to say here that I've got to go back to bed, and I thank you very much, sir.

Senator EAGLETON. Thank you very much, Mr. Briggs.

Senator HATHAWAY. Thank you, Mr. Briggs.

Senator EAGLETON. Our next witness is Mrs. Celina Bourgoin. I hope I haven't too terribly mispronounced her name. She is connected with the senior community service program, nursing home ombudsman program, from Fort Kent. Did I mispronounce your name, ma'am?

Mrs. BOURGOIN. No, that's right, sir.

Senator EAGLETON. OK. We're delighted to have you. You may proceed.

STATEMENT OF CELINA BOURGOIN, SENIOR COMMUNITY SERVICE PROGRAM, NURSING HOME OMBUDSMAN PROGRAM, FORT KENT, MAINE

Mrs. BOURGOIN. Governor, staff, ladies and gentlemen, I am Celina Bourgoin. I live in Fort Kent and work in northern Aroostook County as a senior community service employment program employee, as a community organizer for the nursing home ombudsman program.

Aroostook County is the largest and most northern county in Maine. Across the northern part of Aroostook County, along the St. John River Valley, is my community. Approximately 13,800 Franco-American citizens live in Madawaska, Upper Frenchville, Eagle Lake, and Fort Kent, and stretching out to include St. Francis and Allagash.

We are geographically isolated as an area from the rest of Aroostook County and from the State. You might even say we are insulated. We are predominately Catholic and we take great pride in our church.

This northern Aroostook area is a close knit community, where people take great pleasure in living. We live in a spirit of friendliness and togetherness, as a big family. We are all related in some way. We are proud of these relationships with others in our community. Our ancestry is very important to us.

We are a poor community. All who could work have worked, and all who can work are doing so. It is the only way of surviving. Our retired elderly men were mostly farmers, in potatoes and grain or woodsmen who worked for Great Northern or Pinkham Lumber, or they were "jobbers" who worked in the woods as self-employed. However, northern Aroostook is fast becoming an elderly population. Of the 750 high school graduates in the area, this year about 10 percent will find employment. The rest of the younger people are leaving the area seeking employment somewhere else.

Fort Kent has a beautiful college—the University of Maine at Fort Kent. People all over the country attend. The college classes, and courses are waking people up to the Franco-American culture. The faculty must learn how to speak both English and French. Some of us speak no English at all but we need not feel ashamed. Others of us feel fortunate that we are bilingual. There are classes that teach our faculty the French language or even French and English if faculty members come from still other areas of the world.

We have a 70-bed hospital in Fort Kent. In 1974 and 1975 the second floor was closed for 2 years because of a shortage of nurses. It reopened in 1976. We have four nursing homes in our community, one each in Madawaska, Frenchville, Eagle Lake, and Fort Kent. The total resident population is a little over 600. The administrator of the home in Eagle Lake is a Catholic nun. About 50 percent of our nurses are outsiders, not necessarily French, who come from as far away as Portland. We have a few Chinese nurses.

We have four doctors in Fort Kent and none in the other communities. One of the doctors is a pediatrician, and two have some general practice but do surgery. The fourth doctor is our Chinese Dr. Tao. He spoke very little English and French when he came to our area 6 years ago. He has learned to talk with us in both languages. He can talk well enough to advocate for the elderlies and was instrumental in getting the adult clinic established. A doctor from Portland comes once a week for an adult clinic, also when we request a consultation regarding children. Two doctors from Presque Isle come to Fort Kent twice weekly. Dr. Tao goes once a week to Madawaska and once a week to Eagle Lake and Frenchville. Sometimes, if we have emergencies or after hour needs, we must go into Canada to the Edmunston Hospital.

Doctor Tao is the only doctor who goes to all four nursing homes as their staff doctor. He also has office hours once a week in Madawaska, Frenchville, Eagle Lake, and 3 days in Fort Kent. He takes care of most of the needs of our elderlies. Some of the doctors won't go to nursing homes except on specific request of their own patients.

Transportation for medical needs is an urgent problem. Some of the elderlies use the regional task force minibus to go to the doctors. Sometimes there are more people who need to go than the bus can accommodate. The bus only comes once a week to each area. If there is not room on the bus our elderlies must find and pay for transportation. Most of them cannot pay the $10–$12 taxi fare. The cost of necessary prescriptions that our elderlies must pay is so much of their income that to pay for their own transportation for medical attention is a real impossibility.

We have come a long way toward having medical attention available to us, but we have so many obstacles yet to overcome.

When I was young and trying to raise a family on a farm in St. Agatha, I lost six children in 9 years because it took so long for a doctor to come, and when he did it was too late. Today we have the bus transportation to clinics or to the doctor once a week.

Our nursing homes experience a shortage of professional nurses. Many of the nurses come from outside and find our region too isolated and rural. They leave us after short stays. Others who live in the area won't work when school is out as they must stay home with their children. There is no nursing pool to draw on and the facilities at times are shortstaffed.

The administrators complain about the cost of transportation to take residents to the hospital. One of them says they average 12 trips in 1 month. They all complain that one doctor to serve the needs of the elderlies in the nursing home on 1 day a week is not enough. To quote one administrator, "We are out of luck if we need a doctor on Thursday because the doctor only comes here on Tuesday. We have to get an ambulance or use our own car to transport the patient to seek medical help."

We need special nurses for physical therapy and occupational therapy. It is out of the question to have them now as there are no trained people to give these services in our region. Physical and occupational therapy are basic rights of nursing home residents.

When we had questions or problems concerning our relatives and friends in the nursing homes, we felt intimidated and unsure of ourselves and hesitated to say anything. Through the nursing home ombudsman program in Maine we learned about the patients rights, and the rules and regulations for licensing of nursing homes. With the encouragement of the nursing home ombudsman program, we are learning how to be citizen advocates for the residents. Fort Kent has formed its own citizens committee for nursing homes with 27 members. Eagle Lake has a citizens committee of 18 members, and Frenchville and Madawaska shortly will have citizen advocates also.

We are anxious to be knowledgeable responsible advocates and we are learning how to talk over our questions, and our concerns with nursing home administrators. Also to seek ways that we may help improve the quality of life for our residents. We now have an even stronger sense of community loyalty toward the residents. These are our nursing homes, they are part of our community, and we are

proud of our citizen committees, and have welcomed the administrators to attend our meetings, although not as a member of the committee. We know that it can be possible to advocate for residents, and to communicate with staff and administrators. We have already seen changes come by sharing our feelings and concerns. We know that we are not investigators, and should we ever have complaints which professionals should handle, we can ask the nursing home ombudsman program to investigate. We need to know that there is such a program that can help us to understand the needs and rights of the residents, the policies and regulations which govern the nursing homes, and offer us guidance in performing in a responsible manner.

We urge that there be continued congressional support for the nursing home ombudsman programs and want you to know that this program has helped us to gain an even closer relationship with our nursing homes and pride in our advocacy role.

I would like to say a few words in French [she makes a statement in French and now she translates it in English]—it was a great honor to be invited by Senator Hathaway and by Senator Eagleton to testify regarding the issue confronting the elderlies in rural and small communities, also residents of the boarding and nursing homes along the northern part of St. John Valley.

Thank you.

Senator EAGLETON. Thank you, Mrs. Bourgoin.

You mentioned several problems in your testimony, including transportation, adequate number of health service professionals, nursing homes, nursing home ombudsman, and the like. I'll ask you the question that I asked Mr. Scammon. If you had to pick one problem or one unmet need insofar as Fort Kent is concerned, and, I take it, that is a rather isolated part of the State of Maine, what do you think is the biggest single problem pertaining to elderly citizens in your area?

Mrs. BOURGOIN. In Fort Kent, in my area, the biggest problem is that we don't have a senior center. We have about 700 elderlies and there are still some coming in, retiring people that have been working in the cities, they're coming back, and all we have is a small hall that I have to fight every year through town taxes to get money enough to pay our end, and I was wondering if there is any way that the Federal could help through this area.

Senator EAGLETON. Yes; there is a portion of this year's bill that carries over funds being made available for senior centers, not to build new ones, frankly, because new construction is so tremendously expensive, but to make money available for renovation and upgrading of some existing facility that could be adapted to become a senior center. The present appropriation for that is about $40 million nationwide, so it makes competition for that amount of money very keen, but there are moneys available and we intend to increase that appropriation. It's useful that you label that as the No. 1 unmet need in your area.

Senator Hathaway?

Senator HATHAWAY. Thank you very much.

Mrs. Bourgoin, it's a pleasure to have you with us. I suppose the closeness of the community up there helps the senior citizens problem considerably though, doesn't it, because, as you mentioned, you have a lot of things in common, your Franco-American background, the

church, and so forth, so that some of these other problems like transportation are taken care of because you have a greater feeling for each other's needs, isn't that true?

Mrs. BOURGOIN. Yes; that's true, Senator.

Senator HATHAWAY. And, do you feel that most of the senior citizens up there get information as to what programs are available to them so that there aren't any that are going without?

Mrs. BOURGOIN. There are still the ones that live in rural areas that haven't been reached yet.

Senator HATHAWAY. You're talking about way out, like Frenchville and so forth?

Mrs. BOURGOIN. No; in Fort Kent.

Senator HATHAWAY. Right in Fort Kent?

Mrs. BOURGOIN. Yes; because Fort Kent is extended quite a lot, and there are still some that live, let's say, 15 or 20 miles out and they haven't been reached. Six years ago I did a survey when I first started as a VISTA working for the regional task force, and that's how I know there are so many people living in—because I did 11 town surveys to see, for medical use, how many would need buses, how many would need rides, how many elderly in each individual town, and some of them are hard to reach, you know, they just don't believe that there is a Santa Claus or there is a State that could come in and help in such ways. They worked all their lives and earned a little nest for themselves, just about surviving, and they feel that there is nothing that was ever given to them free.

Senator HATHAWAY. You mentioned the shortage of trained personnel to take care of people. Is any emphasis being given locally to get young men and women interested in the medical field, either nursing or doctors?

Mrs. BOURGOIN. They're starting that, Senator. In fact, 2 days ago I read in the paper that St. Francis is going to get a doctor, Eagle Lake is going to get a doctor at the nursing home, so that's going to be a big help for the valley, especially in these two towns.

Senator HATHAWAY. Oh, that's great, I'm glad to hear that. How is this accomplished?

Mrs. BOURGOIN. It's through a NACAP program through the State. I think there's a big need there because just in Eagle Lake we have—the homes—there are about 400-and-something in the area that are seniors, and it's quite a ways to come and see the doctors in Fort Kent, and a lot of them don't have the money for a doctor's visit, so it was worked out that there was going to be a doctor residing there.

Senator HATHAWAY. Are Canadian medical resources available to you? I know that Edmundsten isn't very near you, but it's not all that far away and it's a fairly large community.

Mrs. BOURGOIN. No; it's not—the only one would be more is Frenchville and Madawaska, that would go to Edmundsten because it would be about halfway, you know. Sometimes, like I said in my speech, the buses don't run that way—they go to the nearest hospital that they can reach.

Senator HATHAWAY. I see. So they would be using the Canadian hospital in Madawaska but not necessarily in Fort Kent?

Mrs. BOURGOIN. No.

Senator HATHAWAY. Thank you very much. You made a very valuable contribution.

Mrs. BOURGOIN. Thank you, sir.

Senator EAGLETON. Thank you, Mrs. Bourgoin.

Mr. R. Eugene Libby, president, Maine Health Care Association.

STATEMENT OF R. EUGENE LIBBY, PRESIDENT, MAINE HEALTH CARE ASSOCIATION

Mr. LIBBY. Senator Eagleton, Senator Hathaway, welcome to lobster land. My name is Eugene Libby and I'm here in behalf of the Maine Health Care Association which represents 107 nursing homes the State of Maine.

As providers of long-term care, we are concerned with the basic rights of the residents entrusted to our care. First and foremost is the right to services and treatment as needed by each individual resident, consistent with current knowledge and high standards of practice.

As administrators of long-term care facilities, we recognize our responsibility to deliver that care efficiently, both to private paying residents and to those supported by third-party payments—whether from medicaid tax dollars, medicare, or other insurance programs. We are finding that current cost containment initiatives are violating this this basic right of the residents as well as our rights and responsibilities as licensed administrators and registered nurses. I would like to cite some examples.

In the State of Maine under the medicaid reimbursement plan a system of "prior approvals" is being implemented in long-term care facilities, whereby the Department of Human Services decides how many R.N.'s, L.P.N.'s, aides and other direct care staff will be allowed for our residents. These decisions are based on arbitrary criteria applied to the residents in the facility on the day of the onsite visit. If there are any vacant beds, even those being held for residents temporarily hospitalized, staffing needs are not considered. As a result of this process, the following decisions have been made by the department: A 200-bed intermediate care facility—the department has told them to replace 7 L.P.N.'s with 8 unlicensed aides. A 150-bed intermediate care facility—the Department has told them to decrease the staff by 3 registered nurses. This is the same facility that increased their staffing 1½ years ago at the request of the same department. A 120-bed skilled and ICF unit was told to reduce staffing by 18 full-time personnel. I could cite many more cases.

I assure you, in the judgment of the administrators of these facilities, in my own judgment, and in fact, in some instances in the judgment of the departmental employees themselves—those out in the facilities—these homes are not overstaffed, and in all of these instances the decision is being appealed.

In addition to the staffing cutbacks cited above, the provision of physical and occupational therapy services has already been sharply curtailed as a result of cost-cutting measures.

There is no way the residents of our facilities will receive the care which is their basic right if the decisions of the department are permitted to stand. We recognize that under title XIX of the Social

Security Act, the State has the authority and responsibility to define the system to be used and services to be covered within certain parameters.

You well know the mood of the present administration, and in fact the taxpayers, if proposition 13 is any indication to cut back on spending, but, please, not at the expense of the elderly in long-term care facilities. In the long run, it could prove to be a very expensive decision to take, as more and more elderly remain in facilities, instead of returning to their communities or less restrictive and less costly living situations.

As part of this process of reviewing all residents, we see another basic right threatened—the right to privacy, the confidentiality of information. We have recently been engaged in a dialog with the State Department of Human Services concerning a new provider agreement, as required under the medicaid program. One of our major concerns was the section granting to the department the right to make copies of any and all records, including the private information in individual resident charts. Once that information leaves the facility in its totality, other than under subpena, the right to privacy is impinged upon. We do not argue with the necessity to assure that certain standards are met as the basis for licensure and certification. But again, not at the cost of violating rights of residents.

We also view recent actions to include private paying residents in the same review procedures as required for medicaid as a violation of the right to privacy. In addition, although the intent of medicaid reimbursement under section 249 of Public Law 92–603 was that nonmedicaid patients should not absorb the cost of medicaid recipients, and this is in fact happening.

As with all rights, certain responsibilities are inherent. A growing problem has been the practice of transferring assets of residents to other family members in order to become eligible for the medicaid program. We see this as a significant practice contributing to the increased costs of the medicaid program. We urge support of Senate bill 1470, the medicare/medicaid administrative and reimbursement reform bill which would grant to the State the authority to take action to correct this abuse.

The one other area we would like to mention is the number of statutes and regulations dealing with long-term care, and particularly those that do not contribute to the quality of care, granted, they were well intentioned, but we seriously question the effectiveness of many of the needless papers exercised to control service. It is time to evaluate utilization control measures, as well as other programs and determine if the resources and energies that are being put into these activities could not be better utilized.

Thank you.

Senator EAGLETON. Thank you, Mr. Libby. Do you, yourself, operate a nursing home?

Mr. LIBBY. Yes; I have a ICF unit and a boarding home in Lincoln.

Senator EAGLETON. What's the capacity—you have, then, two facilities?

Mr. LIBBY. Yes.

Senator EAGLETON. What's the capacity at each of those.

Mr. LIBBY. The nursing home, Colonial Acres Nursing Home, is a 50-bed ICF and Workman Boarding Home has 42 beds, boarding home—that's residential care.

Senator EAGLETON. That's residential care?

Mr. LIBBY. Right.

Senator EAGLETON. How many professionals at your nursing home, your 50-bed nursing home facility, full time?

Mr. LIBBY. Well, we total—we employ about 75 people and I have 7 R.N.'s.

Senator EAGLETON. Seven R.N.'s.

Mr. LIBBY. And three L.P.N.'s.

Senator EAGLETON. Do you have physicians that make periodic calls?

Mr. LIBBY. If we can convince them to, yes.

Senator EAGLETON. If you can convince them to do it.

Mr. LIBBY. That is a problem with most of your ICF units, getting a physician on a——

Senator EAGLETON. Now, do I take it that the medicaid folks are saying that you're overstaffed insofar as professionals are concerned?

Mr. LIBBY. What they're doing is that they are classifying our patients with their surveys, and they're determining the amount of hours needed in a 24-hour period, and this works out that they are the ones who are deciding how many nurses we should have.

Senator EAGLETON. Well, for instance have they told you that the seven R.N.'s is too many, that it ought to be five, or whatever?

Mr. LIBBY. Personally, in my facility, I haven't had the problem. But what they're doing, they're coming in and they're spending 2 days classifying our residents whom my director of nurses works with everyday, and I feel that she is more capable of deciding what the staff should be.

Senator EAGLETON. At your boarding facility, how many professionals are there—is it just a straight boarding facility, just room and board, is that what it is?

Mr. LIBBY. Well, it's room and board with supportive services. We have to have an L.P.N. for a 40-hour week, and then we have nurses' aides around the clock.

Senator EAGLETON. You have 50 people at the nursing home, if it's operating at capacity, 42 at the boarding home. If there were a greater outreach of in-home services, which would include maybe transportation to the supermarket or to the doctor, or maybe to the nutrition site, maybe somebody coming in once or twice a week and helping clean up a bit, how many of the 92 people in your opinion might be able to still remain in their home or in their apartment, if there were in-home services more broadly available?

Mr. LIBBY. In the ICF Unit, I question if any of my residents would be able to stay at home. But in the boarding home, this morning I think I had 33–34 residents out of the 42-bed capacity, and I'm going to say that 50 percent of these people, if not more than that, could maintain themselves in their own homes. Most of these people, they have, you know, problems of their own, but if you're not involved with the mentally retarded, then—most of my people are downtown, and, as Senator Hathaway knows, we are just off Main Street, and my residents are downtown daily, and I have no problem with that. There has to be some kind of housing somewhere in between the housing for the elderly and the boarding home. The boarding home for the ICF Unit, I think that operates OK, but there has to be something else in between there.

Senator EAGLETON. Senator Hathaway?

Senator HATHAWAY. Thank you, Mr. Chairman. Thank you, Gene, for your excellent testimony.

How many nursing homes in Maine are certified for participation in medicare/medicaid?

Mr. LIBBY. I believe there's 150 of them, but a portion of these are——

Senator HATHAWAY. 150 out of how many, would you say?

Mr. LIBBY. They're all certified for medicare and medicaid.

Senator HATHAWAY. For both. How many of these actually participate in both programs?

Mr. LIBBY. I'm going to say that all of them do. Maybe one or two with maybe 100 percent private patients which is what it would involve.

Senator HATHAWAY. Now, could you give us any estimate as to how many people are actually in nursing homes that really don't have to be institutionalized?

Mr. LIBBY. That might be——

Senator HATHAWAY. I know you gave to Tom some indication of how many of your own patients wouldn't need institutionalization, if we had good programs, such as, better home care, more money for home care, or a tax credit or tax deduction, or something, for people to take care of their parents in their home. It would probably relieve the burden considerably.

Mr. LIBBY. I wouldn't dare to try and make an estimate. I'm sure that Trish Riley could—I'm putting her on the spot—but I'm sure that there are other people here more qualified. I would say you could probably take 10 percent without any problem out of the ICF Units, that's a lot of people with over 8,000 medicaid residents in the State of Maine.

Senator HATHAWAY. Tell us what your experience has been with respect to this hospitalization requirement before going into skilled nursing care facility, and whether we should eliminate that.

Mr. LIBBY. I think you should in places. A lot of the skilled care facilities now—the Colonial used to be both levels of care—and I got out of the medicare system because of the lack of utilization of the facility. There, again, are different reasons for the doctors not utilizing it. I think that many times some of the skilled patients should be able to come out of the hospital and maybe go home for a short period and then be able to come into the skilled without taking——

Senator HATHAWAY. Without going back into the hospital again.

Mr. LIBBY. Right.

Senator HATHAWAY. It's just an added cost that they have, and it's sort of dummied up and they really don't need to go into the hospital do they?

Mr. LIBBY. Absolutely. When your skilled facilities are operating at less than half of what the hospital rates are and the nursing home is about two-thirds of the skilled.

Senator HATHAWAY. When this evaluation is made by the Department of Human Resources, do you have any input at all into it?

Mr. LIBBY. I did.

Senator HATHAWAY. But is every nursing home able to sit down with them and say, look, you said 5, but we need 10 because of this, that, and the other thing which you haven't seen because some of these people aren't here today, or do they just come in and you shut up and they just determine from counting beds?

Mr. LIBBY. I don't keep quiet.

Senator HATHAWAY. Well, the others wouldn't either, would they, because they want the money, too.

Mr LIBBY. Right. We have the right to what we call an exit interview. For instance, in our facility they spent 2 days classifying my residents, and then I went to my two L.P.N.'s on duty and asked them to classify them also. When we were done, I guess you would say negotiating with them, and we came out about the same hours. But you do have the right to sit down, and I believe we should sit down with them; but the three cases I cited here, they had their exit interviews. The information went back to the Augusta offices, and then the results were mailed to them, because at the exit interview they didn't have these figures.

Senator HATHWAY. Now, what are you going to suggest as the procedure? You mentioned that they should take your word but I suppose they never could do that—I don't mean yours personally, but anybody's. They're charged with the public responsibility and they can't just do it that way.

Mr. LIBBY. Yes, I understand. I realize that it's our tax dollars, it's my money also as far as taking care of the nursing home people, but there just has to be a better mechanism of being able to classify these patients. If there, you know, would be more give and take on both sides, both the nuring homes and the surveyors, I think we would be all right, but the prior approvals tends to take the operation of my facility away from me. I think I hire very good, very adequate director of nurses, and I don't pretend to be able to judge, you know, the levels of care, But I'm paying her or the State is paying her and she's doing a good job, and I think in most of the facilities we are, and I think we should continue to have that right.

Senator HATHAWAY. Thank you very much. I think in regard to the paperwork, for instance, if you would submit us something in writing in detail we could do a better job than just talking about it here at the hearing. I realize that this is a problem with respect to almost every Federal regulation.

Mr. LIBBY. OK. If I could show you one paper I just happen to have, and I just showed it to Trish Riley.

Senator HATHAWAY. I'm sorry I asked that question.

Mr. LIBBY. You will be.

Senator HATHAWAY. No, I'm not.

Mr. LIBBY. This here is about—well, you can see the size of it. Up until this new program went into effect——

Senator HATHAWAY. Which new one?

Mr. LIBBY. On—I've got that somewhere too—it's being handled by the medicaid. I bill on one piece of paper, the same size, for each of my residents. I could list them down, I could list the cost, what they contributed to the pay, and the balance to the State. I have to make out one of these for each and every resident each and every month and on this is the patient's name, all their numbers, their—they also have their diagnosis, and if there is more than one diagnosis we have a manual that we have to refer to, and in my 50-bed facility this is going to add at least—I'm going to say half an employee. In my position with the association I've had many calls since this has been out. Some of the facilities from the 80-bed and up will have to hire an additional person. That again is driving up our cost.

Senator HATHAWAY. Why don't you give us that—send that in along with some others that you have to make out and we could find out how to cut it back. Thank you very much.

Senator EAGLETON. Thank you, Mr. Libby.

Mr. Robert Collier, director, Human Resources, Maine Municipal Association, from Augusta.

STATEMENT OF ROBERT COLLIER, DIRECTOR OF HUMAN RESOURCES, MAINE MUNICIPAL ASSOCIATION, AUGUSTA, MAINE

Mr. COLLIER. Senator Eagleton, Senator Hathaway, I would like to thank you for providing the Maine Municipal Association the opportunity of testifying on the special needs and problems of the elderly in Maine.

From the perspective of Maine's small and rural communities, elderly needs are many and vary in their level of acuteness. Since you have several elderly consumers and elderly service providers tesitfying today, I would like to restrict my comments to two basic areas of concern.

The first area is the problem of safe and affordable shelter for the low and moderate income elderly in rural areas of Maine, and second, the need of objective assessment in the area of service planning, program evaluation and local community control over service delivery.

The high cost of maintaining shelter in Maine can rapidly reduce older citizens to low-income status.

According to figures that we obtained from the Bureau of Maine's Elderly, the median income of a single person in Maine over 60 years of age is around $2,800 per year and it is approximately $5,600 for a couple over 60. When one considers the increasing rate of inflation for 1978, the additional burden of high energy expenses required to survive Maine's winters, the increase in property taxes in Maine, the increase in cost of dependable private transportation in rural areas, and the increased cost of labor and materials to maintain homes in a safe condition, it is easy to see why many of Maine's elderly are having to choose between living in substandard housing or selling the homes they've lived in for most of their lives.

The State of Maine has attempted to provide relief to low income elderly in the form of rent and property tax rebates. Due to an increased community need for tax dollars to maintain existing levels of municipal, service, and I would like to point out that communities are being required to spend more to meet federal and state mandates, especially in the areas of environmental protection. With these additional costs the tax and rent rebates are rapidly becoming more inadequate in terms of helping the elderly to maintain their own homes.

In essence, Maine's small rural communities do not have the capability to insure their residents, elderly or nonelderly, safe and affordable housing. Few, if any, communities with populations under 5,000 receive community development funds, primarily because of inadequately trained staff and the inability to compete with larger communities for these funds. Underfunding of the Farmers Home Administration programs further compound the problem of rural housing. Just one example is the 504 repair program—home repair program. In 1978 it received $20 million for the grant portion of the program

and $85 million for the loan portion of the home repair program, while at the same time HUD's public housing in urban areas received $727 million for the operation of facilities and modernize the facilities.

In order to improve rural housing stocks for the elderly we would like to recommend:

1. That the 504 grant and loan program have increased appropriations for this coming year.

2. We would like to recommend that portions of section 8 and the farmers home section 515 programs be reserved for communities with populations under 5,000 and preferably 2,000.

3. We would like to recommend that restrictions be placed on subsidized housing assistance programs to insure the dollars go to existing housing instead of building new housing. This could provide more housing at a reduced cost.

4. We would like to recommend that new housing assistance programs such as the shared elderly rental assistance program, or, as your committee is probably more familiar, the Project Shares in Nassau County, N.Y., that these type programs be investigated.

The second area of major concern to Maine municipalities is the need for an objective mechanism to determine the needs of the elderly when programs are being planned, the need for a mechanism to evaluate a program's effectiveness and whether the program is still needed after a period of time, I think in most circles this is referred to as the "Sunset" provision.

Lastly, provider agencies and local communities should be allowed in Federal grants to contract for specific services, instead of provider agencies having to serve an entire region whether or not the local communities are willing to fund the programs. This has been for several years a problem in Maine and I think it will continue to be a problem, it's the lack of desire to fund a program not needed locally. In some communities a program that is mandated is not really needed.

That basically covers the two areas. I tried to be as brief as possible. I'd be more than willing to answer any questions you may have.

Senator EAGLETON. Very good, Mr. Collier. It just so happens that I'm chairman of the Agriculture Subcommittee of the Senate Appropriations Committee, and in that capacity we have jurisdiction over the budget of the Farmers Home Administration. Next week we'll start marking up the budget, marking up is sort of a term where the members of that subcommittee will sit around the table and start saying how many dollars will go into Commodity Credit Corporation, food stamps, school lunch, special milk, including some of these 504 and other Farmer Home Administration programs.

I think you're absolutely right insofar as small communities are concerned, because they're small and do not have experts available that can draw up grant applications and all the paperwork that you've mentioned, and I think Mr. Libby mentioned before you, they don't get the attention that they need. Although there are huge problems insofar as housing of elderly people in big cities, there are significant problems in small communities as well. However, they don't get the same attention because they're not as much before the public eye, they're not as much before the news media. There's television coverage in bigger cities, but for towns of 2,000 the television crew or radioman may never get there in a life-time. So a lot of things just sort of

fall by the wayside by benign inattention. The $20 million grant program and the $85 million loan program, we're talking nationwide now, is shockingly inadequate. I suspect that you could spend probably $5 million of that grant program and maybe $10 million of that loan program in the State of Maine and not be squandering it, and this is not the biggest State in the Nation, to say the least.

So, we're going to give some attention to these Farmers Home programs. I'm glad that you gave us your testimony here today.

Senator HATHAWAY. Mr. Collier, thank you very much for your suggestions. I think they're all very good.

I want to ask you one question about this—regarding an evaluation mechanism. What do you mean?

Mr. COLLIER. Primarily, what we would like to see is something allowed, it's a little late now in terms of the Older Americans Act, a clause or some type of assurance included that would allow area service agencies to negotiate with towns in terms of what services are needed in a community. Many Maine communities through the Regional Planning Commissions and Maine Municipal Association have been in the process of doing human service needs assessment surveys. In many areas certain programs are not really deemed necessary, such as what we consider urban in Maine, for example, Auburn 24,000, is considered in other parts of the country as rural, one specific area is in information referral, which I understand has a higher priority in the 1978 act. In Auburn there's currently four programs offered in information referral, each overlapping. I think it comes down to what is the best means of spending the taxpayer's dollars, could one program do the job for all programs?

At the same time in Auburn there may be a desire to increase the nutrition program, but yet we may not under the act as it was written, that is impossible. You could not fund certain segments of the programs and not other segments.

What I would like to see and what Maine Municipal would like to see is municipalities be given the right to contract. I think that's basically it, to say, OK, we're willing to provide seed money for programs, but the people say they want this program, they don't want that program, let us, fund the ones that the people want instead of having to fund all of the programs that are offered.

Senator HATHAWAY. Thank you very much.

Mr. COLLIER. Thank you.

Senator EAGLETON. Mrs. Blanche Applebee, the Secretary of State Council of Older People, from Jay.

Is Mrs. Applebee here?

STATEMENT OF BLANCHE APPLEBEE, SECRETARY, STATE COUNCIL OF OLDER PEOPLE, JAY, MAINE

Mrs. APPLEBEE. Senator Eagleton, Senator Hathaway, ladies and gentlemen.

First I want to thank you for the opportunity to speak about the in-home care plan for the elderly.

The plan will provide the elderly householder with the sevices that he needs in order that he may stay in his own home, and, as you probably have heard more than once, according to the experts the longer the elderly can stay in their own homes, the better off they are.

But if you don't believe it, you might ask my friend Dave about it. Dave was 84 last April and that was the time that his family decided that he should not stay in his own home any longer. When Dave told me about it he said it wasn't a good time, it was the very worse time because I just put in my garden and I suppose the whole thing is growing up to weeds, but he went on to say, "I was not surprised. I knew when we lost our Project Independence program that I couldn't stay in my own home very much longer. You tell Bill Hathaway that we want our Project Independence program back." Well, I've told you. [Laughter.]

Senator HATHAWAY. Thanks. I heard you.

Mrs. APPLEBEE. As a matter of fact, but I didn't go into it with Dave, but if we can get this in-home care program back on the road—and we do have it scheduled in our Maine Bureau of Elderly 1979 plan for the aging—if we can get that back, we will have our Project Independence back. Because Project Independence was a Federal pilot in-home care program; it was set up to provide the services for the elderly that would keep them out of nursing homes and other institutions as long as they were able to stay in their home. That's why it was called Project Independence.

Maine was 1 of 21 States that was funded for this project in 1971, and the Maine project was sponsored by the Western Older Citizens Council which serves Franklin, Oxford, and Androscoggin Counties. The director was the late Harold D. Collins of Wilton.

In-home care was a totally new concept in 1971, so new guidelines for its operation had to be set up, and after a long delay it was finally decided that this new project should be a program of the elderly, by the elderly, and for the elderly. And those three guidelines were followed right down to the last letter.

Guideline No. 1 "of the elderly" was implemented by door-to-door surveys to find out exactly what services the elderly householder can no longer provide for himself, and, naturally, transportation was No. 1.

The services that were identified by the survey became the components of the Project Independence program.

Guideline No. 2, "by the elderly," well, this, of course, meant that the elderly would run their own program, which they did. The senior centers elected representatives which were organized into county advisory councils. These councils elected representatives which became the—which made up the board of directors of the Western Older Citizens Council. This organization achieved such outstanding results that Project Independence was refunded five times. Most pilot projects are not refunded more than one or two times.

Guideline No. 3, "for the elderly," this guideline is based upon the fact that the elderly are a special group with special needs that are not shared by any other group in our society. Therefore, other groups have no place in our programs, and whenever they are included, the elderly get the bottom of the barrel, and I don't mean maybe. We have seen this happen in our transportation service already. It is now starting to happen in our health services, too.

And now for the commercial. I respectfully suggest that when you gentlemen are considering the Older Americans Act, as you said you intend to in the matter of funding, that you see how big an appropriation you can give to the in-home care program.

And, while I have Trish Riley right here, I also suggest that the Maine Bureau of Elderly move the starting date for the in-home care program much earlier than September 1979. Project Independence proved that our Maine elderly want that kind of program. We want to run our own affairs with minimum dependence upon other people, or upon government. We don't want to be beholden to anybody. And September 1979 is over a year away. In that time a lot of homes can be lost and a lot of garden spots.

I'd like to tell you my favorite garden story, if you don't mind. It's about the little boy whose mother asked him what he learned in Sunday School that day: "Oh, I don't know, stuff about somebody named Solomon." "King Solomon, what did you learn about him?" "Well, about his big family and his big garden." "Are you sure; I don't think Solomon had a garden." "He must have had a garden, the teacher said he had 300 wives and 700 cucumber vines."

[Laughter.]

Senator EAGLETON. Very good—very good.

I take it, Mrs. Applebee, from your testimony that your No. 1 priority would be in-home care services, and you need transportation as part of that to deliver those services, or to provide access, by the individual?

Mrs. APPLEBEE. Transportation is always No. 1.

Senator EAGLETON. You might be interested in knowing that when the new Commissioner on Aging, Mr. Benedict, who has been in office now, oh, about 3 or 4, maybe 6 months, was before our committee after being nominated by the President, I tried to force him to enunciate his No. 1 priority based on his experience as the Commissioner of Aging in Pennsylvania State Office. After he sort of mulled it over for a while, he said in-home services.

Mrs. APPLEBEE. Great minds—that's wonderful.

Senator EAGLETON. He has a great mind. You and he agree.

Mrs. APPLEBEE. That's right.

Senator EAGLETON. I yield to Senator Hathaway.

Senator HATHAWAY. Blanche, thanks very much for your testimony. I suppose transportation is the key to all of this.

Mrs. APPLEBEE. Transportation is the key for in-home care.

Senator HATHAWAY. If you have that you don't have to worry because if you can't get to them, you can take them to where they can get the care.

Mrs. APPLEBEE. That's right.

Senator HATHAWAY. What are they doing now—is it all through volunteers, or mostly volunteers?

Mrs. APPLEBEE. Well, we're doing as much as we can with what money we have and with what staff we have. Of course, that's another crux.

Senator HATHAWAY. Do you get volunteers to do some of this work?

Mrs. APPLEBEE. Oh, yes, we have volunteers.

Senator HATHAWAY. Family members or just members of the community in general?

Mrs. APPLEBEE. Well, both I would say, particularly members of our senior centers.

Senator HATHAWAY. We have pending before the Senate Finance Committee—another committee I serve on—a bill to allow for tax credit or tax deduction for young people to take care of their parents

in their home, and I think this would be very good. It's very costly, to be sure, but nevertheless it emphasizes the point that you're making, that the older people really want to stay at home.

Mrs. APPLEBEE. That's right.

Senator HATHAWAY. They get better care at home. They get more love and affection, of course, at home than they would if they went to a nursing home.

Mrs. APPLEBEE. I think that would tie in very well with in-home care.

Senator HATHAWAY. Thank you very much for your testimony.

Senator EAGLETON. Thank you, Mrs. Applebee.

Senator HATHAWAY. And for your stories.

Senator EAGLETON. Off the record.

[A short recess was taken to change the tape.]

Senator EAGLETON. On the record.

Our next witness will be Mrs. Kay Flanagan, home care program, Holy Innocents Homemakers, Portland.

Mrs. FLANAGAN. Good morning.

Senator EAGLETON. Good morning, Mrs. Flanagan.

STATEMENT OF KAYE FLANAGAN, HOLY INNOCENTS HOME CARE SERVICE, PORTLAND, MAINE

Mrs. FLANAGAN. I present this testimony in my capacity as acting director of Holy Innocents Home Care Service.

Holy Innocents provides homemaker-home health aide service each month in 1,000 different homes in Cumberland County and in 8 towns of southwest Oxford County; 75 percent of this total is in the homes of elderly clients. In the year 1977, 67,000 hours of service were delivered with approximately 42,000 of those hours provided to the elderly.

Some of the tasks homemaker-home health aides perform for older clients include housekeeping chores; grocery shopping; occasional meal preparation; personal care, such as bath and shampoo; other personal care service in conjunction with the area home health agencies, Community Health Services, Inc., and South Portland Nursing Association; respite care for families who may be caring for an elderly relative, and teaching household skills to elderly widowers or to the caretakers of an elderly invalid person.

In our rural areas of Cumberland and Oxford Counties the elderly become isolated from the many support systems they need to maintain their ability for self-sufficiency. In some cases the result of this lack of service is institutionalization. Homemaker-home health aide services delay or eliminate that possibility by providing the helping hand and friendly visit which so often permits keeping someone at home.

The major obstacle to adequate service delivery arises from lack of funding for staff to meet the need for the services. We are unable to provide overnight care so that persons could be discharged earlier from hospitals, and there are limitations on respite for the long term caretaker of an invalid.

Two goals that we would like to see obtained are removal of the restriction that a person must need personal care services to qualify for homemaker services under medicare, and, two, the expansion of funds available to provide homemaker-home health aide service under

title 20 State contracts or other contracts. Integration of these two items into Federal legislation would enable homemaker-home health aide services to provide the care which would allow the elderly to stay in their own homes.

Senator EAGLETON. Well, you too, Mrs. Flanagan, place straight emphasis on the delivery of in-home services. You are operating the Holy Innocents Homemakers Service in two counties in Maine, is that right?

Mrs. FLANAGAN. Primarily in Cumberland County, with the exception of New Gloucester and Brunswick, and in nine towns in southwest Oxford County, because they are—those towns are geographically isolated from the homemaker agency of Oxford County.

Senator EAGLETON. Is there some kind of an older Americans' transportation service in any of those areas?

Mrs. FLANAGAN. I'm not exactly sure of the amount of transportation. I'm sure Loretta Sharpe can address that issue.

Senator EAGLETON. I see—all right.

Mrs. FLANAGAN. With many of our clients it is not—it's not really the issue of transportation. Some of them certainly have problems with transportation for grocery shopping and obtaining some of their medical care. Many of our elderly need the service in the home, and just having a homemaker come in once a week for 2 hours to do the vacuuming and to maybe prepare some meals ahead of time or do the laundry is what is needed.

Senator EAGLETON. How many clients, in essence, do you have to whom you deliver in-home services?

Mrs. FLANAGAN. We just opened our 6,000th case.

Senator EAGLETON. Is there a whole range of services depending on the needs of the given individual?

Mrs. FLANAGAN. Yes. Our homemakers' service provides care to both families and to elderly, so there is a range of care for everyone from taking care of little children to providing the home health aide services under the direction of the nurses who are involved in the health agencies. When a homemaker goes into a home he or she will do everything from defrosting the refrigerator to feeding the goats.

Senator EAGLETON. You're servicing now your 6,000th client. In your area what's your rough estimate as to how many others there might be who would be in the need of such services but don't know of the availability thereof or there's fund limitations that just don't provide enough monies to make the services more broadly available?

Mrs. FLANAGAN. I'm not exactly sure how it works in the county, but in our Portland area we have a waiting list of clients which sometimes reaches large numbers. Sometime in the spring we contacted all the clients who were on the waiting list to see where they stood with their need for service, because they had been on the list for up to 5 or 6 months. Of the 47 people who we attempted to contact, 27 accepted service since they still needed the service that had originally been requested; 4 had died; 3 were in nursing homes; 1 was living with a relative, a son I believe; and 12 were unlocated. One could presume that they were institutionalized or had to arrange for some other living place.

Senator EAGLETON. Senator Hathaway?

Senator HATHAWAY. These services are paid for under medicare in part or title 20, or both?

Mrs. FLANAGAN. The majority of our services are covered under title 20. We do not receive any direct medicare payments. Those medicare payments are given to the home health agencies which in turn subcontract the home health aide services from Holy Innocents.

Senator HATHAWAY. Home health aide does not cover all the services?

Mrs. FLANAGAN. No, it does not, and that's a large problem. Many times when people have been institutionalized, have been in the hospital, they come home not necessarily needing help with a bath or a shampoo or walking around, but needing someone to come in and to make the bed and to change the linen, and do those other kinds of things.

Senator HATHAWAY. Yes, but that's not a health aid so they don't get paid from medicare?

Mrs. FLANAGAN. That is not health aide so it's not covered.

Senator HATHAWAY. So you'd like a broader interpretation of the medicare law?

Mrs. FLANAGAN. Yes. that's right.

Senator HATHAWAY. Through regulations, do you think, or do you think the law has to be changed?

Mrs. FLANAGAN. I think it's a matter of semantics. I believe that when that legislation was drawn up the word "home health aide" was used.

Senator HATHAWAY. Yes.

Mrs. FLANAGAN. Because homemaker-home health aide goes on and on.

Senator HATHAWAY. Right.

Mrs. FLANAGAN. In fact, the National Council of Homemaker-Home Health Aide Services has been trying for many years to try to get Federal recognition of the homemaker-homehealth aide as one generic person to avoid having a separation and sometimes duplication of service.

Senator HATHAWAY. So it would cover all the services?

Mrs. FLANAGAN. Yes, that's right.

Senator HATHAWAY. That would be quite a bit more expensive.

Mrs. FLANAGAN. It wouldn't necessarily be expensive. We train our homemakers to be homemaker-home health aides, and they all have that title.

Senator HATHAWAY. Oh, I see. So they could do both?

Mrs. FLANAGAN. That's right.

Senator HATHAWAY. Well, won't the title 20 money, with the medicare, be enough, or isn't it enough between the two of them?

Mrs. FLANAGAN. Well, the State funding remains the same each year. The minimum wage is going up, and because our homemakers are so poorly paid we have to respond drastically to the rise in the minimum wage. So if the money remains the same and the wages go up, that means we deliver fewer hours of service.

Senator HATHAWAY. All right. Thank you very much.

Mrs. FLANAGAN. Thank you.

Senator EAGLETON. Thank you, Mrs. Flanagan.

Mrs. Joyce Nye, Community Health Services, Portland.

STATEMENT OF JOYCE NYE, COMMUNITY HEALTH SERVICES, PORTLAND, MAINE

Mrs. NYE. Good morning, Senator.

Senator EAGLETON. Good morning.

Mrs. NYE. I'm happy to be here today as a witness to address the issue of home health care with the focus on the special problems and needs of the elderly in rural and small communities.

In the State of Maine there are 14 home health agencies certified by medicare. Except for a very few individual towns the entire State is served by these agencies. For instance, just to elaborate on your first witness, and she spoke of Aroostook County, my own agency, which is community health services, which services this county that you're in now, Cumberland County, and part of Oxford County, services—we have about 1,000 square miles and we have over 50 nurses, for instance—we have many other type employees—but nurses to service that area. Aroostook County, on the other hand, that one home health agency services 6,000 square miles. It is a very large county and probably you could put almost the rest of Maine in it, but that's a lot of miles for nurses and other professional therapists, and one of the reasons why the retention of professional health in that area is so difficult.

Now, to go on—home health agencies provide professional nursing services, physical speech, and occupational therapy and skilled care by home health aides. The Pine Tree Association of Community Health Agencies is the State body, the unified voice of all certified home health agencies within the State of Maine. Some of the other services offered by community health agencies include health screening clinics, maternal and infant care programs, mental health care, EPSDT programs, school health, and a variety of other programs which are individual to the particular agency and into the area and the needs within that agency's geographic attachment area.

As we are probably all aware, the rural elderly and the elderly in our society are often a shadowy part of our society. As long as the elderly are able to make do on the social security income and live quietly in the housing erected for them or the pensioner's hotel or their own homes, everything goes along smoothly. The rural elderly are more isolated than others but in that so typically independent "Maine" way, they get along, they make do. All this may go along for years until a crisis occurs and the crisis is often brought about by illness. It is then that the real frailty of the older persons are made evident.

I won't go into the medicare regulations, which I'm sure you're all familiar with.

I would like to comment on the skilled services or the level of care aspect of these regulations as far as home health agencies are concerned. In case after case, the fact that a client no longer requires the "skilled level of care" automatically will deny medicare reimbursement. It does not mean, however, that the client no longer needs services. The voluntary nonprofit home health agencies and all of the certified agencies within the State of Maine are voluntary nonprofit, must then assume the cost of caring for these clients with whatever methods and funds that are available, and in many instances it is only because

a home health agency and the supportive services which they are able to bring to a client is only because they are there that institutionalization is prevented or avoided for a long time.

For instance, the elderly couple who would be able to manage in their own home with just a small amount of help—I'm really reiterating what has been said here this morning and I'm sure you have heard it before—but perhaps just the health care that would mean a nurse coming in to monitor a blood pressure at the physician's direction, to check the medications because sometimes our elderly people are on a variety of medications which are confusing to the best of us, and they need someone there just to make sure that they are not getting the blood pressure pill confused with the diuretic pill, which can be very easily done. Perhaps the single person who needs just a bit of help in bathing, dressing, or someone to fix a light meal and do some chores, as Mrs. Flanagan was just referring to. The client who has been rehabilitated by therapy and only needs a bimonthly visit to insure that the gains made, for instance by physical therapy given in the home, that those gains do not slip away, that the patient does not slip back. All this is known as maintenance care and is not reimbursable by medicare or medicaid. Often because this kind of assistance is not received, health deteriorates and hospitalization or nursing home placement is necessary, both at a much higher cost. Clearly the availability of the home health agency prevents or delays institutionalization and supports the responsibilities of family and friends in maintaining the elderly in their homes and enhancing the quality of their life.

Just in closing I would like to quote from the 1977, December 20, Comptroller General's Report to the Congress, "Until older people become greatly or extremely impaired, the cost of nursing home care exceeds the cost of home care including the value of the general support services provided by family and friends."

We have all seen reports that point out again and again the cost effectiveness of maintaining the elderly in their homes. This is something that we all know. We know that medicare is based on an acute care model. We have for some time now given lip service about the quality of life for our aging relatives and friends. I think that it is time that we use the information that we have already gathered to provide a comprehensive plan for the delivery of home health services that truly meet the health and the social needs of the aged.

Thank you for your attention.

Senator EAGLETON. You differentiate, as does the law, between skilled care and maintenance care.

Mrs. NYE. Yes.

Senator EAGLETON. And I think you've made a very persuasive case. What kind of maintenance care is being provided, if any, in Maine and how is it funded? If it cannot be funded by medicare, is some of it being delivered and funded out of older Americans' money?

Mrs. NYE. I can't speak for all of the agencies. I'll speak for my own agency. Most of the maintenance care that we deliver in the form of health care would be paid for by municipal funds, United Way funds, any funds that we can get a hold of, frankly. It is—in the agency that I work for, which is the Community Health Services, we have over 50 sources of funding.

Senator EAGLETON. Fifty?

Mrs. NYE. Fifty-three as a matter of fact—53 sources of funding. Most home health agencies have that many or—I'm not aware of any that have more. It is, of course, as you probably realize, a full time job for more than one person to simply keep track, of the funding. Part of my job is to seek funding.

Senator EAGLETON. Is that maintenance care, however funded, delivered primarily by R.N.'s or L.P.N.'s or what?

Mrs. NYE. It is delivered primarily by R.N.'s, with some health aide services—home health aide services with the R.N. supervision of the home health aide service. I would say that those are the two primary services delivered for maintenance.

Senator EAGLETON. Would there be any problem with State law in Maine if you had L.P.N.'s specifically trained to take blood pressure, to examine pill mixtures, and what have you; would that be a very troublesome area under Maine nursing laws?

Mrs. NYE. You catch me a little unaware, Senator. I'd have to look at my own nurse practice act—I do not think so, though.

Senator EAGLETON. Senator Hathaway?

Senator HATHAWAY. Thank you, Tom.

Joyce, thanks very much for your testimony. I take it that you would be in favor of eliminating the 3-day requirement, too, for the home health care?

Mrs. NYE. Absolutely. I think it is costly to the medicare program to keep that 3-day hospitalization requirement. I think it prevents the delivery of services and increases cost.

Senator HATHAWAY. What would you have in lieu of that, some kind of certification?

Mrs. NYE. I think now you—we already do have the certification and the authorization of the physician who is in charge of the client's care. I don't think you'd need anything more.

Senator HATHAWAY. That should be plenty, right. And also under part B, the 100 days home health care limitation forces some to go into the hospital unnecessarily, right?

Mrs. NYE. Yes, absolutely.

Senator HATHAWAY. I take it you would be in favor of eliminating that also?

Mrs. NYE. Yes, I'd like to have it either eliminated or certainly extended.

Senator HATHAWAY. About how much of an extension do you think is needed to really take care of most of the cases, say 90 percent of the cases?

Mrs. NYE. I haven't thought about that. I guess probably—maybe I'd like to see another 100 days, but that shouldn't be really quoted because I haven't given that enough serious thought to give you——

Senator HATHAWAY. All right, why don't you give it some thought and let us know.

Mrs. NYE. I will be glad to.

Senator HATHAWAY. Fine. Thanks very much, Joyce.

Mrs. NYE. Thank you.

Senator EAGLETON. Thank you, Mrs. Nye.

Mr. William Inlow, director, Central Senior Citizens Association, Augusta.

STATEMENT OF WILLIAM INLOW, DIRECTOR, CENTRAL SENIOR CITIZENS ASSOCIATION, AUGUSTA, MAINE

Mr. INLOW. Senator Eagleton, Senator Hathaway.

Before I speak I would like to associate myself with the spirit which as exemplified by the second speaker of the day, Mr. Arnold Briggs. That kind of spirit I think represents an example of the potential that lies in all older people and his expression of that potential to make it here under unenviable circumstances in his own personal life is admired by me personally and I think should be considered by all of us here. I would like to identify myself with that.

I am executive director of the Central Area Agency on aging, that's the Federal term of our organization. I'm here today to speak in that capacity and also as secretary of the Maine Association of Varying Agencies on Aging.

Let me make a couple of points about area agencies on aging in our State because they differ somewhat from the area agencies on aging that you're familiar with, Senator Eagleton, I think.

First of all, the area agencies in our State have existed prior to the 1973 amendments of the Older Americans Act. In fact they were formed as part of the prelude to the White House Conference on Aging in 1971. They grew out of the community forums that were formed to make input into the Federal Government during those years.

The second point is that they, by virtue of growing out of that existence, became private nonprofit corporations, the membership of which, in almost all cases, and there are five area agencies, are all older people. Several of the boards of the five are made up of all older people and at least over 50 percent of all of the board's are made up of older people.

The area agency association that I'm speaking on behalf of today is an example of that type of concept in that it has 10 board members, 5 of whom are older leaders from each of the respective area agency boards and 5 of whom are executive directors of the area agencies.

The term "rural" has been used all day and I would like to give you the definition, at least that we use in our area. I'm not proposing that you use it. I'm just telling you what I'm talking about when I say "rural."

In the six counties that our agency covers there are seven towns of about 10,000 people and the rest of the counties we consider to be rural areas. That's an important definition for some of my later comments. Seven towns approximately 10,000, those are urban for us, everything else in the county is rural.

I want to make one point. I listed in my testimony a number of characteristics that we have found to be true of rural areas. I want to emphasize that they're not all problems. There are potentials in older citizens who reside in rural areas, and I mentioned Arnold Briggs as an example. I hope that as we talk about the Old Americans Act and the problems of older people in rural areas, that we not forget that there are these great potentials, that part of our challenge should be to assist older people to realize that great potential.

Part of which I was asked to talk about today was the cost of delivering services to older poeple in rural areas. I would expect that you would think that I would say that it costs a lot more to serve people in rural areas, therefore we ought to get more money under

the Old Americans Act in rural areas. What I'm going to say is that that fact is not always a fact, it's not always true that it costs a lot more to service an older person in a rural area than in an urban area. But I'm also going to make the point that I think there's a better reason that there ought to be added resources in rural areas.

Two examples of how that point that the unit cost for delivery services is not always more I think are important. In transportation, in several parts of our State we have built upon a base of many, many older people and other aged people to provide transportation to people in rural areas for mileage alone—and these are volunteers—or sometimes for mileage and a part-time wage. If you use a minibus to serve older people, as we have in the past, minibuses do a good job of serving people in our large towns. They do a very poor and a very expensive job of serving older people in the rural areas. We found that by building upon these volunteers, most of whom are older people in the rural areas, we've been able to keep the cost down and, therefore, I don't make the argument that we need more money because it costs more.

Home delivered meals are another example of how we have worked hard in an innovative way to keep the cost down. For the past year in our area we have frozen the development of congregate sites. The first southern congregate sites existed in our seven large towns, and then we developed a few other congregate sites. But, for the past year we have frozen those and have spent all of our funds in expanding home delivered meals in the rural areas.

Senator EAGLETON. What percentage of your nutrition moneys are spent on congregate versus home delivery?

Mr. INLOW. OK. We currently serve 1,500 meals per day in our area; 800 now go to home delivered meals, over 50 percent.

Senator EAGLETON. Over half.

Mr. INLOW. Over 50 percent. Now we use title——

Senator EAGLETON. Nationwide that would be very unusual.

Mr. INLOW. It is very unusual. An important part of that is that we use title 20 and some State funds, as well as title 7, for our nutrition programs.

But, the other important point is that during last year we froze the congregate sites out of a commitment to the rural areas.

One other important point is that we have been able to expand in the truly rural areas because we have built upon that which existed in the rural areas, first, the volunteers that were there, in the same manner as transportation, and, second, we've had the—some people think the audacity—but we think the intelligence to contract with restaurants in rural areas, small restaurants, to provide—who prepare the food in their restaurant—and we've had great arguments about whether they meet the nutrient standards of the Federal Government—but we do know that most of the food they do provide for us is eaten by the older people that it is served to, because we think restaurants serve food that people will eat.

At any rate, we've built upon that which is there, and that's volunteers and that's restaurants and small hospitals and small schools to prepare the food and have the food delivered by the volunteers in the rural areas.

Senator EAGLETON. How many meals might a typical small restaurant prepare in a given area, half a dozen?

Mr. INLOW. Yes, approximately 20.

Senator EAGLETON. Now, about two or three volunteers come in their private cars to pick up these 20 meals and have a regular route that they would travel?

Mr. INLOW. That would be about the ratio. We don't pay anyone a salary to deliver a meal anywhere in our six counties in any place. It's all delivered by volunteers.

Senator EAGLETON. And then they get mileage reimbursement?

Mr. INLOW. Most of the time they accept the mileage reimbursement, frequently they do not even ask for that. We found a great response in the rural communities from volunteers, older and nonolder.

Those are two examples of how we dealt with the unit cost, and I'm not making that argument to you that that's why we need more money.

I want to relate to you that I feel there is a good reason why more resources ought to be skewed toward rural areas and that is the reasons of fairness and equity. We did a study in our area comparing the proportionate amount of our resources that went to older people who resided in those seven large towns, compared to the amount of resources per older person that were spent on older people who lived outside of those seven urban towns. The results were astounding and I think that they're probably true throughout the State and I'm afraid that they're probably true throughout the Nation, as I've talked to other people. We found a ratio of 20 to 30 to 1 in terms of resources spent on older people in large towns as compared to older people in the rural areas, and that was after the good example of our home delivered meals expansion. This is counting homemaker, home health resources, all the Older Americans Act funds we have, the title 20 funds that go through our agency and others, to older people within our six counties. The point there is that we feel that because most of the human service agencies and the outlets for services of all kinds are in the large urban areas, and in our case the small urban areas but certainly urban compared to the rural areas, that there is a dramatic skewing of resources to older people who live in those large urban areas, and that that needs to be taken a look at, not just to allow the use of mobile vans but in fact take a look at where the resources are actually being spent and whether or not those people who live in rural areas are really getting in any sense any type of a fair share.

Let me give you an example of some aggressive actions we're taking based upon that reality. First of all, as I said, we froze the congregate site expansion and we only put funds, new funds, into home delivered meals in the rural areas.

Senator EAGLETON. Has that caused some anxiety—I mean are there people clamoring to get into the congregate program but they can't because it's frozen?

Mr. INLOW. It caused some anxiety initially but before we made that decision, and this was a board decision, we talked with the older people in the congregate sites and we explained the facts to them. We showed them very clearly that for several years we had spent an incredibly high disproportionate amount of funds within those large towns, and that we feel that with a few exceptions those people have accepted that and have supported that. There are people on the boards who come from those large towns, on the board of directors who come from those large towns, but when faced with that fact, in all fairness, they have not at least fought that. Some people have criticized, as would be assumed, but most people have not.

In terms of transportation what we're doing is we're going away from the minibuses as a mode of transportation delivery and we're putting more funds into the volunteers in the rural areas, very simple. We're also making management decisions in programs like the RSVP program where we limit the amount of time that the field coordinators, those who seek volunteers and sites for volunteering, spend in the southern large towns. We're taking assertive action based on that reality, and that's what we would ask you, as Federal legislators and leaders, to do as well.

I want to close with just one comment which I would like to read—first of all—I'm sorry—I have to speak about title 5 real quickly. Title 5 we think is an example of, in my opinion, a piece of Federal policy which contradicts the spirit of the Older Americans Act, mainly that decisions will be made on the local level. The priority are as which you have set in the Older Americans Act, and even in the new version, are acceptable because they're reasonable and they're fairly broad and they give some choices, but title 5, as a separate appropriation, says to us on the one hand that you believe in local control, or it says that, and on the other hand you give us funds that can only be used for multipurposing your centers. That's an idea which may work in Portland and may even work in some parts of Aroostook County, but it doesn't work very well to serve very many people who really have the most dramatic needs in the rural central part of Maine, and, more importantly, it doesn't fit into the priorities, which, incidentally, is home care in our area, inhome services, that the local older people have decided, are their priorities.

So, I would urge you in your deliberations in the conference committee that you hold fast to that which I think is in your bill, Senator Eagleton, namely, that there is a combined authorization for title 3 and title 5 and while there is an allowance for the use of those funds for multipurposing your centers, there is not a mandate for that in every area and in every case. What we're emphasizing is true action in light of that concept of local discretion and local judgement rather than imposing title 5 on us.

I want to add before I close that the Older Americans Act, and even some of the other Federal legislation, is important to older people but it's not at all important in my mind compared to the real issues, or the most important issues, which I would like to emphasize, and I think they are the need on the part of older people and all our people for a fair and equitable energy policy, the implementation of an effective and decent humane national health insurance program, including a sane and humane long-term care policy, the end of age discrimination and the guarantee of human rights for all older people, and a creation of a system which will insure an adequate income for all older people throughout the country.

I think that what older people want, and the older people that I work with and live with relate to me is what any people want and all people want, and that is the life that is obviously free from deprivation and hunger and want, but also a life which is full and is dignified throughout its whole length.

Thank you.

Senator EAGLETON. Thank you, Mr. Inlow. I've asked my questions as we've gone along. I'll yield to Senator Hathaway.

Senator HATHAWAY. Thank you very much, Mr. Chairman. Thank you very much for your excellent statement, William.

Could you give us some data with respect to this 20 to 30 to 1 ratio that you talked about? You don't have to give it orally right now but if you gave us the paper work or the backup material that you had for that I'd be very much interested in looking at it. I didn't realize that the ratio was that great.

Mr. INLOW. I certainly will, and I've spoken with the National Association of County Organizations and Rural America, and they're feeling is that if a study was done nationally that there would not be a great difference in the result. In addition, the NACO Association, National Association of County Organizations, explained to me that 65 percent of the counties in the country are not unlike our 6 counties, namely the largest urban area is about 10,000 people and the rest of it is rural, as we would define it.

Senator HATHAWAY. Why do you think that the senior centers aren't really feasible rural areas?

Mr. INLOW. I think that senior centers probably work when there is, you know, centralization of older people who have access to the facility, they can provide a broad range of services, but in a rural area obviously they just make the transportation problem worse, and in most cases older people—there are 40 senior clubs and groups in our six counties which have been formed by older people, with some assistance from our agency several years ago but now they carry on on their own. They get some moderate funding from the local communities. They're usually in a grange or a church or some other facility. We think that they can do pretty well on socialization on their own without any interference, we see, from us.

Senator HATHAWAY. I understand you're going to try out the mobile centers, though.

Mr. INLOW. We are faced with the house version of the Old Americans Act, which would still have a separate authorization. We would try our best to use those funds to best serve the rural area and we think a mobile senior center on wheels might be that way, but we think that would be a poor second to using that fund—those funds, or an equal amount of funds, for home care services.

Senator HATHAWAY. Thanks very much.

Senator EAGLETON. I would like to suggest, Mr. Inlow, since I subscribe to so much of your testimony, would you send to me and to Congressman John Brademas, and Senator Hathaway's staff will get you the exact mailing address, a letter summarizing what you said insofar as placing greater emphasis on the rural areas. You'll help me in conference with Congressman Brademas. He and I disagree and your testimony would help me, so if you would share it with him as well, it might make my burden a little easier.

Mr. INLOW. I'll be glad to do that.

Senator EAGLETON. Congressman Brademas believes in a huge range of specific programs, each one with its own little pot of money, and you must spend it. You must have a senior citizens program to give out that money, and then you must have a home repair for the elderly. On that home repair program last year we funded nationwide $6 million for winterization and rehabilitation of senior citizens' homes, $6 million nationwide. I think having little programs like that are very deceptive. It permits me, when a constituent writes me "Dear Eagleton, are you guys up there doing anything about winterizing homes of senior citizens?", to write back and technically be honest and say, "oh, yes, we've got a program that does that, oh yes, indeed." I

don't always put in my letter that we only put $6 million in it, which means that in Maine maybe we can winterize four homes. Because we've got to do 100 in New York City and 80 in Chicago and 100 in Los Angeles and we'll do 4 homes in Maine, one up in Augusta, one in Portland, and one in Fort Kent and one in Jay. So there it is, that's our home repair for the elderly. So he and I very strenuously disagree, and since you agree with me, you're right.

Mr. INLOW. Thanks.

[Laughter.]

Mr. INLOW. I've got to make two quick comments, if I can. First of all, we heard you talk before about centralizing most resources in one particular effort that really makes a difference. We've heard your arguments and we believe in that concept in our area and we're trying to do that as long as we don't get title 5 type moneys, too much of that pushed down upon us.

I also have to make, in due respect to my board which I cleared this comment with, an expression of our moderate offense at your holding this hearing in Portland rather than making a special effort to come to the rural areas, or at least a rural area, in our beautiful State. We think it would benefit us and the older people in the rural area symbolically and it would benefit you as well, and we invite you next time to come to the rural area.

Senator EAGLETON. I'll take the blame for that. Senator Hathaway wanted 2 days. He wanted 1 day here in Portland and he did want to go to a more remote area for the very reason that you suggest. I balked at that so the blame goes with me, I'm sad to say, because 1 day at the tail end of this session was as much as I could give in one State.

Mr. INLOW. That's a small issue, Senator.

Senator EAGLETON. I apologize for that.

Mr. INLOW. Your leadership in human rights and human resources issues has been splendid and we appreciate it. Thank you.

Senator EAGLETON. Thank you.

Mrs. Loretta Sharpe, director, Regional Transportation Program, Inc., Portland.

STATEMENT OF LORETTA SHARPE, DIRECTOR, REGIONAL TRANSPORTATION PROGRAM, INC., PORTLAND, MAINE

Mrs. SHARPE. Senator Eagleton, Senator Hathaway.

I'm not going to spend a great deal of time today talking about the specific needs that the elderly have for transportation because I'm sure that the elderlies that will testify here today can better speak about their own needs than I can.

I would like to tell you a little bit about the regional transportation program and then I'd like to speak a little bit about some Federal things that are happening that can both help and hurt the development or rural transportation.

The regional transportation program is a nonprofit agency that has transportation in both urban and rural areas of Cumberland County and we do it in a variety of ways. In the urban areas we purchase from the transit district free bus tickets and issue those to eligible clients to use on public transit that I'm to pay for and the four communities pay for. We also use volunteers in the urban areas to take

those people who can't use public transit because of the duration that they can be in a vehicle, the distance that they live from public transit, for medical appointments, food shopping.

In rural Cumberland County we have a system of minibuses and again volunteers who take people who can't stand the duration of a trip on a minibus, and that's scheduled on so many days a week for each town. Some towns have 3 days a week, some towns have 1 day a week.

Some of the things that we have to do in rural areas are objectionable to me and I'm sure to any reasonable person that knew about them. In many areas of Cumberland County we must ask people to change medical appointments, we must say to people, you went on the first week of the month so you can't go again until the third week of the month because those minibuses are full and our volunteers, because of lack of insurance, because of inflation, have fallen off greatly over the number of volunteers that we had a few years ago. Because I think we have a public transit system in the four-town urban area, I find that I'm just the opposite from Mr. Inlow as central senior citizens. We spend about $40 a year for elderly in the urban area on—to ride the public transit and we spend between $65 and $75 a year per elderly in rural Cumberland County.

The lack of rural transportation only compounds the elderly's problems of poor health, poor nutrition and isolation. Transportation services, even when programs are provided, are often nonexistent or terribly expensive.

More than one-third of the Nation's elderly live in rural areas, existing mostly on social security or welfare. According to census data, 47 percent of these elderly are not licensed to drive and more than half have no vehicles.

The Bureau of Maine's Elderly has recently completed public hearings throughout the State and the elderly again have stated that transportation is one of their greatest needs, surpassed only by the need for an adequate income.

At the Federal level the neglect of transportation needs for rural Americans has been almost total. Since its inception, the Department of Transportation has sought to escape from any responsibility for rural public transit.

Currently there are only two programs funded by the Department of Transportation on the Federal level that can be used in rural areas, one is the 16B2 program through UMTA, Urban Mass Transit, that provides $173,000 for the whole State of Maine to purchase vehicles, and one very poorly equipped, poorly designed, wheelchair lift equipped vehicle will cost over $19,000.

The second program is the Department of Transportation's section 147 demonstration program through the Federal Highway Act, and this program is so poorly funded that one 147 grantee recently said that for his two counties for 2 years, his funding for 2 years, would resurface 1 mile of highway if he started resurfacing that highway before the price of asphalt goes up. And this more than points out the dominant thinking in the Department of Transportation that transportation is the surface on which vehicles move and not the moving of people. Most of the rural transportation in this country is funded by human service programs such as HEW's title 20 program,

the aging's title 3 program. Funding for these programs are restricted to certain target groups, in many cases have financial guidelines and the competition for these funds is just intense.

This social service funding often creates costly, poorly managed, duplicated transportation systems serving few people. As the director of a transportation program, funded with social service dollars, I am convinced that this is a poor use of human service resources. To determine which elderly person will receive transportation based on the guidelines imposed by social service funds is ridiculous, and to refuse an elderly person because of income a ride to a doctor's appointment is criminal when there is no public transit available that they can purchase. Therefore, I believe that the transportation funding must come through the Department of Transportation and social service dollars be used to purchase transportation from legitimate transportation providers.

Congress is currently considering two bills which could make this possible. These bills are Senate bill 2441 and House bill 11733, currently pending approval in Congress. Either of these bills would provide capital and operating expenditures for small urban (under 50,000 residents) and rural public transit programs. And although the proposal of funding level is much too low, I would urge both Senator Eagleton and Senator Hathaway, and their colleagues to pass these bills and work diligently to get a meaningful piece of legislation out of conference that will assure that the Department of Transportation assumes its responsibility for funding rural public transit.

It seems ironic that at the same time that Congress is developing legislation that will for the first time give mobility to millions of Americans in rural areas, the Department of Transportation is proposing in the name of accessibility regulations that will not only limit for the development of rural public transit but eliminate most existing small urban transit systems. These are the Department of Transportation's proposed 504 regulations to implement section 504 of the Rehabilitation Act and that act in essence says that a person with a handicap cannot be denied service from any program that receives Federal funds.

The Department of Transportation is not proposing that public transit serve the handicapped. What they are proposing instead is that every system that receives funds from the Department of Transportation must become fully accessible for wheelchairs. A study recently completed for the Urban Mass Transit Administration states that requiring fixed-route buses and rail systems to become fully accessible to handicapped people will benefit only a small number of those handicapped who are presently unable to use public transit, because other barriers will not be affected by the section 504 mandate. Barriers such as getting to a bus stop or difficulty riding while standing of those handicapped who are not in wheelchairs.

It is estimated that implementation of the 504 regulation would cost between $5 billion and $8 billion in the next 12 to 30 years in capital expenditures alone. No one on the Federal level has dared estimate what it would cost in increased operating expenses nationwide.

The Metro here in Maine that is presently serving Portland, South Portland, Cape Elizabeth, and Westbrook, has estimated it would cost $260,000 to retrofit one-half of their fleet in the next 3 years as proposed by the regulation, and they're also estimating that it will

increase operating expenses a minimum of $75,000 a year. It is unrealistic to believe that these kinds of additional costs will not adversely affect small transit systems nationwide.

I am not advocating that the Federal Government turn their back on the handicapped. I am urging that the Department of Transportation be required to study the benefits of mandating public transit to provide alternative transportation systems for the handicapped, especiallyi n light of their own study that concludes that accessibility will not guarantee mobility for the handicapped.

I think it is unrealistic to believe that if the Department of Transportation is mandating the expenditures of billions of dollars, that they will make any effort to fund rural and small urban transportation that would meet the needs of not only the handicapped but the elderly.

In conclusion I would like to make the following recommendations: that Congress pass legislation that will provide funding for rural transit systems; that Congress require the Department of Transportation to study the benefits of alternative transportation for the handicapped and elderly; and that Congress authorize the Secretary of Transportation to waive labor requirements contained in section 13(C) for rural transit systems.

Senator EAGLETON. Thank you very much, Mrs. Sharpe, for some very pointed commentary. Based on my understanding of section 504 regarding the buses and accessibility by the handicapped, I didn't know that it required retrofitting. I thought it applied prospectively to the acquisition of a new bus. If the Portland Bus Co. was going to acquire a new bus, and I forget the year, it would have to then have a chairlift kind of a mechanism. I didn't honestly know that it was going to require retrofitting. I'm not saying you're wrong. I can be very much mistaken.

Mrs. SHARPE. That was the first go around on the proposed regulations that Brock Adams developed. The second go around on the proposed regulations was that all existing transit will have one-half of their existing fleet retrofitted within 3 years and then up to a certain amount of years to get the remainder of their fleet retrofitted, and that all new vehicles must have lifts.

Senator EAGLETON. Well, I'm glad you brought that to my attention because, obviously, it's going to be very costly. You pose the continuing dilemma that the legislator is faced with almost everyday. On the one hand we know that many handicapped people have not been sufficiently taken into account insofar as services are concerned and that they have been by reason of their handicap isolated, even more isolated than some of the rural elderly that we've talked about here today. So Congress, out of a mood of compassion and humanitarianism, passes laws of the type that Mrs. Sharpe described. At the same time, though, we don't put the money in the bill to bring about the changes that those new laws dictate; for instance, we've got laws pertaining to school buildings for the handicapped, ramps, relocation of classrooms, and what have you, and we're requiring that school districts in the future do this but we don't give them one dime to accomplish it. We pontificate on the one hand and then we sometimes shirk our responsibility on the other hand, the other hand being the funding level.

I'll yield to Senator Hathaway.

Mrs. SHARPE. I'd like to just speak to that.

Senator EAGLETON. Yes, ma'am.

Mrs. SHARPE. If I thought that the expenditure of $6 billion would assure that people in wheelchairs would get needed services, I would be the first one writing letters saying, please pass that legislation, but I don't believe that putting an elephant in a subway in New York is going to get that person in a wheelchair to go down in that subway—I know 200-pound men that won't ride the subway in New York. I don't think that putting a wheelchair lift on the Greater Portland Transit District bus that runs up and down Congress Street is going to get one person that lives anywhere but Congress Street anywhere, or one person that lives on Congress Street on that bus in the wintertime, when you close schools, because the sidewalks are covered with snow.

Senator HATHAWAY. Very good point. I just wanted to let you know, Mrs. Sharpe, that I thought your testimony was excellent, and that the S. 2441 is now on our calendar and a comparable House bill has been reported out by their Public Works Committee, so we hope for action in the near future and hopefully we'll get substantial appropriations. But, as Senator Eagleton has pointed out, we have an awful lot of laws in the book, authorizations for very good purposes that get very low or little funding, and it's unfortunate, but oftentimes, as you know, the squeaky wheel gets the grease, and Tom and I are trying to squeak as loud as we can but sometimes it isn't loud enough.

Thanks very much.

Mrs. SHARPE. Thank you.

Senator EAGLETON. Thank you, Mrs. Sharpe.

Mr. Larry Read, president, State Council of Older People, Raymond, Maine.

STATEMENT OF LARRY READ, PRESIDENT, STATE COUNCIL OF OLDER PEOPLE, RAYMOND, MAINE

Mr. READ. Senator Eagleton, I'm glad to be here and have a chance to say a couple of things.

I am one, a senior citizen; two, I live in a rural area.

I'd like to speak from a little different angle and cover two particular points. Floyd Scammon, in his opening remarks, says that you cannot put older people into categories. The point is that whenever programs or legislation is discussed or considered for passage, it is essential to look at each older person, visualize each older person, as a separate, distinct individual, no two alike. A lot of people say, thank God there's no two of me, and I can think of some other people that I feel the same way about, too, but we're all individuals.

I must digress for a second. Floyd, I recently met a man who beat your record for sawing wood with a bucksaw, because unlike you he has never owned a chain saw. He cultivates his garden and he's never had a power cultivator. He's a young spry man, only 95 years old. You cannot categorize. There's an interesting story, I might add, about this fellow. About 10 years ago he ran across a doctor—not in a visit—he's never been to a doctor—and the doctor tried to persuade him to go to the hospital for tests—he said, I've never been sick, never been to a doctor—he says, there's got to be something wrong with you. But the main point I want to stress is this, the older people, especially in the State of Maine, prize that feeling of independence.

They do not want to be told what they're going to do. They do not want to be told how they are going to do it. I learned that 20 years ago with my father and mother. My father at the time was 87, fair health, competent, and confident. My mother was a couple of years younger. My two sisters and I agreed on a nice program. One sister would move in with them to take care of them. She was a widow, so no problem. I had to break the news, I did, then I went home—I was living in another city—I got a call from my sister a week later, your mother put her foot down, she will not allow your sister to give up her life. Now that's the kind of people you're dealing with in Maine.

By the way, my mother was born in Freeport, Maine, and I suspect that may be a reason. But they want independence.

Now, to get independence these are expected, they're accepted, part of society. To have independence they need transportation, particularly in a State like Maine. No matter how good their health is, even if it's excellent, they still need transportation in most cases, because a 95-year-old gentleman that I mentioned lives 20 miles from the nearest store. They need in many instances inhome support. The desire of the older people in the State of Maine in most instances, I want to stay in my own home. They will stay in a hovel which cannot be adequately heated, the winds will blow through and the snow will come in through the cracks but by God they'll stay there just as long as they can. Get them out of their environment, if they're told and directed to get out of that environment, they don't live too long as a rule.

So I bring the third point which ties in with some of the other testimony, too. People as they get older want to have an option, they want to make their own choices, just like they did when they were young. As they get older there are certain infirmities that creep up in some cases which brings in the question of developing some innovative different styles of living, so that the option is not suffering at home in a cold house or going to a nursing home, there is something in between which may appeal to them. For example, inhome support—excellent—much needed. Senior housing has been a wonderful thing. One couple moved into one in North Windham. They're just as ambulatory as anybody in this room. They gave up a big farmhouse, they had to sell off a lot of stuff. They're happy as a lark, particularly when there's a snowstorm, very happy. In this particular case two people have been rehabilitated. Five years ago the woman was in bed, then a wheelchair, then a walker, now she only uses a cane.

In that housing unit there were two apartments for the handicapped. When she was in the wheelchair and wanted to take a shower, she just rides into the shower in the wheelchair, takes a complete shower right in the wheelchair. These are innovative things which need to be worked on.

Boarding houses are wonderful for certain people. There are certain places in the country where there have been experiments with communal living, whether it be 10 to 12 people living in a house, not necessarily all elderly, each with their own room and all that and each one cooperating on work.

Some areas are experimenting with foster homes, instead of foster children, it's equivalent almost to Foster Grandparents. There are undoubtedly other ramifications of such programs.

I would like to close—oh, one thing—excuse me. At the Mount Sinai Hospital in New York there is an M.D. who is a psychiatrist, Olga Knopf, who is on the staff of Mount Sinai Hospital and school and also has a private practice in psychology. She wrote in her book "One of the unexpected phenomena of aging is the fierce desire of most aged persons for independence." Now, the only qualifications I know about this woman are her credentials as an M.D. and as a psychiatrist. She is still practicing. The qualifications of her thoughts have some merit. She is 86 years old and she says she knows what it is to be an old person.

I think this matter that was brought up, you mentioned about the Congressman—I did not get his name—that would split up programs in little bits of categories, I think there's a lot to be said for going the other way, that the money would come through to agencies controlled by older people, private, try to keep it out of politics if possible, where the elderly would decide just what their priorities were and in what proportion, Now, in Fort Kent they'll have different priorities than in Raymond or in Greenville or in New York City.

And one thing that you knew—the director's name skips my mind again.

Senator EAGLETON. Benedict.

Mr. READ. Benedict—in his comment—he has made the comment that he would like to see an area agency in every single community in the Nation so that you really get down to the peak, with the control of the funds with the people. It's something to think about.

Thank you very much.

Senator EAGLETON. Thank you, Mr. Read. I think you made a valuable point that we need to be reminded of from time to time, your emphasis on independence and individuality. Sometimes we talk too often—I'm guilty of it as much as the next fellow—generically as if every elderly person is the same as the other, and we're all different, as you well point out. The Federal Government needs to be reminded of that and you have reminded me of that today, and I'm glad you did.

Senator Hathaway?

Senator HATHAWAY. Thank you, Mr. Read. I just want to join Senator Eagleton in thanking you for your testimony and for the input that you have given us from time to time in the past on legislation. Thank you a lot.

Mr. READ. Am I lucky, I got away from any questions? [Laughter.]

Senator EAGLETON. Our final witness will be Mrs. Trish Riley, director, Bureau of Maine's Elderly, Augusta.

STATEMENT OF TRISH RILEY, DIRECTOR, BUREAU OF MAINE'S ELDERLY, AUGUSTA, MAINE

Ms. RILEY. Senator Eagleton, Senator Hathaway.

I would like to be a little philosophical, if I may be. I'm not often afforded that opportunity in my position.

I think during today's hearing one theme has been echoed from each testimony, the old wish to be independent community members able to remain in their own homes, pursuing their own varied interests.

I think it is important to end the formal testimony of this hearing by considering this theme and the specific problems we have heard in a broader context. The theme of maintaining independence is a common one, particularly for those rural citizens who seem to retain a

stronger sense of community. Why then after a decade of concerted Federal and State legislation reaping millions of dollars for important local programing can such a basic need remain the primary demand of older citizens in Maine?

We have heard today that there are problems in some of the fundamental programs aimed at keeping older people in their own communities; transportation is insufficient; housing subsidies, development and repair funds have an urban bias and health care is characterized by a crisis orientation, not a prevention ethic.

Although the Old Americans Act amendments are a promise of a new Federal initiative, our programs do not yet succeed in adequately helping rural older people to remain in the community and to gain access to a full range of rights and beneffts.

In Maine our elderly, like most rural elderly, are survivors. Born about the turn of the century, they have endured depression, world wars, and a society whose technological advancements have moved them through rapid fire, cultural and social change. It is this spirit of the rural old which speaks to us today demanding a continued community role.

The rural old are threatened and fearful that they will lose their homes and their identities. Trying to maintain independence in the community is, at best, a difficult task for the elderly whose health may decline and whose fixed incomes are eroded by inflation.

To aggravate this situation the looming tax revolt seems to hang like a dagger ready to cut away the existing support services, social services, which begin to maintain the elderlys' ability to remain in their community despite fixed income. Yet, the tax revolt is a double-edged dagger, for while it threatens services, it is a revolt against high costs and inflation, the two greatest drains on the fixed income of older people. While the old do not wish services cut, so too they recognize the heavy drain taxes bring to income. Surely the old have paid taxes longer than the rest of us and deserve the benefits of those payments. Any tax reform must bear in mind this status of the old.

From today's hearing I see specific issues needing the attention of Congress, and I'll quickly go through those. First, gaps in service in medicare and medicaid must be analyzed to amend those programs to better and more efficiently serve the needs of older people and to insure that proposals for national health insurance adequately respond to health care needs of older people.

Two, the Maine Health Care Association today urged the support of S. 1470 regarding transfer of assets. While I agree with such legislation's intent, we need to be reminded of the value an older person, particularly in a rural community, places upon his home. Any transfer of assets bill must be clearly directed toward fraud and should not punish the older person who wishes to pass on a house or personal belongings to his family.

There, there are 134 Federal programs that benefit older people and these are administered by seven different executive departments and five different independent agencies, each of which issue separate regulations and guidelines. That proliferation continues at the State and local level, may be costly and is certainly duplicative and must be closely scrutinized and remedied. For those of us in rural and small communities this proliferation draws our attention to broader issues than those important interests unique to rural States. This proliferation suggests that the Nation lacks a long-term policy on aging and

instead establishes separate programs and policies to deal with distinct needs of older people as they develop.

We have heard today that we must look not at distinct problems but at older people as independent members of their communities. I share the difficulty that has characterized Government policy development. On the one hand, as a State agency director, I am committed to meet the immediate needs of older citizens with the most efficient and effective policies and programs. The old do not have time to wait; their needs are urgent. On the other hand, as the youngest person speaking today and from my experience with Maine elders, I have questions about our long-range policy on aging. Today we have a strong, independent group of older people. In their dignity and strength as survivors, we gain strength and a sense of community, but who will be our next generation of old? How can policymakers help rid the threat that the old will lose their independence, their roles within their communities?

The long-term policy question is not which services should we provide to the old but a far broader one, what social changes must occur so that in old age a citizen retains his role within the community? I think it appropriate to keep this broad philosophy in mind as we try to deal with the specific problems confronting older people today.

I suggest that policymakers can begin to take a broader consideration of aging by examining manpower policies. There are huge questions looming over these policies, questions fundamentally linked to aging. How does the nature of work affect the quality of a person's life? It has been said that we are a culture which places its members in little boxes. We move through those boxes in neat transitions from birth, through infancy, through education, through career, through retirement. The fight to end mandatory retirement made us look at that system and evaluate why we arbitrarially assigned roles by age. It is time to reevaluate the way we age through these little boxes of social expectations. We know that most old want to retire, do so well before the age of 65, and now spend nearly one-fifth of life in retirement.

Congress should initiate new manpower policies, policies which will create more income and options for the old and which will allow all workers more flexibility.

Here again we return to the issue of quality of life versus cost. Here again we speak of man's role as an independent person within his community.

We must develop incentives for employers to help make work more meaningful and to afford citizens more time to enjoy each other in their lives, in fact to enjoy their own aging. Shared jobs, shorter workweeks, training and educational opportunities, midlife career changes, more part-time jobs, may have a high cost but like support services for the rural old, may have a high yield on the quality of life. Perhaps a portion of dollars allocated for CETA could instead be made available to test flexible work systems and their effect on the worker, the employer and the economy.

How does this admittedly simplified suggestion relate to today's hearings on needs of the rural elderly? The old, particularly those with strong ties to rural communities, are telling us that independence, freedom of choice and maintenance of a home and community are basic essential values. We need to listen to them not only in developing programs to serve them but in formulating broad social policy

which affords independence and freedom of choice throughout the aging process.

Finally on behalf of Maine's entire aging network, and I assume the aging network across the Nation, I would like to thank both of you, Senator Eagleton and Senator Hathaway, and your committee for your support in amending the Older Americans Act. I'm particularly happy today having had the question from Blanche Applebee about moving up our deadlines for creating an inhome support program, to be able to say thanks to your amendments regarding long-term care initiatives, I can now say yes, Blanche, we can get it done in 6 months.

Thank you.

Senator EAGLETON. Well, thank you very much, Ms. Riley. I can't take credit for the arrangements here at all. This was done by Senator Hathaway's staff, but I think it was particularly appropriate that you be the concluding witness, because I think you pulled a lot of things together in a very, very able presentation. Your testimony makes several instructive points, but two that I hear loudly and clearly. One, there are a lot of other unmet needs that go over and beyond the Older Americans Act, important as I think that is since it comes through my subcommittee and we all have a little pride in those things that we have had something to do with. But there are many things that are to be considered over and beyond the limitations of that one piece of legislation.

I also hear you, as I did Mr. Inlow and other witnesses, when you described a number of acts scattered through different bills and different departments and agencies that do a little tidbit here and a little tidbit there. It makes a job such as yours, or area agencies on aging, a very difficult one indeed to try to sort of bring together this patchwork of widely proliferated programs and try to make some cohesive and logical whole out of so many diffused points.

I think your testimony was very valuable. I'll yield to Senator Hathaway. I'll have about a minute of concluding remarks and then we'll adjourn the hearing.

Senator HATHAWAY. Trish, thanks very much for your testimony, your wrapup, I think you did an excellent job.

I think you've highlighted a problem that recurs in various hearings in various segments of the society, as to just how we should divide things up. We have the same problem with respect to what committee we should have in the House and in the Senate and what agencies and departments we should have in the bureaucracy to focus attention. I think as long as we keep constantly aware of this and constantly actually changing some of these departments and agencies, the better off we're going to be. We can take a page out of Future Shock, where it is advocated that these departments and agencies should be changed from time to time to meet the problems of the day, just like we have a new Department of Energy because energy is the real problem of today. Maybe 50 years from now, or less time, I hope it won't be such a problem and we won't need that cabinet level.

As you've pointed out, problems of the aged are getting to be more and more of a problem and we know they are going to be more and more of a problem as time goes on. Perhaps we should consider having an elderly impact statement, just as we have an environmental impact statement on every bill that Congress passes to be sure that we are

taking into consideration the problems of the aged when we pass a manpower bill, as you've pointed out.

Thanks very much. I didn't mean to make a speech. Senator Eagleton would like to say a few words.

Senator EAGLETON. I'll just make a few observations in conclusion. I think we've had 11 excellent witnesses, 12 including Mr. Briggs, each from a different perspective and vantage point has made his or her contribution.

As I heard the testimony, the overwhelming thrust of the witnesses, put together in the aggregate, is that their top priority would come under the title "In-home Services". Especially if you link transportation into that, because transportation is a vital part of accessibility and in-home services as well. One witness mentioned senior centers, another mentioned housing, but the largest number dealt with in-home services and transportation.

Interestingly enough, and this will distress Senator Kennedy very much, not one witness mentioned legal services for the elderly. My original bill had, the bill that we introduced about 6 months ago, just nutrition, and by that we mean congregate settings and meals-on-wheels. Transportation and in-home services, were going to be the primary focus with certain many other things being permissible if you wanted to divert some money to it. But the big three would be nutrition, transportation, and in-home services. He prevailed upon me to include legal services for the elderly in that priority focus. I'll have to report back to him. I don't think that the absence of it being mentioned means that nobody in the room cares one bit about it, but it did not come out in the testimony in terms of priority attention of any of our witnesses. I find that interesting, because although I'm sure there are many elderly people who could well utilize some advice from a lawyer as to a legal matter that they might be faced with, when you try to rank that in terms of shelter and housing and transportation, I don't think it's that high up on the pecking order list. But Senator Kennedy did, and he won and I lost, but that's the nature of the legislative process. I think it's valuable for me to get out and hear from people with real problems. We live in a very secluded world down there in Washington and it's one thing just to have the Federal bureaucrats come up and testify and the registered lobbyists of the various national senior citizens organizations. We held a lot of hearings in Washington and heard from all of these "experts"—Washington experts. I suspect that the real experts are not really in Washington. I think they're more likely in Portland and Augusta and Fort Kent and Jay and Raymond and some of these other communities that I've been pleased to hear from today.

It's been a very useful day of hearings for me.

Senator Hathaway?

Senator HATHAWAY. Tom, I just want to thank you on behalf of myself and I know the senior citizens and those involved with senior citizen problems here in the State of Maine, for taking time today from your exceptionally busy schedule to come here and listen to us testify before you.

I know that the input that all of you have given won't end with just this hearing. If you will continue to give us your thoughts on any and all problems of the aged because we welcome them and, as Tom mentioned at the outset, we still have the conference to go to and we still have the appropriation to go to, so that even though the bill did pass the Senate last Monday, it hasn't been enacted into law yet and your input is still welcome. Thank you very much.

Senator EAGLETON. The meeting will be adjourned.

[Whereupon, at 1 p.m., the hearing was adjourned.]

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