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PROGRESS IN AGING: THE 96TH CONGRESS

A REPORT

BY THE

SELECT COMMITTEE ON AGING
U.S. HOUSE OF REPRESENTATIVES
NINETY-SEVENTH CONGRESS

FIRST SESSION

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REPORT ON THE ACTIVITIES IN THE 96TH CONGRESS

I. Introduction

The mission of the House Select Committee on Aging since its creation nearly seven years ago has been to conduct a comprehensive review of the many problems confronting older Americans with a view toward the development of mechanisms designed to deal with these problems.

During the 96th Congress, the Committee had the opportunity to act successfully as a catalyst in the development of numerous enactments, both legislative and administrative, benefitting older populations. Notable enactments, spurred by the Committee and its Members, included a program to help curb abuses in the sale of insurance designed to supplement Medicare, a discount fare for seniors traveling on Amtrak, improvements in the delivery of mental health services for older persons, the expansion of needed home health care benefits, the development of an anti-crime prevention program in public housing, and the continuation of social programs serving older Americans nationally.

With the release of this report, the Committee hopes to provide those interested in serving older Americans with a better understanding of the Committee and its activities as an advocate for the elderly.

Section II of the report describes the history, jurisdiction and organization of the House Select Committee on Aging.

Section III summarizes the services provided by the Committee to the Congress, organizations nationwide, and to interested individuals.

Sections IV and V provides a list of the Committee's hearings, briefings, reports, and joint hearings published, or to be published, relating to the Committee's work during the 96th Congress.

Section VI describes meetings conducted by the Committee Members during the 96th Congress.

Section VII attempts to catalogue the proposals enacted or considered during the 96th Congress which had a major impact on older Americans.

Lastly, Sections VIII and IX summarizes Committee and Subcommittee hearings held both in Washington, D.C., and across the United States during the 96th Congress.

It is hoped that this report will serve as a valuable reference tool to those interested in advancing the rights and improving the quality of life for our Nation's senior citizens.

II. History, Jurisdiction, and Organization of the House Select Committee on Aging

HISTORY

The permanent Select Committee on Aging was established on October 2, 1974 when an amendment to H. Res. 998, the Committee Reform Amendments of 1974, was adopted by the House.[1]

Impetus for the amendment came in part from the recognition that the Senate had a committee on aging since 1961 but the House had no comparable committee to look into the problems of the elderly. About 70 percent of the membership of the House favored constituting a committee on aging (323 ayes, 84 nos, and 27 not voting). The House Select Committee on Aging did not become fully operational until 1975 because H. Res. 988 required that the Committee Reform Amendments take effect on January 3, 1975, rather than on the date of passage.

JURISDICTION

The enabling Rule that made the permanent Select Committee on Aging possible says that the Committee shall not have any legislative jurisdiction. This limitation recognizes that no single committee could report bills on all of the programs, concerns, and issues involving aging and the aged. Of necessity the Committee's jurisdiction is confined to investigative functions, oversight activities, and formulation of legislative recommendations. Rule X(6)(g) of the Rules of the House of Representatives sets out the Committee's authority and its responsibilities. The pertinent paragraphs of this subsection of Rule X states:

> (g) There shall be in the House the permanent Select Committee on Aging, which shall not have legislative jurisdiction but which shall have jurisdiction:
>
> (1) to conduct a continuing comprehensive study and review of the problems of the older American, including but not limited to income maintenance, housing, health (including medical research), welfare, employment, education, recreation, and participation in family and community life as self-respecting citizens;
>
> (2) to study the use of all practical means and methods of encouraging the development of public and private programs and policies which will assist the older American in taking a full part in national life and which will encourage the utilization of the knowledge, skills, special aptitudes, and abilities of older Americans to contribute to a better quality of life for all Americans;
>
> (3) to develop policies that would encourage the coordination of both governmental and private programs designed to deal with problems of aging; and
>
> (4) to review any recommendations made by the President or by the White House Conference on Aging relating to programs or policies affecting older Americans.

---

[1] Congressional Record, page H9809, October 2, 1974.

APPOINTMENT OF MEMBERS

In the 94th Congress, 28 members of the U.S. House of Representatives made up the total membership of the Select Committee on Aging. The Honorable Wm. J. Randall of Missouri was appointed the first Chairman of the new Select Committee on Aging by Speaker Carl Albert on February 6, 1975.

In the 95th Congress, the Speaker of the House, Thomas P. O'Neill, Jr., decided that the membership of the Select Committee on Aging should be expanded to a total of 34. The Hon. Claude Pepper was designated to succeed as the Chairman of the Committee by the Speaker on January 17, 1977. On January 31, 1977, the Speaker appointed 11 additional members to serve on the Committee on Aging, expanding the Committee to 45. Members who served on the U.S. House Select Committee on Aging included:

CLAUDE PEPPER, Florida, *Chairman*

EDWARD R. ROYBAL, California
MARIO BIAGGI, New York
IKE ANDREWS, North Carolina
JOHN L. BURTON, California
DON BONKER, Washington
THOMAS J. DOWNEY, New York
JAMES J. FLORIO, New Jersey
HAROLD E. FORD, Tennessee
WILLIAM J. HUGHES, New Jersey
MARILYN LLOYD BOUQUARD, Tennessee
JIM SANTINI, Nevada
ROBERT F. DRINAN, Massachusetts
DAVID W. EVANS, Indiana
MARTY RUSSO, Illinois
STANLEY N. LUNDINE, New York
MARY ROSE OAKAR, Ohio
ELIZABETH HOLTZMAN, New York
JIM LLOYD, California
THOMAS A. LUKEN, Ohio
WES WATKINS, Oklahoma
LAMAR GUDGER, North Carolina
GERALDINE A. FERRARO, New York
BEVERLY B. BYRON, Maryland
WILLIAM J. RATCHFORD, Connecticut
DAN MICA, Florida
EDWARD J. STACK, Florida
HENRY A. WAXMAN, California
MIKE SYNAR, Oklahoma
EUGENE V. ATKINSON, Pennsylvania

CHARLES E. GRASSLEY, Iowa
WILLIAM C. WAMPLER, Virginia
JOHN PAUL HAMMERSCHMIDT, Arkansas
JAMES ABDNOR, South Dakota
MATTHEW J. RINALDO, New Jersey
MARC L. MARKS, Pennsylvania
RALPH S. REGULA, Ohio
ROBERT K. DORNAN, California
HAROLD C. HOLLENBECK, New Jersey
S. WILLIAM GREEN, New York
ROBERT WHITTAKER, Kansas
NORMAN D. SHUMWAY, California
LARRY J. HOPKINS, Kentucky
OLYMPIA J. SNOWE, Maine
DANIEL E. LUNGREN, California

SELECT COMMITTEE ON AGING

The following personnel made up the Select Committee on Aging full Committee staff during the 96th Congress: [2]

Robert S. Weiner, Staff Director (through November 1979).
Charles H. Edwards, III, Chief of Staff (effective November 1979).
Yosef J. Riemer, Deputy Chief of Staff.
James A. Brennan, Special Assistant to the Chairman.
Edward F. Howard, General Counsel (through April 1979).
Val J. Halamandaris, Special Counsel.
David L. Holton, Chief Investigator.
Henry Hicks, Communications Director.

[2] Subcommittee staffs are listed under the activities of each subcommittee.

Kathleen Gardner, Professional Staff Member.
Lyle McClain, Professional Staff Member (through April 1980).
Stephen R. McConnell, Professional Staff Member (effective July 1980).
Richard Lehrman, Professional Staff Member (effective June 1980).
Elizabeth Knipe, Staff Director, Task Force on Social Security and Women (through April 1980).
Jamil Zainaldin, Staff Director, Task Force on Social Security and Women (effective June 1980).
Marie Cunningham Brown, Executive Secretary.
Rosemary Rucchio, Financial Clerk (through March 1980).
Angie Koliopoulos, Financial Clerk (effective May 1980 through June 1980).
Rita Harris, Financial Clerk (effective August 1980).
Audrey Rollins, Secretary (through January 1979).
Margaret Bethea, Secretary (through February 1979).
Dorothy Jordan, Secretary (through December 1979).
Molly Connolly, Secretary (effective January 1980).
Nancy Smythe, Investigative Researcher.
Maureen Hamilton, Secretary (through February 1979).
Rita Coleman, Communications Assistant (effective March 1979).
Kathryn Wheeler, Secretary (through December 1979).
Maureen Kennedy, Secretary (through July 1980).
Suzanne H. Fornaciari, Secretary (effective August 1980).
Yvonne Alston, Secretary (through May 1980).
Mary Anderson, Secretary (effective May 1980).
Walter A. Guntharp, Ph. D., Minority Staff Director.
Robert Branand, General Counsel, Minority Staff (through December 1980).
Gladys Hook, Minority Secretary (through September 1980).
Donna Fry, Minority Secretary (effective September 1980).

COMMITTEE RULES

Members of the Select Committee on Aging adopted rules on February 27, 1979 to govern the operations of the Committee during the 96th Congress. These rules were the ones under which the Committee operated during the 96th Congress. They are reproduced in their entirety in Appendix A of this report.

ORGANIZATION OF SUBCOMMITTEES

Membership of the full Committee was organized into 4 Subcommittees on February 14, 1979. Membership of the full Committee on Aging was once again organized into four Subcommittees on January 31, 1979. Division of Subcommittee membership was arranged to constitute the same ratio of majority to minority party members on each Subcommittee as the two to one plus one ratio of majority to minority party members on the full committee. This apportionment carries out the principle enumerated in manual III of the Democratic Caucus Rules. Subcommittee chairmen and Subcommittee members were elected to serve on the following Subcommittees during the second session of the 96th Congress:

SUBCOMMITTEE NO. 1—RETIREMENT INCOME AND EMPLOYMENT

JOHN L. BURTON (D-Calif.), *Chairman*

THOMAS J. DOWNEY (D-N.Y.)
MARY ROSE OAKAR (D-Ohio)
LAMAR GUDGER (D-N.C.)
ROBERT F. DRINAN (D-Mass.)
DAVID W. EVANS (D-Ind.)
GERALDINE A. FERRARO (D-N.Y.)
HENRY A. WAXMAN (D-Calif.)
MICHAEL LYNN SYNAR (D-Okla.)
WILLIAM C. WAMPLER (R-Va.)
ROBERT K. DORNAN (R-Calif.)
S. WILLIAM GREEN (R-N.Y.)
LARRY J. HOPKINS (R-Ky.)

MERRILL RANDOL, *Majority Staff Director and Counsel*
NANCY E. HOBBS, *Minority Staff Director*

SUBCOMMITTEE NO. 2—HEALTH AND LONG-TERM CARE

CLAUDE PEPPER (D-Fla.), *Chairman*

IKE F. ANDREWS (D-N.C.)
HAROLD E. FORD (D-Tenn.)
MARILYN LLOYD BOUQUARD (D-Tenn.)
ROBERT F. DRINAN (D-Mass.)
DON BONKER (D-Wash.)
DAVID W. EVANS (D-Ind.)
ELIZABETH HOLTZMAN (D-N.Y.)
THOMAS A. LUKEN (D-Ohio)
WILLIAM R. RATCHFORD (D-Conn.)
EDWARD J. STACK (D-Fla.)
DAN MICA (D-Fla.)

JAMES ABDNOR (R-S. Dak.)
MARC L. MARKS (R-Pa.)
RALPH S. REGULA (R-Ohio)
HAROLD C. HOLLENBECK (R-N.J.)
ROBERT WHITTAKER (R-Kans.)

LOUISE BRACKNELL, *Majority Staff Director*
LARRY R. PARKINSON, *Minority Staff Director*

SUBCOMMITTEE NO. 3—HOUSING AND CONSUMER INTERESTS

EDWARD R. ROYBAL (D-Calif.), *Chairman*

JIM SANTINI (D-Nev.)
STANLEY N. LUNDINE (D-N.Y.)
BEVERLY B. BRYON (D-Md.)
MARY ROSE OAKAR (D-Ohio)
WES WATKINS (D-Okla.)
LAMAR GUDGER (D-N.C.)
HENRY A. WAXMAN (D-Calif.)

JOHN PAUL HAMMERSCHMIDT (R-Ark.)
LARRY J. HOPKINS (R-Ky.)
NORMAN D. SHUMWAY (R-Calif.)
DANIEL E. LUNGREN (R-Calif.)

JORGE J. LAMBRINOS, *Majority Staff Director*
PATRICIA C. LAWRENCE, *Minority Staff Director*

SUBCOMMITTEE NO. 4—HUMAN SERVICES

MARIO BIAGGI (D-N.Y.), *Chairman*

JAMES J. FLORIO (D-N.Y.)
WILLIAM J. HUGHES (D-N.J.)
MARTY RUSSO (D-Ill.)
JIM LLOYD (D-Calif.)
WES WATKINS (D-Okla.)
GERALDINE A. FERRARO (D-N.Y.)
DAN MICA (D-Fla.)
EUGENE V. ATKINSON (D-Pa.)
STANLEY N. LUNDINE (N.Y.)

CHARLES E. GRASSLEY (R-Iowa)
JOHN PAUL HAMMERSCHMIDT (R-Ark.)
MATTHEW J. RINALDO (R-N.J.)
NORMAN D. SHUMWAY (R-Calif.)
OLYMPIA J. SNOWE (R-Maine)
DANIEL E. LUNGREN (R-Calif.)

ROBERT B. BLANCATO, *Majority Staff Director*
J. B. (PETE) CONROY, *Minority Staff Director*

MINORITY STAFF

During the 96th Congress, the Committee assigned 11 employees to assist the minority party with projects of special interest to them. Assigned to the full Committee to assist minority party members were a minority staff director, a professional staff member, and a secretary. Each of the Committee's four Subcommittees employed the services of a minority staff director and a secretary to assist minority party members and minority staff directors. Prior to the 96th Congress, the minority staff consisted of 8 employees.

INTERNS AND SPECIALISTS

Interns from colleges and universities helped advance the Committee's work in the 96th Congress by collecting data, researching legislative and programmatic issues, and authorizing work papers that provided information for Committee members. Services of numerous student interns were made available to the Committee on Aging during the 96th Congress. The following colleges and universities are among those which provided student interns:

Duke University
University of Alabama
University of San Francisco Dental School
Cornell University Business School
University of Maryland
American University
Brandeis University
University of California at Berkeley
Brown University
University of Michigan
St. Mary's College
University of Pennsylvania Law School
Bucknell University
University of Miami
University of California at Los Angeles
Assumption College
University of Kentucky

The Committee is also indebted to the presidential management interns who chose to take assignments with the Committee during the 96th Congress.

General Accounting Office.—From time to time the Committee on Aging has called upon the General Accounting Office to undertake some aspect of a study or investigation that could be accomplished only through the special skills of the General Accounting Office. During the 96th Congress, the General Accounting Office, at the request of the Chairman, conducted a review of drug usage in nursing homes nationwide in preparation for a hearing held by the Committee on the same issue. The GAO also assisted the Committee in the collection of information and evaluation of materials relating to the sale of insurance designed to supplement medicare: medigap and cancer insurance policies, loss ratios, and selling practices. Most recently, the GAO, pursuant to Committee subpoenas, commenced an ongoing review of the financial and operating records of a number of boarding homes throughout the United States.

In August, 1980, the GAO assigned an aging specialist, Mr. T. J. Sullivan, to join the staff on a temporary basis for the purpose of developing tax-oriented legislation designed to assist families to remain in their homes and to prevent unnecessary or premature institutionalization.

Government Printing Office.—The Committee on Aging recognizes the able assistance of two specialists, Ted Kimmerly and Ruben Rivas, detailed to the Committee from the U.S. Government Printing Office to help the Committee with preparation for printing of its hearings, reports, informational aids, and special studies.

House Information Systems.—On more than one occasion in the 96th Congress, the Committee has asked House Information Systems to make available to the Committee its knowledge of programming, data processing, and its computer capabilities to assist the Committee in its research and investigative responsibilities.

Computer support continued on the operations and maintenance of MITS, a word processing system used for publication and press release distributions and mass mailings of surveys and letters. At the Committee's request, HIS performed an Office Automation Analy-

sis to determine the automation needs of the Committee and to make recommendations for upgrading present capabilities. The result was the Committee's acquisition of a new word processing system as well as an on-line system for indexing correspondence and for unlimited storage capacity.

Technical assistance was provided to the Committee on a survey of 3,000 physicians nationwide inquiring about their satisfaction with the performance of their medicare carrier. HIS assisted in the design as well as the tabulation of the survey.

HIS Service Representatives and Office Automation Analysts answered inquiries regarding existing and new Congressional data bases available to Committees.

Library of Congress.—On numerous occasions during the 96th Congress, Committee members and staff consulted with the Congressional Research Service of the Library of Congress regarding issues affecting the elderly. The CRS responded to Committee requests for information, bibliographical searches, and status of legislation affecting the elderly.

III. Committee Service Activities

Operational now for 6 years, the Committee on Aging is a recognized source of information on aging and the aged. Information is furnished to the House, and to the public, through a Committee newsletter, telephone conferences, replies to letters of inquiry, the distribution of a legislative update, and the publication of Committee reports, studies, hearings, and work papers. In all the Committee has issued, and will issue, 98 publications (reports, studies, hearings, and work papers) during the 96th Congress, and has published 15 issues of "Accent on Aging," a newsletter that tells about developments in aging. The Committee's newsletter is distributed to 436 House offices and to about 5,000 organizations and interested individuals. On the average, the Committee responds to about 200 telephone requests for information each day, and about an equal number of requests for information are received daily through the mails.

The Committee on Aging assists with the preparation of source materials, prepares analyses of bills, reports on the status of legislation affecting older people, and identifies issues critical to older people. To carry on its oversight and investigative functions, the Committee on Aging maintains contact with Federal agencies, and committees of Congress that have jurisdiction over programs affecting older people. In this way, the Aging Committee can tell whether Congressional directives are being carried out, and prepare legislative recommendations on issues affecting older people.

IV. Committee Publications During the 96th Congress

The total number of publications published, or to be published, by the Committee on Aging with respect to activities conducted during the 96th Congress total 98. The Committee received testimony from approximately 1,198 witnesses, and recorded 12,801 pages of testimony. Some of the publications of the Committee on Aging are the product of the work of the full Committee. Other publications are attributable to its Subcommittees. Following is a list of the Committee's hearings, briefings, reports, and joint hearings published, or to be published, relating to the Committee's work during the 96th Congress:

Publication No.		Date held
	Committee prints:	
179	Victim Compensation and the Elderly: Policy and Administrative Issues.	January 1979.
180	Midlife Women: Policy Proposals on their Problems	April 1979.
185	Older Americans Act: A Staff Summary	July 1979.
186	National Conference on Mental Health and the Elderly	Apr. 23–24 1979.
190	Women and Retirement Income Programs: Current Issues of Equity and Adequacy.	November ,1979.
197	Innovative Developments in Aging: Area Agencies on Aging	December 1979.
202	Cancer Insurance: Exploiting Fear for Profit	March 1980.
207	Protecting Older Americans Against Overpayment of Income Taxes	February 1980.
215	The Status of Mid-Life Women and Options for the Future	March 1980.
226	The Future of Aging Policy: A Human Services Model	May 1980.
227	Teamwork in Delivery of Federal Programs to the Elderly	June 1980.
235	Social Security: A Critique of Recommendations to Tax Benefits and to Raise the Eligibility Age for Retirement.	September 1980.
245	Medicare After 15 Years: Has it Become a Broken Promise to the Elderly?	Nov. 17, 1980.
250	A Guide to Planning Your Retirement Finances	December 1980.
259	Domestic Abuse of the Elderly	Apr. 28, 1980.
264	Index to Witness and Organization Appearances Before the Select Committee on Aging—94th and 95th Congress (1975–78).	December 1980.
267	Retirement: The Broken Promise	Do.
	Joint hearings:	
261	Elder Abuse (with Senate Special Committee on Aging)	June 11, 1980.
262	Cancer Insurance and the Elderly (with Senate Judiciary Subcommittee on Antitrust and Monopolies).	Mar. 20, 1980.
	Field committee prints:	
220	Elder Abuse: The Hidden Problem (Boston, Mass.)	June 23, 1979.
223	Crisis in Health Care for Older Americans: Has Medicare Become a Broken Promise? (San Diego, Calif.)	Oct 24, 1979.
240	Catalyst Altered Water (Rapid City, S. Dak.)	July 7, 1980.
	Hearings:	
181	Treatment of High Blood Pressure in America	Jan. 31, 1979.
182	Impact of the Fiscal Year 1980 Budget on the Elderly	Feb. 7, 1979.
183	Age Discrimination Against Airline Pilots	Mar, 21, 1979.
184	American Attitudes Towards Pensions and Retirement	Feb. 28, 1979.
187	Fires in Boarding Homes: The Tip of the Iceberg	Apr. 25, 1979.
188	Frontiers in Cancer Research for the Elderly	June 18–21, 1979.
191	Applications of Space Technology for the Elderly and Handicapped	July 19–20, 1979.
195	National Policy Proposals Affecting Midlife Women	May 7–8, 1979.
200	Problems Facing the Black Elderly	May 9, 1979.
201	Administration on Aging Older Americans Act Oversight	Sept. 26, 1979.
203	Americans Over 100	Nov. 14, 1979.
204	Teamwork in the Delivery of Federal Programs to the Elderly	Oct. 24, 1979.
206	Section 202 Oversight	Apr. 10 and 27, 1979.
208	Special Problems in Long-Term Care	Oct. 17, 1979.
209	Savings Interest Rates, Inflation, and the Elderly	June 28 and July 24, 1979.
216	Treatment of Women Under Social Security, Vol. I	May 16, June 26, July 24, Aug. 13, Sept. 13, 1979.
217	Treatment of Women Under Social Security, Vol. II	Do.
222	The Arts and the Older American	Feb. 7, 1980.

Publication No.		Date held
228	Age Discrimination in the Selection of Federal Judges	Feb. 13, 1980.
230	Oversight on Recommendations of 1979 Social Security Advisory Council	Mar. 11 and 13, 1980.
232	DMSO: New Hope for Arthritis?	Mar. 24, 1980.
234	Long-Term Care for the 80's: Channeling Demonstrations and Other Initiatives	Feb. 27, 1980.
241	Medicare and Medicaid Fraud	May 15, 1980.
242	Families: Aging and Changing	June 4, 1980.
244	Drug Abuse in Nursing Homes	June 25, 1980.
246	Condominium Conversions	May 15, 1980.
251	Frauds Against the Elderly: Health Quackery	Oct. 1, 1980.
255	Nurse Shortage and Its Impact on Care for the Elderly	Aug. 20, 1980.
257	Oversight of Older Americans Act Administration	July 23, 1980.
258	Medicare: A Fifteen Year Perspective	July 30, 1980.
260	Adult Day Care Programs	Apr. 23, 1980.
263	Social Security Earnings Test	June 26, 1980.
265	EEOC Enforcement of the Age Discrimination in Employment Act	June 18, 1980.
266	Retirement: The Broken Promise	Sept. 17, 1980.
275	Research Frontiers in Aging and Cancer: International Symposium for the 1980's.	Sept. 26, 1980.
	Field hearings:	
189	Cutbacks in the Medicare Nursing Home Programs: Denial of Benefits, Overutilization of Hospitals (Longview, Washington).	Aug. 7, 1979.
192	Programs for the Elderly in Kentucky: Success or Failure? (Lexington, Ky.)	July 6, 1979.
193	Impact of Federal Older American Programs at the State and Local Level (Raleigh, N.C.).	July 3, 1979.
194	Health Care for the Rural Elderly (Rapid City, S. Dak.)	Aug. 3, 1979.
196	Funding of Federal Aging Programs (Mars Hill, N.C.)	July 5, 1979.
198	Rural Elderly Access to Emergency Medical Services (Oklahoma City, Okla.)	May 7, 1979.
199	Home Health Care for the Elderly (Canton, Ohio)	Aug. 14, 1979.
205	Energy and the Elderly: Food or Fuel (West Islip, N.Y.)	Oct. 5, 1979.
210	Energy Needs of Low Income Elderly: Winter 1979–80, Vol. I (Auburn, Maine).	Aug. 15, 1979.
211	Energy Needs of Low Income Elderly: Winter 1979–80, Vol. II, (Des Moines, Iowa).	Aug. 28, 1979.
212	Energy Needs of Low Income Elderly: Winter 1979–80, Vol. III (Syracuse, N.Y.).	Aug. 30, 1979.
213	Energy Needs of Low Income Elderly: Winter 1979–80 Vol. IV (Waterbury, Conn.).	Sept. 8, 1979.
214	Energy Needs of Low Income Elderly: Winter 1979–80 Vol. V (Pittsburgh, Pa.)	Sept. 29, 1979.
218	Impact of Inflation and High Energy Costs on the Elderly, Vol. I (Las Vegas, Nev.)	Aug. 14, 1979.
219	Impact of Inflation and High Energy Costs on the Elderly, Vol. II (Reno, Nev.).	Aug. 15, 1979.
221	Senior Citizens in the 1980's (Pomona, Calif.)	Jan. 7 and 9, 1980.
224	The Impact of Federal Transportation Policies and the Elderly (New Brunswick, N.J.)	Oct. 13, 1979.
225	Energy Costs and Inflation: The Impact on the Elderly (Cumberland, Md.)	Oct. 27, 1979.
229	Inflation and New York's Elderly (New York, N.Y.)	Jan. 10, 1980.
231	Media Portrayal of the Elderly (Los Angeles, Calif.)	Apr. 26, 1980.
233	Domestic Violence Against the Elderly (New York, N.Y.)	Apr. 21, 1980.
236	Health Care for the Elderly (Fort Lee, N.J.)	June 16, 1980.
237	Medicare Reform (Longview, Wash.)	July 18, 1980.
238	Medicare Oversight—Vol. I (Miami, Fla.)	Aug. 7, 1980.
239	Medicare Oversight—Vol. II (Lauderdale Lakes, Fla.)	Aug. 8, 1980.
243	Problems of Nursing Home Bed Available and Placement (Shelton, Conn.)	May 17, 1980.
247	Reauthorization of the Older Americans Act: 1981 Vol. I, (Gloucester, N.J.)	Aug. 8, 1980.
248	Reauthorization of the Older Americans Act: 1981 Vol. II (Long Beach, Calif.)	Oct. 15, 1980.
249	Reauthorization of the Older Americans Act: 1982 Vol. III (West Covina, Calif.)	Do.
252	Services for the Elderly in Albuquerque, N. Mex	July 11, 1980.
253	Income Status of the Rural Elderly (Swannonanoa, N.C.)	Aug. 29, 1980.
254	Fraud Against the Elderly: New York (New York, N.Y.)	Oct. 23, 1980.
256	Crime, Transportation and Income Maintenance: Denver, Colo	Oct. 6, 1980.
268	Housing Needs of the Elderly (North Hollywood, Calif.)	Sept. 13, 1980.
269	Housing and In-House Services (Flint, Mich.)	June 14, 1980.
270	Alternative Housing Options for the Elderly (Denver, Colo.)	Oct. 6, 1980.
271	Social Service Needs of Elder Minorities (Pacoima, Calif.)	Sept. 13, 1980.
272	The Need for Cost-of-Living Adjustments in Social Security and SSI Benefits (San Francisco and San Rafael, Calif.)	Sept. 16, 1980.
274	The Impact of Rising Costs of Energy, Transportation, Health, Housing, and Other Necessities on Senior Citizens (Columbia, Westminister, and Reisterstown, Md.)	Sept. 6 and 8, 1980.
275A	Families: Aging and Changing (San Diego, Calif.)	Nov. 24, 1980.

During the 96th Congress, the House Select Committee on Aging held 91 days of hearings in Washington, D.C. and in other cities across the country. Of the 91 days of public hearings, 47 days of hearings were held outside Washington, D.C. The Committee received testimony from approximately 1,198 witnesses, and recorded 12,801 pages of testimony.

The Committee hearings were conducted either under authority of the full Committee or of its Subcommittees. Only hearings conducted under authority of the full Committee will be treated in this section of the report. Hearings of the Subcommittees are treated in those sections of the report relating to Subcommittee activities.

This section of the report contains descriptions of selected full Committee readings that illustrate the development of factual materials into two categories, hearings held in Washington, D.C. and field hearings. Hearings held in Washington, D.C. usually concentrate on a single theme. "Field hearings" are usually used to develop multiple themes, and to obtain testimony from those most directly affected by Federal laws or the workings of Federal programs. Division of the subject matter into two categories should make it easier for users of this publication to locate the type of information for which they are looking.

Full Committee Oversight and Investigative Hearings

(Washington, D.C., Unless otherwise indicated)

IMPACT OF THE FISCAL YEAR 1980 BUDGET ON THE ELDERLY

The Committee met on February 7, 1979 to consider the impact of President Carter's proposed budget on the elderly. That budget included a number of proposals for cuts in Social Security benefits including elimination of the $255 lump sum death benefit, minimum benefit, and widow's benefits when the youngest child is 16. In addition, the Carter Administration proposed a reduction of Social Security benefits for persons who also receive federal civilian pensions and a revision of the formula used to compute the cost-of-living increases so that benefits would be rounded off to the nearest dollar.

The Committee's first witness was Nelson Cruikshank, then serving as Counselor to the President on Aging and Chairman of the Federal Council on Aging. Mr. Cruikshank although serving on the White House staff disagreed with the proposed Social Security cuts, calling them "bad in principle." He argued that the "Social Security proposals in the 1980 budget had their origin in the search for savings necessary to reach the goal of a federal budget deficit not to exceed $30 billion. The ill-advised nature of this approach is revealed when measured against the policy statement of the Social Security Advisory Council that policy decisions affecting the Social Security program should be based on the objectives of the program rather than on any effect that such decisions might have on the Federal budget."

Former HEW Secretary Wilbur Cohen testified that the cutbacks would "undermine people's confidence in the integrity, not only of the

Social Security System, but in the promises made by the government." Mr. Cohen proposed that rather than cutting benefits, Congress should limit hospital costs, finance medicare from general revenues, allow for interfund transfer, and allow the Social Security fund to borrow from the federal government in any year where unemployment exceeds 5 percent. He also advocated restoring the Social Security Administration to its original status as an independent board.

None of these proposed Social Security cuts were enacted by the 96th Congress although Congress did pass H. Res. 3236, legislation which cut benefits for workers who in the future became eligible for Social Security Disability Insurance.

AMERICAN ATTITUDES TOWARD AGING

On February 29, 1979, the House Select Committee on Aging heard testimony on attitudes of the American people toward pensions and retirement. The hearing was centered on a new study conducted by Louis Harris and Associates, Inc., the public opinion research organization, for Johnson and Higgins, an employee benefit and actuarial consulting firm based in New York.

Witnesses for the hearing were Louis Harris, President of Louis Harris and Associates, and Kenneth K. Keene, Senior Vice President and Actuary of Johnson and Higgins.

The Committee's interest in the study was prompted by the fact that many studies about aging and retirement have been conducted previously, and many financial executives and pension fund managers were interviewed as part of the process. But this was the first time that a study has been made that included the opinions and views of the ultimate recipients of pension benefits, the people themselves. As part of the research, 1,330 full-time workers were interviewed and 397 who had retired from full-time work. Additionally, financial executives from 212 firms on the Fortune 100 list who deal with pension and retirement problems were consulted.

Mr. Harris, in his testimony, noted that:

> It is impossible to scratch very far beneath the surface to turn up the dominant worry in America in the late 1970's: Deep concern over the continuing high rate of inflation. Fully 84 percent of all retired people feel that inflation is reducing their standard of living; an even higher 88 percent of currently employed people share the same view.

Mr. Harris observed further that:

> The role of pensions among retirees clearly makes a difference. Among the retired who have no pension benefits, 53 percent report that they are in desperate shape, with their standard of living seriously reduced, compared with a lesser 28 percent of those who share the same feeling but who have a pension.

Workers and retirees polled indicated in overwhelming numbers that pensions are an important factor in their retirement plans, that pension benefits should go up with the cost of living and that those who are still working would be willing to contribute even more toward their retirement to insure their benefits would improve as living costs increase.

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Mr. Keene, in his testimony, stressed that:

There must be a coordinated national policy aimed at providing all Americans with an adequate income during retirement and this overall policy must recognize a clear distinction among: (1) retirement income based on need; (2) retirement income related to previous employment and earnings; (3) income needs not related to retirement per se.

Mr. Keene observed that:

Income benefits which are payable solely on the basis of need without a relationship to prior earnings should come from an income-transfer system other than Social Security and should not be confused with the retirement income maintenance supported by payroll taxes and pension plans.

Mr. Keene expressed the opinion that:

Elimination of a mandatory retirement age is a positive development. It not only serves the personal needs of the individuals involved but is an essential part of the solution to the problem of providing adequate income to older Americans.

AGE DISCRIMINATION AGAINST AIRLINE PILOTS

During the 95th Congress, the Aging Committee was in the forefront of efforts within the Congress to amend the Age Discrimination in Employment Act and thereby curb mandatory retirement. Much of the Committee's work during the 96th Congress was devoted to examining continued instances of age discrimination such as the Federal Aviation Administration's requirement that commercial airline pilots retire at 60.

The Committee heard from a panel of airline pilots who testified against the rule. Captain Jack Young, Legislative Vice President of the Pilots Rights Association testified that:

By forcing airline pilots to retire at age 60, the airlines are relying on an outdated 1959 regulation. The medical data on which the FAA relied was flawed in two respects. In the first place, it was compiled from old reports and research projects that were conducted from 1938 to 1948 and it was based on characteristics of the entire American adult population rather than on the generally healthier, prescreened, and continually monitored pilot population.

Captain Charles Caudle testified:

I have detected no noticeable loss of reflexes or any loss of coordination in the pilot at 60 years of age. Safety is the major red herring used to distract those inquiring into this rule. I assure you, if I believed that safety was even a slightly relevant issue, I would not be here today. The issue is a matter of fairness and equal treatment under the law.

Captain Scott Devine testified about one of his last flights during which he landed a Boeing 747 despite the fact that three of the four engines had gone out. Two months later he was forced to retire because of the age 60 rule.

Many Members of the Committee were extremely critical of testimony presented by Quentin Taylor, Deputy FAA Administrator and Dr. H. L. Reighard, the Federal Air Surgeon. Mr. Taylor defended the age 60 rule saying:

In the nearly 20 years that the age 60 rule has been in effect we have not yet been able to find an alternative which will offer equivalent protection to the American public. The safety reasons for the rule were, and remain, not simply one, but several: first, there is a deterioration of numerous psychopsychological

functions with age; second, the aging process results in an increased frequency of sudden incapacitation or death from cardiovascular disease; and third, there is no known way to accurately predict occurrence of cardiovascular problems which may arise within an individual pilot or to measure accurately and consistently declining psychophysiological functions.

Following the hearing, Chairman Pepper and several Members of the Committee introduced legislation to increase the mandatory retirement age for airline pilots to 65. During this period, the National Institutes of Health would conduct a thorough study of this question. Congress did not pass any increase in the mandatory retirement age for airline pilots but did require that NIH complete such a study.

NATIONAL CONFERENCE ON MENTAL HEALTH AND THE ELDERLY

On April 23 and 24, 1979, a National Conference was sponsored by the House Select Committee on Aging on Mental Health and the Elderly. The purpose of this conference was to join congressional leaders and administration officials with mental health and aging experts in an effort to develop legislative strategies to implement recommendations of several earlier conferences and study panels. Over 300 delegates from nearly all 50 States met in Washington, D.C. for this purpose.

The National Conference was inspired by the sensitive leadership in the field of mental health by the Nation's First Lady, Mrs. Rosalynn Carter. Mrs. Carter served as the Honorary Chairperson of the President's Commission on Mental Health and made the opening presentation to the conference.

Delegates to the National Conference agreed that the need is compelling; they acknowledged that 80 percent of the elderly requiring mental health services do not have their needs met through existing resources.

The conference delegates provided the Committee with a list of legislative options and policy alternatives from which to choose in making recommendations to other committees of the Congress, and to the States. Highlights of the Conference proposals include measures designed to increase coverage under medicare and medicaid for mental health services; to expand home health care to provide essential services to the mentally ill; to create additional mechanisms for the enforcement of the rights of elderly with mental problems; to increase funding for research on depression, dementia, and treatment and prevention of mental illness; to establish a Center for Prevention with the National Institute of Mental Health; and to provide coverage under medicare for alcohol and drug abuse-misuse programs.

Following the Conference, Committee Members were extremely successful in gaining legislative approval of many of the major recommendations issued by the conference delegates including the passage of the Community Mental Health Systems Act which requires Community Mental Health Centers to give priority attention to elderly with mental health problems; priority attention was also given elderly alcoholics and drug users in the reauthorization bills for the National Institute of Drug Abuse and the National Institute of Alcohol and

Alcohol Abuse; the study of dementia, depression, and other mental health related diseases is now underway at the National Institute on Aging; and Congress is considering raising the reimbursement levels for coverage of mental health services under Medicare.

The proceedings of the conference were printed by the Committee and are for sale by the Superintendent of Documents, U.S. Government Printing Office.

FIRES IN BOARDING HOMES: THE TIP OF THE ICEBERG

On April 25, 1979, the House Select Committee on Aging's Subcommittee on Health and Long Term Care held a hearing entitled, "Fires in Boarding Homes: The Tip of the Iceberg." The hearing was prompted by the Committee's ongoing investigation into the boarding home industry and the four tragic boarding home fires that in a one-month period preceding the hearing, claimed the lives of 45 residents. The hearing addressed each fire in specific detail. Additionally, conditions found in boarding homes and the regulatory problems associated with this rapidly growing industry were examined.

Witnesses at the hearing included: representatives of the U.S. General Accounting Office, the Director of the National Institute on Aging, Chief of the U.S. Fire Administration as well as other Federal, State and local fire and health experts. Additional materials submitted for the record by Federal, State and local officials, by citizens, by health care industry representatives and other groups were accepted and reprinted.

Citing the recent deaths of 45 boarding home residents, Chairman Pepper stated:

> I regret that we have to say that this hearing is born in death and in pathetic tragedy, and yet the fires are really only the tip of the iceberg. They are simply the more obvious of the deprivations and the denials that people in these facilities have to bear.
>
> There are thousands of these so-called boarding homes which are custodial places, residences for the elderly. Many of these residents are handicapped. Many of them have to move about in wheelchairs. Many of them are totally incapable of getting out of the area when a fire breaks out. They, therefore, need the maximum protection. These boarding homes, in most instances, are not licensed by local authorities, and they are rarely inspected.

Concluding his opening remarks, Chairman Pepper introduced a staff memorandum which described general characteristics of the boarding home industry; reviewed the industry's historical origins; described the specific circumstances of the fires in question, and made general recommendations for further action. The memo noted that there may be as many as 1.5 million elderly and physically or mentally impaired individuals living in boarding homes in which their health and safety are not adequately protected. Many of the residents of boarding homes are former mental health patients who, because of legal and financial considerations, have been discharged into so called "community settings." Being disabled, many boarding home residents have as their primary source of income, minimal Federal Supplementary Security Income (SSI) payments. The rapid growth to the boarding home industry has caught many regulators so unprepared that reports of cruelty and other inhumane treatments are not infre-

quent. It is suggested that these fires exemplify unsafe living conditions found in many of our nation's boarding homes.

The memo detailed the fire events. It also noted that 25 boarding home residents died as a result of the fire at Straughn's Wayside Inn, Farmington, Missouri on April 1, 1979; that on that same date, a fire at the Marietta Manor in Connellsville, Pennsylvania resulted in the deaths of 10 residents; that on April 11, 1979, a fire at Tayler House in Washington, D.C. killed 9 and that on April 24, 1979, one elderly man died as a result of a fire at the Roosevelt Hotel in Washington, D.C.

Representatives from the U.S. General Accounting Office testified that they have developed a new computer technique that will assist local and State agencies in identifying otherwise unknown boarding home operations which should be regulated. Dr. Robert Butler, Director of the National Institute on Aging, testified that, "Today's hearings are extremely relevant . . . because one of the major reasons that nursing, personal care, foster homes, and boarding homes have become so plentiful is that huge numbers of usually older mental patients have been indiscriminately transferred from State mental institutions into these kinds of community facilities, which are ill-prepared to receive them." Charles J. Hynes, Deputy Attorney General for the State of New York, commented upon his recently completed major report on boarding homes by stating that New York had made improvements in its homes over the last few years but abuses still occurred and that more improvements were needed.

J. Terrence Brunner, executive director of Chicago's Better Government Association (BGA) disclosed the particulars of an investigation his agency did in cooperation with ABC's "20/20." The investigation focused upon a group of boarding home providers in Chicago who, unfettered by effective regulation, allegedly profiteer on the human misery of their residents.

Gordon Vickery, Administrator of the U.S. Fire Administration, pointed out that for the most part, good fire codes are in place in most communities. Often, however, poor enforcement of these codes and failure to adjust the codes to reflect changing occupancy utilization have contributed to deaths in boarding home fires.

Leonard D. Schaffer, Administrator of HEW's Health Care Financing Administration, presented testimony concerning the Department's authority to regulate boarding homes. He introduced into the record a letter to Chairman Pepper from HEW Secretary Joseph Califano which, in part, read:

> Unlike federally certified Medicaid/Medicare facilities, the boarding homes in which the recent fires occurred did not receive any direct Federal support. Many of the individuals residing in these homes received payments from the Supplementary Security Income and Railroad Retirement Board programs. These payments are made directly to the individuals concerned and thus there is no direct relationship between the homes and the Federal government.
>
> In each of these cases State and local authorities were responsible for assuring that appropriate fire safety standards were met. It seems clear, however, that their procedures were not adequate to provide the level of protection which the elderly and the disabled need and deserve.

Other representatives from State and local agencies contributed much to the hearing.

Members of the Committee renewed their commitment to pursue legislation and other changes needed to help reduce and eliminate inhuman and unsafe conditions in boarding homes.

RURAL ELDERLY ACCESS TO EMERGENCY MEDICAL SERVICES

(Oklahoma City, Okla.)

On May 7, 1979, the House Select Committee on Aging held a field hearing in Oklahoma City, Oklahoma on "Rural Elderly Access to Emergency Medical Services," for the purpose of collecting information on the problems the rural elderly may be facing with access to medical services, especially emergency medical services.

The availability of quality health services to people in rural areas is essential to the life and growth of our rural communities. At issue regarding health services for rural people is the matter of how they should be organized to provide for the best use of scarce resources and provide the most attractive setting for health services providers.

In view of the difficulty of attracting providers to rural areas, particularly physicians, the latter is very important. As essential organizational approach to the delivery of health services for rural areas is the development of emergency medical services.

The following recommendations were made by witnesses before the Committee:

(1) The adoption of a national health insurance plan which would meet all of the medical costs incurred by the elderly, including prescription drugs, medical appliances, and homemaker home-health services;

(2) Coordination of access, health and social services with the utilization of care managers to follow each patient from intake to in-home or institutional aftercare;

(3) Increased funding for access services, transportation, escort outreach, to aid the elderly in availing themselves of on-site medical services;

(4) Increased funding for homemaker home-health services;

(5) Inclusion or expansion of required geriatrics courses in medical school and in training programs for all ancillary medical personnel;

(6) Increased funding for prevention program such as health screening clinics;

(7) Increased funding to provide emergency medical services to all persons within a 20-minute timeframe;

(8) Intensified research as part of a major drive to find solutions not only to specific debilitating conditions, but to standards of quality care for the elderly.

PROBLEMS FACING THE BLACK ELDERLY

On May 9, 1979, the House Select Committee on Aging held a hearing on "Problems Facing the Black Elderly," for the purpose of determining what should be done legislatively to help alleviate some of the pressing needs of minority elderly, particularly black elderly.

Congressman Harold Ford, who requested this hearing, stated in his opening testimony that it is time that Members of Congress put teeth in the laws so that our seniors can bite down on their share of the American pie. He mentioned that the plight of the black elderly in this country is particularly devastating when you consider that the average income of an elder black is only two-thirds that of their white counterparts. He said, "Being old, black, and poor in America is an experience that one must say is too impossible to stretch their limited incomes to cover rent, utilities, mounting health care costs, and high food prices."

Mr. Ford's statement noted that:

In addition, most elderly blacks do not receive the benefits provided under Government programs that are supposed to be targeted to the economically disadvantaged. For example, three-fourths of poor elderly blacks living alone do not live in either subsidized or public housing. During the peak of the food price increase in 1975, only one-fifth of 1 percent of all of the elderly black couples and one-fourth of 1 percent of all the elderly blacks living alone purchased food stamps compared to 3 percent of all elderly white couples and 6 percent of all elderly whites living alone.

A majority of elderly blacks do not benefit from medicare coverage, because they cannot afford the payments, and half of all poor elderly blacks do not receive any supplemental security income. Over one-third of all elderly black couples have incomes below the Government's lower budget level for maintaining the minimum standards of living.

Representatives of national senior citizen organizations, volunteer groups, social service workers, and local, state, and federal officials, told the Committee that many departmental regulations must be changed to reflect coverage for the unmet needs of minority populations. Additionally, they urged the development of major policies that would provide the elderly blacks with same opportunities currently available to their white counterparts. Increased funding for research, education, and training in black institutions and also in various aspects of the community was also encouraged.

THE TREATMENT OF WOMEN UNDER SOCIAL SECURITY

The Task Force on Women and Social Security of the House Select Committee on Aging and the Subcommittee on Retirement Income and Employment was created in February 1979 to examine the treatment of women under social security and to make recommendations to Members on appropriate courses of action. Appointed to the Task Force were Representatives Marilyn Lloyd Bouquard, Robert F. Drinan, Lamar Gudger, Geraldine A. Ferraro, Henry A. Waxman, S. William Green, Larry J. Hopkins, and Olympia J. Snowe. Representative Mary Rose Oakar was appointed Chair.

Government statistics indicate that three of every four elderly poor are women, and that the majority of these women rely on social security for 90 percent or more of their total retirement income. These figures raise the issue of whether our nation's premier retirement program has failed to meet the special financial needs of older women.

Under the present program, a woman can receive benefits as a covered worker in her own right or as a dependent wife, widow or

ex-wife of a covered worker, but she cannot receive both benefits in full. When dependent spouse's benefits were incorporated into the social security program, most married women worked in the home. However, as more married women work in the paid labor force and thus encounter the "dual entitlement" provision, serious inequities in benefits have emerged between homemakers and workers, between one-earner and two-earner couples, between divorced spouses and married women, and between survivors of one-earner and two-earner couples.

The Task Force has held a series of hearings on these issues and on proposals designed to equalize the treatment of men and women under social security. Hearings were held in Washington, D.C., on May 16, June 26, July 24, and September 13, 1979. Hearings were held in Cleveland, Ohio, on August 13, 1979.

Members of the Task Force received testimony from then Social Security Commissioner Stanford G. Ross and former Commissioner Robert Ball. Testimony was also presented by Social Security experts Edith U. Fierst, Wilbur J. Cohen, Nancy Duff Campbell and Robert J. Myers; by representatives of national aging organizations (National Council of Senior Citizens, NRTA/AARP, National Caucus on the Black Aged, Gray Panthers); by representatives of national women's organizations (National Organization of Women, Women's Equity Action League, Nation Women's Political Caucus, National Committee on Household Employment), and by representatives of Federal and state commissions, advisory committees and task forces, among others. Congresswoman Barbara A. Mikulski, and former Congresswomen Martha Keys and Martha Griffiths also testified on the treatment of women under social security. The Task Force additionally heard from elderly women and private and public associations of greater Cleveland. The Task Force receives a large volume of mail each month from women across the country.

There was a general consensus among those testifying that specific groups of women are treated inequitably and inadequately under the present program.

The problems of equity most frequently cited by witnesses included the following: (1) two-earner couples receive lower combined benefits than do one-earner couples with the same average annual earnings; (2) married women who combine periods of work in the paid labor force with homemaking and childrearing activities are eligible for benefits either as a dependent spouse or as a worker, but they may not receive both benefits in full. If they receive spouses' benefits, no additional credit is given for the period of work and payment of social security taxes; (3) payments made to the aged survivor of a two-earner couple are substantially lower than payments made to the survivor of a one earner couple with the same average annual earnings.

The problems of adequacy most frequently cited by witnesses included the following: (1) long averaging periods result in generally lower average earnings for women compared to men, since women may spend time out of the paid labor force in homemaking and childrearing activities and generally work in lower paying jobs than do

men; (2) women who are divorced before the tenth year of marriage have little or no social security protection in their own right; women who are divorced after the tenth year of marriage receive benefits based on 50 percent of the ex-spouse's primary benefit, an amount intended to supplement the worker's benefit and not to support a single individual; (3) women on average live longer than men, but aged widows collect benefits based on outdated earnings, have little or no private pension coverage, and most likely are collecting actuarially reduced benefits; (4) widows under age 60 who are not disabled and who have no entitled children are ineligible for benefits; (5) the recency-of-work test for establishing eligibility for disability benefits excludes many women from coverage because they have left the paid labor force for homemaking and childcare activities; (6) disabled homemakers who have never worked in covered employment, or who have worked irregularly, may be ineligible for disability benefits even though the loss of their services may be costly to the family; (7) disabled widows without entitled children are ineligible for benefits before age 50; benefits received between age 50 and 60 are actuarially reduced; (8) no social security protection is provided for the survivors of deceased homemakers, though the loss of the homemakers' services may impose a substantial burden on survivors.

The Task Force presently is studying the ways in which the social security system could be adjusted to respond to the changing roles of men and women in today's society. The two most comprehensive reform proposals are the Earnings Sharing and the Double Decker plans. Under Earnings Sharing the combined income of the couple is divided equally between the husband and wife for the purpose of determining benefits. The Double-Decker plan guarantees a flat benefit to every older American (the first deck) in addition to an earnings-related benefit (the second deck). Both Earnings Sharing and the Double-Decked plans would resolve many of the deficiencies under the present program, though each may also introduce a potentially significant increase in program expenditure.

A series of incremental reform proposals are also under study. Each of these proposals would alter the formula for computing benefits for the purpose of achieving greater benefit parity between one- and two-earner couples, and for improving the adequacy of benefits for women who combine homemaking and work roles.

In May 1980 Rep. Oakar, Task Force Chair, introduced a six-bill reform package growing out of the Task Force's findings. H.R. 7371, 7374, and 7376 would implement features of Earnings Sharing. H.R. 7373, 7375, and 7396 would improve the level of benefits for disabled widows, recently widowed spouses, and divorced spouses of late-life marriages.

The findings of the Task Force have been disseminated among many organizations and individuals, and the Task Force Chair has presented testimony to numerous public and private groups, conferences, and seminars on the status of women under social security. The Task Force has also offered technical assistance to congressional staff, commissions, and advisory committees. A Task Force Report is under preparation and will be submitted in early 1981.

FRONTIERS IN CANCER RESEARCH FOR THE ELDERLY

The Aging Committee held three days of hearings in June of 1979 to consider the progress of cancer research. Chairman Pepper called the hearing to order noting that 81 percent of all cancer deaths involve persons over 54 years of age, and that 377,000 persons a year die of cancer in the United States. Testimony was presented by a number of prominent individuals (including Senator Birch Bayh, Mrs. Rogers C. B. Morton, Mrs. Nat King Cole, and Mrs. Frances Humphrey Howard) who have lost family members to cancer, and these witnesses called for increased spending for cancer research.

Testimony was also presented by 26 of the nation's leading cancer researchers concerning the status of their research efforts. The Committee was particularly interested in testimony by a number of scientists concerning interferon, thymosin, and other biological response modifiers. In addition, many Committee Members were critical of the National Cancer Institute's sluggish pace in pressing for development of these substances.

The hearing was directly responsible for two important funding initiatives. First of all, many Committee Members were decided on the basis of the testimony to press for increased funding for the National Cancer Institute. Following the hearing, Committee Members were successful in urging House conferees working on the NCI appropriation bill to increase funding to the level of $1 billion per year. Second of all, the hearing led to a meeting held in September of 1979 to plan an International Symposium on Cancer and Aging, a recommendation that many of the witnesses had made at the hearing. A $50,000 grant to finance the planning conference was made by the Bankers Life and Casualty Company.

SENIOR CITIZENS HEALTH INSURANCE REFORM ACT

On June 13, 1979, the House Aging Committee provided technical assistance to the Interstate and Foreign Commerce Committee's Subcommittee on Health and the Environment which held a legislative hearing on Chairman Pepper's bill, H.R. 2602, the "Senior Citizens Health Insurance Reform Act of 1979." Congressman Brodhead's bill, H.R. 165, was also considered. Both bills were designed to curb abuses found in insurance sales to the elderly, discovered during the Aging Committee's 1978 investigation into this problem.

The Aging Committee provided assistance to the Health Subcommittee both in briefing them on the Committee's investigation and in contacting witnesses for the hearing.

Witnesses included former insurance agents, relatives of victims of insurance abuses, State insurance commissioners, representatives from health insurance associations, Congressman James Scheuer, the prime cosponsor of H.R. 2602, and the following Members of the House Select Committee on Aging: Chairman Pepper, Ms. Oakar, Mr. Ratchford, Mr. Roybal and Mr. Santini.

Chairman Pepper released the Committee report detailing the findings of the investigation and discussed provisions of the bill. Committee Members testified in support of H.R. 2602.

Former insurance agents discussed their experience in selling health insurance to the elderly and how they were trained by their companies to use unscrupulous techniques. An attorney for one of the agents discussed a suit against an insurance company for fraud and conspiracy in the sales and training techniques employed for the sale of medicare supplementary health insurance. He advocated strong legislation for what he termed a serious and growing problem.

Relatives of victims of insurance abuses related stories of agents misrepresenting policy provisions, using fear tactics and high press sales techniques, and overselling to their elderly kin. The most dramatic of these testimonials was from a man whose aunt had been sold an unbelievable 90 insurance policies, 71 of them over a 5-year period.

Representatives of the health insurance associations discussed their concerns about H.R. 2602. Their main concern was that the bill was a first step toward Federal regulation of the insurance industry and they felt it would result in the Federal government's continuing to effectively displace State regulation. A State insurance commissioner, representing the National Association of Insurance Commissioners, commented that the voluntary certification program would do very little to curb abuses and would require an expensive Federal enforcement capability. He related NAIC's belief that Federal legislation, in this form, was not necessary or warranted at the time and their desire to give the States more time to enact appropriate regulations in this area.

APPLICATIONS OF SPACE TECHNOLOGY FOR THE ELDERLY AND HANDICAPPED

July 20, 1979 marked the ten year anniversary of man's first walk on the moon. The Committee used this occasion to join with the House Committee on Science and Technology to measure what new technologies might have emerged from NASA research that are being or could be utilized to aid the elderly and handicapped.

A special report "Technologies for the Handicapped and Aged" was issued by NASA documenting a series of medical techniques and devices that were "spun off" from NASA research. NASA Administrator Robert Frosch testified that a number of promising innovations are still subject to research such as a rechargeable tissue stimulator to aid those with chronic pain.

Hugh Downs, President of the National Space Institute, also described a number of promising spinoffs such as the Exer-Genie, originally developed for astronauts to practice exercising in weightless conditions but now found to be extremely useful for physical therapy. "Out of the Jet Propulsion Laboratories' computerized image enhancement process for satellite photography has come the medical image analysis facility which analyzes x-rays of body parts and gives much improved readings on soft tissues, as well as cartilage and bone." Mr. Downs also cited improvements in heart pacemaker recharging techniques.

Noted author Robert Heinlein described examples of spin-off technology that were used in medical treatments that had literally saved his life. Finally, NASA and HEW officials presented testimony about steps Congress could take to further encourage these sorts of technology transfers.

SPECIAL PROBLEMS IN LONG-TERM CARE

On October 17, 1979, the Subcommittee on Health and Long-Term Care conducted hearings into nursing home problems. Witnesses included Elma Griesel, Executive Director of the National Coalition of Nursing Home Reform, Dr. Paul Kerschner of the American Association of Retired Persons, Daphne Krause of the Minneapolis Age and Opportunity Center, Marion Ballentine, Chairperson of the task force on nursing home for the National Organization of Women; Jacqueline Walker, Nursing Home Ombudsman for the State of Connecticut, Hon. Jim McDermott, Chairman of the Education Committee of the Washington State Senate, Fran Sutcliff, Chairperson of the State of Florida Nursing Home Ombudsman Committee, Lynn Dunlap, Investigative reporter with the Longview News Journal, Lawrence Lane, Director of Public Policy for the American Association of Homes for Aging, Jack McDonald, Executive Vice-President of the National Council of Health Care Services and Sam Gunderson representing the American Health Care Association.

Consumer and senior citizens spokesmen testified in detail about the continuing problems and abuses in the nursing home field. Poor care, poor food, unsanitary conditions, untrained staff, and adverse reactions as a result of taking different kinds of medications were alleged to be the most frequent problems encountered. Nursing home advocates complained that their access to nursing homes had been restricted and that women employees were being discriminated against in the profession. In general, consumers and senior citizens spokesmen claimed that conditions were as bad today as they were five years ago.

Nursing home spokesmen denied these charges. They claimed that there has been tremendous improvement in the quality of care and that abuses which had been common in the past have been largely eliminated. They challenged the Committee to provide assistance in the form of Federal dollars to help train nursing home personnel. Untrained aides and orderlies provide 90 percent of the care in today's nursing homes. They said, however, most are untrained, hired literally off the street and are paid the minimum wage.

The hearing ended with consumer, senior citizens and industry groups promising to work together on numerous issues with the goal of improving the quality of life for nursing home residents.

TEAMWORK IN THE DELIVERY OF FEDERAL PROGRAMS TO THE ELDERLY

This topic was the subject of a hearing by the House Select Committee on Aging on October 24, 1979. Subsequently, a committee report was published under the same title in June 1980.

There are over 130 Federal programs which provide direct benefits to the elderly. In his opening statement at the hearing, committee chairman Claude Pepper noted that these programs are administered by "No less than 18 different bureaus, offices, institutes, and so forth, within seven different cabinet-level departments, as well as seven different independent agencies. . . .

The law, as stated in Section 203 of the Older Americans Act of 1978 (Public Law 95–478) requires that Federal programs providing

benefits to the elderly be coordinated, and assigns primary coordination responsibility to the Commissioner, Administration on Aging, Department of Health and Human Services.

A pre-hearing investigation by the staff of the Select Committee on Aging discovered 26 inter-agency agreements that are responsive to the coordination requirement of the Act. With few exceptions, however, it appeared that the responsible executive branch offices were doing little if anything to require compliance with these agreements.

The hearing convened the executive branch officials having decision-level responsibility for the negotiation and/or compliance with the inter-agency coordination agreements. Selected to hear and comment on their testimony was a panel of state and local officials drawn from the field delivery system within the national aging network. The objective was to enable the committee to assess the effectiveness of coordination agreements in accomplishing the economies, the combinations and the actual delivery of program benefits to the elderly at the local level of consumption.

The testimony at the hearing led the committee to a number of conclusions:

1. Interdepartmental and interagency agreements are accomplished with a conscientious commitment to the principle of coordinated program delivery. There is, however, little emphasis on performance after an agreement is in effect.

2. With few exceptions, state, area and local officials in the aging network had no knowledge of most of the agreements in effect at the national level. A similar ignorance appeared to be the case within the delivery systems of most of the federal agencies represented at the hearing since program coordination seems to be very poorly accomplished at the state and local levels.

3. Coordination agreements reached between and among Washington agencies seldom incorporate input from state, area, or local offices responsible for program delivery in the field.

4. Assistance to the elderly in natural disaster situations is a neglected area of inter-agency coordination. This requires remedy since the elderly are often hard hit and needful in such circumstances.

Based on findings at the October hearing, the subsequent committee report included recommendations that require the appropriate executive branch agencies to:

1. Reexamine existing agreements to insure their adequacy and to promulgate instructions to require compliance with such agreements by responsible officials throughout the program delivery system.

2. Assign responsibility for monitorship of each agreement to a specific individual within each signatory department or agency.

3. Develop an agreement to provide coordinated assistance to the elderly in areas afflicted by a national disaster.

4. Incorporate state and local participation in the development of interagency coordination agreements.

5. Request that the state and area A–95 clearinghouses assist in assuring compliance with inter-agency agreements requiring the coordination of programs which provide benefits to the elderly.

The committee staff is monitoring compliance with the recommendations contained in the Committee Report.

AMERICANS OVER 100

On Wednesday, November 14, 1979, the Select Committee on Aging heard testimony from a group of eight witnesses whose expertise in the field of aging derived from over 825 years of combined experience. Fifteen Aging Committee members got the opportunity to listen to the voice of "real seniority" from eight centenarians ranging from 100 to 112 years of age.

The hearing was called to mark what Chairman Pepper termed a "centenarian explosion". Centenarians have been a historical curiosity and a rarity, leading most researchers to conclude that although life expectancy from birth has been steadily increasing the limit of the human lifespan is at the one-century mark. However, during the past decade the United States has experienced a spectacular growth in the number of people attaining the age of one hundred. Only 3,200 Americans lived past their centennial in 1969; today that number exceeds 13,000.

Dr. Robert Ringler, Deputy Director of the National Institute on Aging, told the Committee that the current group of centenarians is merely the leading edge of a new era, "one marked by the triumph of survivorship". Ringler said that there are now 1.9 million Americans who are 85 or older who represent the fastest growing segment of the society. This phenomenon not only raises the question of how more people are able to live longer; it also creates a challenge for society to ensure that these older Americans can lead meaningful lives. "Although how long we live is clearly important", Ringler added, "the quality of our lives is a greater concern". Despite the divergent backgrounds of the eight witnesses, their backgrounds were sufficiently alike to suggest that longevity was at least indirectly related to this "quality of life".

In response to questioning, each witness testified that he or she had continued working well beyond the traditional age of 65. Dr. W. L. Pannell, an East Orange, New Jersey physician who began practicing "back in the horse and buggy days", still goes to his office daily. At 101 years of age, Dr. Pannell is the world's oldest practicing physician.

Ms. Maria Maja DeQuiroz of Los Angeles, also 101, makes quilts for Goodwill, which honored her as its "Queen". She does her own cooking and sewing and lives in a house her husband bought in 1919 for $50. Harry Lieberman, 103, of Long Island, New York is a professional artist who took up painting at the age of 87, after retiring from his confectionary store business. His works have been displayed in ten museums around the world. "I retired for six years and those were the worst six years of my life", Lieberman said. "I didn't know when I should get up or when I should go to bed . . . I feel like I am living today because of my activity. This painting gives me a lift to live. When I finish an item I feel that I have done something for myself and for the world".

L. Perry West of Washington, D.C. offered a similar prescription for long life. "I smoked my first and last cigarette when I was 4½ years old", he said. An avowed physical fitness believer, West still walked daily at age 101, rain or shine. In younger days, he bicycled the 112 miles roundtrip between Washington, D.C. and Frederick,

Maryland every other Sunday with a group called, appropriately, the Century Cycling Club. West told the Committee that he went to work in his father's brick factory at age 21. He retired in 1971 at the age of 93.

AGE DISCRIMINATION IN THE SELECTION OF FEDERAL JUDGES

On February 13, 1980, the Committee held a hearing to investigate the process by which Federal judges are appointed and the degree to which age discrimination is an established part of the process. Testimony by the American Bar Association and Justice Department officials confirmed that both of them subscribe to a policy of not recommending any individual for appointment who is over 64. In addition, individuals over 60 and under 64, are also barred from being recommended except in a handful of exceptional cases.

Among the witnesses were two individuals denied appointment as judges, apparently because of age: Mr. Nicholas Udall of Phoenix, Arizona, and Mr. Herman Clark of Fayettesville, North Carolina, Testimony by Senator Dennis DeConcini of Arizona and a written statement from Senator Robert Morgan of North Carolina bore out the facts about the Justice Department's refusal to nominate these man because they were 64.

Testimony was also presented by Judge Sarah T. Hughes, Senior Judge, U.S. District Court for the Northern District of Texas. Judge Hughes described the circumstances related to her appointment at the age of 65. Pressure from such friends as then Vice President Lyndon Johnson and Speaker Sam Rayburn led to her nomination despite ABA criticism that she was too old.

Robert Rowen, Chairman of the ABA Standing Committee on the Federal Judiciary testified in support of the use of age guidelines. He cited the inability to remove a judge who has become incompetent and the life tenure awarded to Federal judges. Larry Hammond, Deputy Assistant Attorney General, pointed to the constitutionally mandated power of the President to nominate judges and suggested that the President was therefore to set his own policy in this area.

Many Members of the Committee sharply disagreed with these positions. Following the Hearings, the House and Senate both passed resolutions by overwhelming margins that declared the sense of the Congress in opposition to the practice of age discrimination in selecting Federal judges.

CANCER INSURANCE AND THE ELDERLY

On March 20, 1980, the House Select Committee on Aging joined the Senate Judiciary Subcommittee on Anti-Trust and Monopolies in a hearing which focused on cancer insurance, a form of limited health insurance which pays benefits if a person contracts cancer, following an extensive investigation of this form of insurance by both Committees.

Insured cancer victims testified before the Committees regarding their experiences with this limited form of insurance after they learned they were cancer victims and sought reimbursement under these poli-

cies. They told the Committees of their disappointments with the low coverage they received—which was in sharp contrast to the promises of financial security they would have if they contracted this dreaded disease; they told of hidden limitations they were unaware of when they purchased the policies including exclusions for those whose diagnosis of cancer was not pathologically proven when this procedure can sometimes jeopardize the life of the victim, or if preexisting condition clauses which renders payment on the policy impossible as the company argues that the cancer condition existed prior to the purchase of the policy.

Representatives from state insurance regulatory agencies testified about market conduct studies conducted by the states on companies specializing in this line of health insurance. These regulators documented sales and marketing practices of sellers of these products more thoroughly than has ever been done elsewhere, and found literally scores of violations of State law by these companies.

A former Pennsylvania Commissioner and an articulate spokesman for progressive insurance regulation reported that cancer insurance gives little value for its premium; that it has been frequently misrepresented in advertisements and sales presentations, and that it is often sold to those that are least likely to need its limited protection.

A report of the House Select Committee on Aging entitled "Cancer Insurance: Exploiting Fear for Profit" was submitted for the record of this hearing. The findings of this report are summarized under "Cancer Insurance Exploiting Fear for Profit—Committee Print."

A second hearing was held following this joint hearing for the purpose of hearing testimony from cancer insurance industry representatives.

DMSO: NEW HOPE FOR ARTHRITIS

On March 24, 1980, the Committee held a hearing to determine the status of research and of the Food and Drug Administration's action with respect to a controversial drug called dimethyl sulfoxide or DMSO. DMSO is a refined by-product of the manufacture of paper whose medicinal properties were first brought to attention in America in the early 1960's. It has the unusual property of penetrating the skin and reaching the bloodstream within seconds when applied to the skin. The most common side effects are garlicky breath and some minor skin irritation.

Results of Committee questionnaires sent to rheumatologists, veterinarians, foreign health ministers and professional sports team physicians to learn of their experience with DMSO were released. Seventy percent of the veterinarians who responded had used or prescribed DMSO in their practice and felt it was effective in reducing inflammation and other arthritic symptoms in animals. Most of them believed that from their experience in animals, DMSO would be safe and effective for humans.

Although the majority of rheumatologists, foreign health ministers and professional sports team physicians responded they did not have personal experience with DMSO, they suggested that further investigation into the potential of DMSO to relieve the pain of arthritis, bursitis, and other conditions was certainly warranted.

Witnesses at the hearing included people who had used the drug, physicians and representatives of the FDA and the Arthritis Foundation. Those who had used the drug testified that it relieves pain, reduces swelling and promotes healing. Two physicians suggested the drug may be helpful in certain kinds of arthritis and in relieving injury-induced pressure on the brain. Former professional sports team physicians stated that the use of DMSO shortened rehabilitation time for sports injuries to soften tissue and joints, commenting that its use would make a significant contribution to physicians in the field of sports medicine, private practice and industrial medicine. Team physicians also commented that the use of DMSO might save the nation millions of dollars in workmen's compensation and disability payments by rehabilitating the industrial-injured patient and getting them back to work.

Although there are thousands of people who have used the drug and can testify to its effectiveness, the FDA claimed that research and tests on DMSO have not been scientifically worthy. Because of the drug's unique characteristic of causing a garlicky breath when applied to the skin or injected, it has been impossible to conduct double-blind controlled studies, the type of studies required by the FDA to prove the safety and efficacy of a drug.

The conclusion of the hearing was that an objective evaluation needs to be undertaken to prove, once and for all, the safety and efficacy of DMSO. In pursuit of this necessary evaluation, Congressman Hopkins and Chairman Pepper introduced legislation to require the National Institute on Arthritis to conduct a clinical investigation of DMSO and report back to the Congress within a year. This legislation, which was cosponsored by more than a quarter of the House, was amended to a bill which did not receive final consideration by the end of the 96th Congress.

MEDICAID AND MEDICARE FRAUD

On May 15, 1980, the House Aging Committee held a hearing on fraud in the Medicaid and Medicare programs. These hearings were most significant.

Francis Mullen, Assistant Director of the Criminal Investigation Division of the Federal Bureau of Investigation told the Committee of the Bureau's undercover investigation in California and its expanded effort to stop Medifraud nationwide. Mullen told the Committee that "corruption has permeated virtually every area of the Medicare/Medicaid health care industry." He said that illegal kickbacks have "become a way of life" for clinical laboratories, nursing homes and other providers in the Medicare/Medicaid programs. The FBI said that no segment of the health care industry and no section of the country is free from these kinds of fraud.

Mr. Mullen said that abuses as outlined in Congressional hearings in 1976 were "still occurring and apparently are becoming more widespread." He said the only competition that the Bureau found in the health care field was the level of the kickbacks paid to providers. He said that dishonest providers have absolutely no fear of being caught and prosecuted and that they believe that even if they are caught, the worst that will happen to them is that they will have to pay back funds that they have stolen.

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Mullen said that the FBI had developed over 600 cases nationwide and that virtually every one of the 59 FBI field offices has found significant problems with the integrity of the government health care programs.

Also testifying at the hearing was Richard Lowe III, Acting Inspector General of the Department of Health and Human Services, who stressed his cooperation with the FBI and noted the shortage manpower in his office caused by the transfer of sizable numbers of investigators to the new Department of Education.

Congressman Pepper urged the Inspector General to continue his efforts, noting with some sympathy that the Inspector General has responsibility for over 300 programs in addition to Medicare and Medicaid. Congressman Bonker said the FBI testimony was one of the strongest indictments he had heard. Congressman James Abdnor, Ranking Minority Member of the Health Subcommittee, lamented the loss of millions of dollars which he said could be used to provide expanded benefits to the elderly.

Following the hearings, Congressman Bonker called upon the Justice Department to establish units fashioned after the organized crime strike forces to deal with the problem. He also suggested expanding the funding for the FBI. Chairman Pepper noted his sponsorship of legislation, H.R. 5170, to continue funding for the State fraud units to help ferret out fraud and abuse. He called upon the Congress to pass the measure before the end of September, 1980.

FAMILIES: AGING AND CHANGING

On June 4, 1980, the House Select Committee on Aging focused on the appropriate roles for families and governments to play in provision of services for tomorrow's older citizens.

A report issued by the Subcommittee on Human Services prior to the hearing made the observation that when Americans assess what is most important in their lives, family life is at the top of the list. The fact that our Nation's 56.7 million families continue to raise children and to serve as a major source of emotional and social support is compelling testimony to their observation. Americans are living longer and healthier lives, facing incredible economic stresses and adapting to numerous cultural transformations. In fact, so rapid and so pervasive are these changes that President Carter called upon the Nation recently to convene the first White House Conference on Families which began on June 5, the day following this hearing.

For a variety of reasons, issues related to the elderly and the family had not received adequate attention in the local and State conferences which preceded the national conference. The purpose of this hearing was to draw attention to older family members and to add substantive testimony and recommendations to the conference and for congressional consideration.

Maggie Kuhn, the national convenor and founder of Gray Panthers, an organization devoted to bridging the gap between the younger and the older populations, testified about her experiences in caring for her own aging and ill mother. Together with one of the nine unrelated members of a house she now lives in, she pointed out

the need for Federal programs to consider assisting older Americans living in nontraditional as well as traditional family settings.

The Committee also heard from a multigenerational family who talked about the positive aspects of living together and apart. The three generation family of recent memory is rapidly becoming the four or five generational family of tomorrow.

Witnesses mentioned that family members play the major role in caring for their older family members. However, to accomplish this task, sometimes a family must overcome enormous stresses and strains. Children of frail and disabled parents and others told of services which could assist them in their caretaking role.

Lastly, researchers and policymakers explained that because families themselves are so changed and are so varied, our solutions for assisting them will also have to be varied. They challenged the Committee to consider a variety of innovative approaches designed to strengthen the extended family where it is functioning effectively and to support alternatives where it is not.

ELDER ABUSE

On June 11, 1980, the House Select Committee on Aging joined the Senate Special Committee on Aging in convening a hearing on the issue of elder abuse. This was the first congressional hearing on this issue held in Washington, D.C. Field hearings in Boston, and New York City had been held prior to this joint hearing. The purpose of the Washington, D.C. hearing was to alert the American people to valuable information gathered by the Committee during its field hearings and to gain a better understanding of the nature and the actual incidence of crime against older people at the hands of members of their own family in an effort to develop an appropriate legislative response to elder abuse.

The Committees were told that from 500,000 to 2.5 million cases of elder abuse are reported annually in this country, and that thousands more go unreported. The abuse reported takes on many forms including physical assaults, neglect, relocation against will, emotional and sexual assaults and financial exploitation. The abused elderly are usually single, dependent on their caretaker, politically weak, and lacking in adequate legal protection.

Although witnesses assured the Committees that the majority of families are doing a good job of caring for their older parents, about 10 percent of all dependent elderly are abused by their families.

A survey of police chiefs of major metropolitan cities across the United States undertaken by the House Select Committee on Aging was released at the hearing. It revealed not only that elder abuse exists but that it is an increasing problem in the respective departments. It further revealed that the problem of elder abuse has no regional boundaries and occurs nationwide. Much of elder abuse goes unreported because of the fear of reprisal and embarrassment by the elderly people affected. Inadequate referral resources oftentimes results in lack of intervention, consequently repeated abuses of the victim.

Researchers and State officials testified on the difficulties they have encountered in attempting to address this problem. Older persons

themselves discussed, from their own personal experiences, the financial, physical, and emotional assaults they had sustained from their own family.

A bill to correct this situation was introduced as a result of this hearing and a report on this issue should be ready for release early in the 97th Congress.

EEOC ENFORCEMENT OF THE AGE DISCRIMINATION IN EMPLOYMENT ACT

On June 18, 1980, the Committee held a hearing on enforcement of the Age Discrimination in Employment Act by the Equal Employment Opportunity Commission. The hearing examined the status of ADEA enforcement by EEOC, one year after the agency assumed jurisdiction over the age program as a consequence of transfer of enforcement powers from the Department of Labor under Presidential Reorganization No. 1 of 1978. The hearing was scheduled by the Chairman in response to numerous complaints received by the Committee from victims of age discrimination, the private bar, advocates of the aging, and government employees who alleged that the Commission's enforcement effort was inadequate and that EEOC did not regard its responsibilities under the ADEA as seriously as its enforcement of other civil rights enforcement programs.

The Committee received testimony from a panel of four public witnesses who testified that they were dissatisfied with EEOC's handling of their age discrimination complaints. The public witnesses made allegations of incompetence, disorganization, and lack of commitment on the part of Commission employees in recording, processing, investigating, and developing each of the witnesses' age discrimination complaints.

The National Council on the Aging, via its general counsel, Edward F. Howard, also presented testimony regarding its concerns about EEOC's performance in enforcing the age discrimination statute. NCOA expressed concerns about inadequate planning for assumption by EEOC of its age discrimination enforcement responsibilities; the adequacy of training, with respect to both quality and quantity, for EEOC employees in the intricacies of the statute; the Commission's handling of certain important types of age cases, such as BFOQ cases; the Commission's procedures for investigating age discrimination complaints; and the inaccessibility of EEOC offices where victims of age discrimination could file complaints.

Eleanor Holmes Norton, Chair of the Equal Employment Opportunity Commission, responded to the allegations by the public witnesses and defended the Commission's efforts to enforce the Age Discrimination in Employment Act. Norton alleged that some of the problems encountered by the Commission were part of a legacy inherited from the Department of Labor along with the program. Norton pledged to improve EEOC's age discrimination enforcement efforts and promised to work with the Committee towards that end. Detailed requests for information about EEOC enforcement of the ADEA were made of the Commission both prior to and following the hearing, and the Commission complied with these requests to the best of its ability.

Responses by the EEOC to written questions submitted after the hearing were especially revealing about the inadequacies of the Commission's enforcement efforts. Most notably, the EEOC reported that it has had no workable procedures for analyzing patterns of age complaints by firm, occupation or industry. Such data can only be tabulated by computer, due to the enormous number of age charges filed with the EEOC since it assumed jurisdiction of the ADEA. Yet, computer facilities, which for years have been used by the EEOC for Title VII charge filing, were not yet available for ADEA charge filing.

In addition to the lack of information created by the absence of a computerized charge filing system, the Commission's responses suggested several other problem areas:

(1) Only 17 percent of EEOC area offices have age units, which means charging parties, as well as investigators, must travel great distances to file or investigate a case. Travel budgets are also small, thus further limiting the Commission's enforcement activities.

(2) Training for attorneys, investigators and intake workers, while improving, still appears to be inadequate, both in depth and scope.

(3) The Commission's dissemination of information to protected workers on the remedies available to them appears to be lacking, as does technical assistance to employers on ways to comply with the ADEA.

The Committee is continuing its review of EEOC enforcement of the Age Discrimination in Employment Act and contemplates additional hearings early in the 97th Congress to reexamine the question.

DRUG ABUSE IN NURSING HOMES

On June 25, 1980, the House Select Committee on Aging held a hearing on drug abuse in nursing homes. The Committee received testimony which revealed that many elderly nursing home residents are subject to highly dangerous and unnecessary drug reactions because of inadequate drug monitoring procedures.

Those testifying before the Committee included senior citizen victims and their families, officials of the U.S. General Accounting Office, and representatives from professional pharmacist-related organizations. Included in the hearing record was material submitted by nursing home industry representatives, citizen advocacy organizations, academicians, and others.

In his opening remarks, Chairman Pepper noted that well over 1 million elderly Americans live in nursing homes. He pointed out that while the average senior routinely takes 4 to 7 different medications, the nursing home resident averages 7 to 10 different medications. Seniors, who represent 11 percent of the population, account for nearly 25 percent of all drugs used in this country. As a consequence of these and other factors, the average senior citizen has twice the chance of suffering a drug-related accident as a 30-year-old.

Chairman Pepper went on to point out that problems of drug administration and drug prescription contribute to adverse drug reactions. He noted that some reports have suggested that 25 percent or more of the drugs taken by nursing home patients may be given in

error while other studies demonstrate that poor prescribing practices can lead to life threatening polydrug interactions. The important role of adequate drug monitoring practices was stressed.

In their opening remarks, various members cited: the need for increased education and training of nursing home personnel; the fact that nursing home residents are often vulnerable and totally dependent on the institution's staff; and, that the Nation has a responsibility to take proper care of those who were our forebearers.

Senior citizens who had been victims of drug abuse while residents of nursing homes testified. Mrs. Stanley of Santa Cruz, California stated:

> So even though my physical injury for which I entered the nursing home had been healed, my mental capacity had deteriorated due to the great amount of drugs administered to me . . . the drugs used by the nurses were at their discretion, any amounts they decided . . . I began to suffer great depression because of the following drugs: valium, elavil, placidyl and a tranquilizer called capla . . . In a short time, I became confused and declared mentally incompetent and extremely depressed . . . If it had not been for my daughter standing by me and doing all she could in her power to get me out from under this system, I would not be here today . . . I am 83 next Tuesday. At the present time I am living in an apartment where I am able to take care of myself. I am active in programs relating to preventive health care. I walk two miles a day and I have a state of mental alertness and I am in reasonably good health.

Others echoed similar experiences.

Officials of the U.S. General Accounting Office testified before the Committee and released the results of their major study entitled, "Problems remain in reviews of Medicaid-financed drug therapy in nursing homes." In part, the study concluded:

(1) That the Medicaid program pays for about one half of all nursing home care in the United States;

(2) That the Department of Health and Human Services (formerly DHEW) has established procedures to determine if drugs are still needed, effective and safe for the patient;

(3) That these procedures are ineffective and do not guarantee proper drug usage;

(4) That 81% of the 48,600 Medicaid patients residing in nursing homes in five States who were receiving 10 selected drugs were not being tested as frequently as recommended for adverse drug reactions;

(5) That a number of patients were given drugs inappropriately;

(6) That a number of patients were given drugs which were counterindicated for their circumstance;

(7) That conflicts of interest can develop between the two roles often assigned a pharmacist: that is being the vendor of drugs while being the monitor of drugs; and

(8) GAO concluded that DHHS needs to do more to help protect nursing home residents from drug abuse.

Representatives from various professional pharmacy associations presented testimony which essentially concurred that significant problems exist in this area. They continued by offering a variety of recommendations for improvements of drug utilization in long-term care facilities.

MEDICARE: A 15-YEAR PERSPECTIVE

On July 30, 1980, the House Select Committee on Aging conducted hearings to mark the 15th anniversary of the enactment of Medicare. In his opening statement, Chairman Pepper said the purpose of the hearing was to determine if Medicare has been a success and to help outline what changes must be made to improve the program. The witnesses at the hearing included Wilbur Cohen, former HEW Secretary, and Wilbur Mills, former Chairman of the House Ways and Means Committee—two of the men most responsible for the enactment of the program. The perspective of the beneficiary was provided by Bertha Wolman of Washington, D.C., Lawrence Hibbard of Rochester, New York, and Raymond Reul of Cocoa Beach, Florida. The physician's perspective was offered by Dr. Michael B. Miller of White Plains, New York and Dr. Victor Kassel of Salt Lake City, Utah. Following is a summary of their presentations.

Wilbur Cohen and Wilbur Mills both concluded that Medicare has been an unqualified success. They made a special point of saying that the fears that opponents voiced at the time of enactment have not been realized. They noted that early sponsors of the Medicare bill and similar measures were denounced as socialists or communists. They pointed out that opponents had argued Medicare would undermine the quality of medical care in America; that it would remove freedom of choice from the American health care system and that there would be strikes and protests by physicians who would boycott the program. Mr. Cohen noted that there is no socialized medicine in the United States today; he credited the nation's physicians for implementing the law.

Mr. Cohen concurred, however, with the sentiments expressed by several Members of the Committee that Medicare is in need of substantial improvement. He said he favored the expansion of Medicare to cover the gaps in the program, including hearing aids, eyeglasses, prescription drugs and unlimited home health care visits. He favored the repeal of the $60 Medicare Part B deductible and the extension of Medicare benefits made in H.R. 3990.

Former Ways and Means Chairman, Wilbur Mills, began his statement by endorsing the Chairman's proposed Part C legislation. He also endorsed the idea of removing Medicare from the unified budget.

Dr. Kassel, a physician who specializes in geriatrics, added that Medicare payments to physicians are inadequate. Honest physicians cannot afford to accept assignment, he noted. He made a particular point that fee schedules are geared to the amount of time it takes to provide care to younger patients. Dr. Kassel said it takes longer to provide care to the elderly, for example, it might take one half hour to do a physical on a person of 21 while it would take three times this long to complete a physical on a person age 65 or over.

Dr. Miller serves as medical director for two nursing homes in White Plains, New York. The thrust of his remarks related to the failure of families to care for their elderly. He said the current problems they face are a result of the successes in expanding the life span over the past 40 years. The life span has been extended but there has been a failure because it has not addressed the problems of the infirm elderly.

Bertha Wolman of Washington, D.C., helps senior citizens solve complaints with Medicare. She said one of the primary failings was Medicare's failure to pay for long-term care. She said the Explanation of Medicare Benefits forms are confusing and need to be redrafted.

Raymond Reul had harsh words for a Florida carrier that paid $230.55 or 56 percent of a $543.50 bill. He said that because he is an expert systems analyst, he was able to show duplication and errors in the billings. Ultimately, he was paid $313.55 or 76 percent of the bill. He said that other senior citizens who do not understand computers are not likely to fare as well.

Mr. Hibbard, a retired attorney, said that senior citizens do not understand why their claims are being refused and they do not know they have the right of appeal when they are turned down for payment.

Chairman Pepper termed the hearings an excellent addition to the record. The testimony lends support for the need to protect the integrity of the trust fund, expand Medicare's benefits, and to institute other reforms.

RETIREMENT: THE BROKEN PROMISE

All Americans anticipate a retirement in security and dignity. However, one out of three older men and two out of three older women currently are forced to subsist on annual incomes of $4,000 or less. An overwhelming majority of these people fell into poverty during old age. For these millions, the dream of a retirement in dignity has become a broken promise.

On September 17, 1980, the Committee began a series of hearings on the failure of the nation's retirement system to provide an adequate income for most of America's 25 million elderly. Testimony presented at Retirement: The Broken Promise provided a broad overview of five sources of income for older persons: Private pensions, Social Security, assets and savings, Supplemental Security Income, and income from employment. In his opening statement, Chairman Pepper referred to the "vast array of social programs whose requirements often work at cross-purposes with one another." The result, he said, is that "each year the Federal government spends billions of dollars to keep millions of elderly people under, at, or just above the poverty line." The Chairman released a draft of a staff report which found that the traditional three-legged stool of retirement income—Social Security, private pensions, and individual savings—is collapsing. "The current retirement income system has not kept its promise to the workers who faithfully paid into Social Security, participated in private pension plans, and tried to frugally invest in savings accounts. Inflation has ravaged their retirement savings or made it impossible to save, while their pension expectations have vanished into an incomprehensible maze of requirements. These older Americans have become dependent upon Social Security as their principal or only source of income, but their average benefit is $300 per month. No wonder they feel that Social Security just isn't enough."

Chairman Pepper proposed a legislative package which "recognizes that components of the nation's income security system must be fashioned in such a manner that they complement, rather than conflict with

each other. In addition to strengthening the traditional three legs of the retirement income stool, the Chairman urged adding two more: Employment for those who need or desire to work and public assistance for those who fall between the cracks of the system. Under the proposals, work incentives under the Social Security system would be increased, tax incentives for retirement savings would be increased, and benefits to the very poorest would be brought up to at least the poverty line under SSI. Chairman Pepper termed private pensions "the biggest broken promise of all" to everyone but the few who receive them and recommended an immediate shortening of vesting requirements under ERISA.

William Driver, Commissioner of Social Security, called Social Security "one of the most enduring and efficient programs in American history," emphasizing that "many consider it to be the Government's most successful social program." In discussing the role of the program within the retirement income framework, Driver explained that Social Security "provides the foundation upon which the other elements of the retirement income system rest." The weighing of the benefit formula toward low wage earners recognizes the fact that lower paid workers are far less likely to be able to supplement their benefits with income from private savings and are less likely to have worked in employment that provides them with private pension income. While Social Security benefits will replace 57 percent of preretirement income for low wage earners retiring in 1982, many of these beneficiaries will have little or no other sources of income. While Commissioner Driver feels that retirement programs for the aged should not interfere with work incentives, complete elimination of the earnings limitation would run counter to the goal of targeting benefits "so that they are as adequate as possible for those who need them the most."

"For years the American public has been flooded with media stories and social policy analyses that have portrayed older Americans as economically secure," said Dr. Robert Binstock, Executive Director of the National Aging Policy Center on Income Maintenance at Brandeis University. "These portrayals have presented a gross distortion to the American public." Dr. Binstock testified that the official poverty rate among the elderly, pegged at a disproportionally high 15 percent in 1979, is probably an understatement. "For millions of older Americans who are 'unofficially poor', unable to retire in security and dignity, it is small comfort that a magazine, the CBO, or any other auspice proclaims that they have been officially lifted out of poverty." At a minimum, Dr. Binstock called for raising the Federal SSI guarantee to the poverty line.

Also testifying were Donald Grubbs, a Washington pension actuary, and Shirley Brussell of Operation ABLE, a Chicago organization specializing in employment opportunities for seniors. According to Grubbs, the majority of workers covered by private pensions did not receive benefits because they switched jobs too frequently to qualify for their employers' plans, most of which require ten years on the job before the employee is vested. Grubbs recommended that all employers be required to provide "at least minimum pensions" for all workers, that all employees be fully vested in their pensions in five years, and that the Government set up a central "pension portability clearing-

house" so that vested pension credits are preserved. Brussell emphasized the employment needs, opportunities, and problems of older Americans, calling for a liberalization of the earnings limit for Social Security recipients, more stringent enforcement of the ADEA, and the provision of tax incentives to private sector employers for hiring older workers.

FRAUDS AGAINST THE ELDERLY: HEALTH QUACKERY

On October 1, 1980, the Committee opened hearings into the subject of frauds against the elderly with particular emphasis on arthritis quackery and other mail order frauds.

Witnesses included senior citizens who had been victimized as well as representatives of the U.S. Postal Service, the Food and Drug Administration, the National Cancer Institute and the Arthritis Foundation.

Fletcher Accord, Chief Assistant Postal Inspector for criminal investigation testified that 60 percent of all mail order frauds are perpetrated against older Americans. He described a number of schemes from a phony cancer cure which was made of seaweed, to copper bracelets and powders made of wheat cereal which have been sold as "cures" for arthritis.

Representatives from the Food and Drug Administration brought to the hearing room examples of products which they had seized either because the advertising for them was laced with misrepresentations or the products themselves were defective and injurious to health.

Witnesses from the National Cancer Institute described the plethora of unproven cancer cures which are sold by the unscrupulous and their efforts to educate the public. The Arthritis Foundation spokesman estimated that a over a half a billion a year is wasted every year in worthless remedies, treatments, devices and gimmicks.

The hearing resulted in increased pressure to amend postal statutes to give the Postal Service more authority to crack down on those who use their mails to defraud. Legislation has been introduced by Committee members which would allow the Postal Service to tender a money order at the address where a product is being sold rather than waiting until the product is received in the mails to being legal actions to bar the sale of the questionable product through the mails.

The hearing also served to bring into focus other frauds against the elderly such as interstate land fraud and phony business opportunity rackets which the Committee will examine in subsequent hearings.

RESEARCH FRONTIERS IN AGING AND CANCER: INTERNATIONAL SYMPOSIUM FOR THE 1980'S

On September 26, 1980, the House Select Committee on Aging held a hearing on "Research Frontiers in Aging and Cancer: International Symposium for the 1980's." This hearing served as the summary session of a five-day conference held in Washington, D.C. to shed light

on what the Congress might do to assist in the fight against this killing disease.

Internationally acclaimed experts in cancer and aging research reported that over 400,000 lives are lost to cancer each year and that most of these cancer deaths occur in later life. Persons over 54 years of age constitute 81 percent of all cancer deaths. People over 60 years of age account for 60 percent of all cancer deaths. As rates of death from heart disease continue to decline, cancer is on the way to becoming the number one cause of death among the elderly. Whereas a 25-year-old has one chance in 700 of developing cancer in the next 5 years, a 65-year-old faces a frightening one chance in 14.

Witnesses reported that Congress has made progress in the fight against cancer. In 1937, the year that Congress appropriated less than $1 million to commence research into the causes and treatment of cancer, approximately one in five lived at least five years after treatment. Today, we spend close to a billion dollars in the war against cancer and the ratio of those who live five years after treatment is one in three. The Committee was told that with early detection and treatment almost one-half of all cancer victims can be saved.

The distinguished scientists, who all have had their work recognized by Nobel, Pulitzer, Lasker and other prestigious awards discussed with the Committee their latest research findings as well as recommended action for the future, which included: (1) a continuation of international exchanges of information; (2) improved technology in research as well as new construction and rehabilitation; (3) the need for more fellowships in the field of cancer and aging to attract young and qualified scientists to the field; and (4) more money for basic research for the future.

The Committee also heard from the Directors of the National Institute on Aging and the National Cancer Institute who reported to the Committee that they are committed to working together to combat this dreaded disease.

The Conference, which was supported by grants from Banker's Life and Casualty of Chicago and the Retirement Research Foundation and sponsored by the National Institute on Aging and the National Cancer Institute, will be followed by "cascade" workshops or "working conferences" for the next three years.

FEDERAL PROGRAMS FOR THE ELDERLY IN KENTUCKY: SUCCESS OR FAILURE?

(Lexington, Ky.)

On July 6, 1979, the House Select Committee on Aging held a hearing in Lexington, Kentucky on the issue of "Federal Programs for the Elderly in Kentucky: Success or Failure?" The purpose of this hearing was to provide the Committee with information on the problems that need to be studied involving the needs of our senior citizens, to encourage creative programs, to develop and coordinate policies between Federal, State, and local governmental agencies, to review recommendations of the President and the White House Conference on Aging, and generally coordinate and relate all concerns of America for meeting the needs of the senior citizens.

Witnesses before the Committee urged Congress to formulate a permanent policy which takes into account those persons on SSI, social supplemental security income, and limited social security income, and provides a device as fuel vouchers or an increase in the allotment of fuel stamps during those months when the severe weather makes it impossible for many older persons to pay for their fuel costs. Witnesses further pointed out the critical concerns older persons have with respect to their current housing situations. In many cases, the Committee was informed, these homes are quite old and dilapidated and in need of weatherization and other repairs in addition to costing more to heat.

Others residing in the Lexington area reported to the Committee the urgent need to provide mass transportation, with particular emphasis on rural mass transportation, which is sorely needed by their older populations as 38 percent cannot drive or do not have cars. In eastern Kentucky, the Committee was told, there are no taxicabs and that transportation and access to services is the number one problem of the elderly in the State.

Lastly, the Committee was urged to consider innovative programs designed for preretirement education and part-time and full-time employment.

This was one in a series of hearings held by the Committee in North Carolina and Kentucky.

IMPACT OF FEDERAL OLDER AMERICAN PROGRAMS AT THE STATE AND LOCAL LEVEL

(Raleigh, N.C.)

On July 3, 1979, the House Select Committee on Aging held a hearing on the "Impact of Federal Older American Programs at the State and Local Level," in Raleigh, North Carolina. The purpose of the hearing was to assess how older Americans' programs designed at the federal level work when they reach senior citizens in North Carolina.

Older Americans are increasing in numbers in North Carolina as they are in most areas of the United States. There are some 800,000 citizens in North Carolina more than 65 years of age. This number has risen by more than 25 percent since 1970.

North Carolina State officials told the Committee that health service gaps exist in areas of major medical need such as home health care, long-term care, rehabilitation, and preventive services. They recommended that health screening fairs be made more widely available to elderly individuals; that health education needs to be emphasized for professionals, paraprofessionals, and for the elderly themselves; that in-home community-based services must be developed and linked to health dollars so that they can have the greatest impact; that federal regulations which emphasize and pay for acute and short-term care, such as medicare and medicaid, should be changed to include more home health care provisions; that rehabilitation of older adults should be a major component of our health care system to that they may return to the community from long-term care systems; that we should continue to encourage that geriatric courses be a part of the curriculum in the health training institutions

so that professionals can recognize and treat more effectively the health conditions of the elderly; that adequate incomes be provided older persons in order that they might purchase the goods and services which promote good health; and that federal agencies involved in funding health and related social services continue to emphasize standards and monitoring adequately to insure that quality services are being provided to our older citizens.

This was one in a series of three hearings held in North Carolina by the Committee.

FUNDING OF FEDERAL AGING PROGRAMS

(Mars Hill, N.C.)

On July 5, 1979, the House Select Committee on Aging held a hearing in Mars Hill, North Carolina on the subject of "Funding of Federal Aging Programs." The purpose of this hearing was to provide the Committee information on how spending for federal older Americans programs might be improved without reaching into the pockets of senior citizens—those whom these programs were intended to benefit.

Those who administer programs in the community of Mars Hill and in the State of North Carolina told the Committee that Congress should require medical schools to establish a department of geriatric medicine as a prerequisite to receiving federal sources of assistance. Witnesses also urged the Congress to consider expanding reimbursement for home health service and to put less emphasis on institutional care; they urged Congress to consider providing a tax credit for insulating homes in order to assist older Americans maintain their homes and to keep up with the increasing energy costs associated with doing so; they recommended that the Congress look into the establishment of plans and policies leading to the employment, on part-time work or full-time work, of more of our people over 60 years of age; they recommended that Congress increase the earnings allowance, allowed without penalty to persons drawing social security; they recommended that Congress and the North Carolina State Legislature try to solve the problems of housing and of transportation; they commented on the need to establish preretirement counseling and education programs for senior citizens and they urged that emphasis be placed on the development of these programs.

This was one in a series of three hearings held in North Carolina and Kentucky by the Committee.

MEDICARE PATIENTS IN NURSING HOMES

(Longview, Washington)

In August, 1979, Congressman Don Bonker conducted hearings in his district to find out for the House Select Committee on Aging why there were no nursing homes participating in the Federal Medicare program. Witnesses included senior citizens from the Retired Coordinating Council, nursing home owners and professionals, hospital representatives, and personnel from the regional office of the Department of Health and Human Services.

Congressman Bonker sent questionnaires to all the nursing homes and the hospitals in Washington State in order to learn the answer to the question posed above. Nursing home professionals blamed red tape and excess paperwork as the reason why they were increasingly dropping out of the program. Hospital spokesmen responded that because of the shortage of Medicare approved nursing home beds, patients were being retained in the hospital at four times the cost of more appropriate nursing home placement. Congressman Bonker conducted a follow-up study nationwide which resulted in the conclusion that the United States may be wasting as much as $1.5 billion a year by keeping Medicare and Medicaid patients hospitalized longer than necessary.

Mr. Bonker wrote to the Secretary of the Department of Health and Human Services asking that regulations be simplified and greater attention be paid to helping senior citizens fill out their Medicare forms. Related issues which surfaced at the hearings included Medicare and Medicaid fraud and abuses in the sale of health insurance to the elderly.

The hearings were incorporated into the Committee's November, 1980 report on Medicare. One of the recommendations of the report is that the Department find ways to decrease overutilization of hospitals. The hearings also were used in order to justify legislation introduced by Chairman Pepper and 40 other members of the Committee on Aging to end abuses in the sale of health insurance to the elderly. This legislation was enacted in June, 1980.

CRISIS IN HEALTH CARE FOR OLDER AMERICANS: HAS MEDICARE BECOME A BROKEN PROMISE?

(San Diego, California)

On October 24, 1979, the House Select Committee on Aging with its Subcommittee on Health and Long-Term Care held joint hearings with the Committee on Aging of the California Assembly in San Diego, California. The hearing coincided with the regional conference of the American Association of Retired Persons-National Retired Teachers Association.

Witnesses at the hearing were senior citizens who filled out forms circulated in advance of the hearing. The elderly from 10 states took advantage of this opportunity to tell the Committee what is wrong with Medicare and their suggestions for improvement. The responses from all seniors who were not able to be heard during the formal hearing were printed in the hearing record. This hearing was a central underpinning for the November, 1980 report released by the Committee.

Congressman Don Bonker chaired the hearings on behalf of the Committee in the morning. In the afternoon he deferred to Henry Mello, Chairman of the Assembly Committee on Aging. The hearing produced a useful record for both State and Federal legislative units. The hearing ended with a resolution that similar hearings be conducted more often in the future.

ELDER ABUSE: THE HIDDEN PROBLEM

(Boston, Massachusetts)

On June 23, 1979, a briefing was held in Boston, Massachusetts by the House Select Committee on Aging on the issue of elder abuse. The purpose of this briefing was to document at the Congressional level the extent to which the problem of elder abuse exists and to amass a coherent body of facts and information in this area.

At the hearing, representatives from the Legal Research and Services for the Elderly Project, submitted the findings on a survey they conducted in the state of Massachusetts under grant from the Massachusetts Department of Elder Affairs. Witnesses from the Legal Research and Services for the Elderly reported that of the 1,000 surveys to medical people, social services professionals and paraprofessionals—183 reported a citing of elderly abuse in the past 18 months. They further reported that almost every professional surveyed reported citings of elder abuse. One of the most important findings was that abuse tended to happen again and again to the same persons. In 70 percent of the citings, abuse occured more than twice and in an additional 8 percent of the citings, the abuse occured at least twice.

Nearly all witnesses estimated that demographic trends towards an increasingly larger elder population and the findings on the recurrent nature of abuse, make it likely that more rather than less of this problem can be expected to occur in coming years.

Other major findings of the survey revealed, among other things that:

(1) Abuse occurred in all age groups from 60 to 80 and over. However, the 75 and over age groups seemed to account for more of the citings than would normally be expected;

(2) A greater number of women tend to be victims of abuse more often than men. In 80 percent of the survey citing, the victim was female.

(3) In three quarters of the citings the victim had some physical or mental disability that prevented him or her from meeting daily needs;

(4) In 75 percent of the citings the victim lived with the abuser;

(5) In 80 percent of the citings the abuser was a relative; and

(6) The reasons for why the abuse occurred are varied.

Witnesses urged that further research into the nature. incidence, and causes of elder abuse be supported. Also they advised Congress to consider implementing legislation providing incentives to States for the development of protective service statutes which would allow the mandatory reporting of such abuse and the provision of services following such a report. At the present time, abused elderly are reluctant to report such abuse out of fear of reprisal, embarrassment and lack of remedies.

MEDIA PORTRAYAL OF THE ELDERLY

(Hollywood, California)

The Committee's first witness at a hearing on "Media Portrayal of the Elderly" held in Hollywood was Dr. George Gerbner of the Annenberg School of Communications. Dr. Gerbner released a new report

which studied portrayal of the elderly on network programs over the last ten years. His analysis showed that the number of major characters over 65 had actually declined from 2 percent in 1977 to 1 percent in 1979. He pointed out, "As characters age, if they are males, their chances of becoming bad, that is, villains, increased. If they're women, if they're females, their chances of failing instead of succeding, increase more than other characters of similar age."

A number of distinguished actors also testified including Jack Albertson who described the production of the award winning "Valentine" program which portrayed older persons extremely positively. Lee Strasberg spoke about his own career in the movies which started when he was in his seventies. Norma Connolly, Nancy Kulp, Janet MacLachlen, and Anne Seymour presented eloquent statements about the use of stereotyping on the basis of both age and sex in television programming.

The Committee also heard from prominent producers Gene Reynolds (of "Lou Grant") and Danny Arnold (of "Barney Miller"). Reynolds described pressure by the nursing home industry aimed at convincing Lou Grant sponsors not to advertise their products on an episode dealing with inadequate nursing homes. Arnold told about network executives who complained that "Barney Miller" used too many senior citizens.

MEDICARE OVERSIGHT

(Miami, Florida)

Hearings in Washington marked the 15th anniversary of Medicare and initiated a series of hearings around the country to examine how well the Medicare program has lived up to the lofty standards ascribed to the program upon its enactment. On August 7, Chairman Pepper and Congressman Stack heard testimony from senior citizen organizations, physicians, hospital administrators, representatives from the office of the State's Attorney, Group Health, Inc. (the Medicare Part B carrier for the Miami area), and State Senator Jack Gordon.

Although there was virtual unanimity among the witnesses that Medicare has vastly improved access to health care for senior citizens, all of the testimony received pointed to serious deficiencies in the program's statutory limits on coverage and its administrative backlogs. Elderly witnesses pointed to the high and ever-increasing premiums and deductibles. Physicians who do not accept assignment place the burden of the out-of-pocket cost and the administrative paperwork on the elderly patient, who can least afford it. Only half of all physicians treating Medicare patients accept assignment.

Physicians charged that the practices of the Medicare carrier make it virtually impossible to accept assignment. According to data from the Health Care Financing Administration, the carrier for the South Florida area has the poorest record in the region with respect to processing delays. "Artificially low" reimbursement levels, prolonged delays in reimbursement, "arbitrary and capricious" guidelines, "harassment of physicians," and "interference with the doctor-patient relationship" were among the charges leveled at the local carrier. One physician's suggestion for improving the program was to "consider changing our carrier."

Hospital administrators agreed with the physicians, charging the carrier with "unilateral promulgation of policies" and inconsistent use of fee schedules. A representative from the carrier countered that the strict guidelines control abuse and potential fraud in the Medicare program. Physicians with "aberrant patterns of practice" were referred by the carrier to the local medical association, "who chastised the doctors, but yet they continue their aberrant pattern of practice." The carrier representative attributed the delay in processing claims to "management turnaround" and "extensive reorganization" and urged a public listing of all physicians who wish to accept assignment.

The Committee also received testimony regarding massive fraud and abuse in the nursing home industry uncovered by an 18 month investigation of the Florida State Attorney's office. The investigation uncovered kickbacks, padded salaries, "attrocious" understaffing, and unsafe, unsanitary conditions. "I was appalled by the conditions I saw in these homes," testified an undercover nurse. "We treat our elderly worse than the humane society treats its animals." Investigators found unpalatable food, insufficient or watered-down cleaning agents, and an instance of "one nurse taking care of 60 patients." The Assistant State's Attorney attributed much of the conditions to the "abysmally low" Medicaid reimbursement rate, stating that Florida ranks 47th in the country in reimbursement. He compared the $68 per day the state spends for disoriented sex offenders with the "approximately $24 to $27 figure that is the entire per-day figure for the patient inside the nursing home."

MEDICARE OVERSIGHT

(Ft. Lauderdale, Fla.)

In the third of a nationwide series of hearings to mark the 15th anniversary of Medicare, the Committee heard testimony concerning gaps and limitations in the program. Medicare beneficiaries, representatives from home health agencies, representatives from senior citizen organizations, and physicians presented testimony regarding program areas needing improvement.

The monthly premium ($115 annually), the $60 medical insurance deductible, the 20 percent of "reasonable charges" copayment for physician care, the $180 hospital insurance deductible, and the excess amount above the "reasonable charges" of physicians who do not accept assignment were cited as obstacles to obtaining adequate health care for program participants. Support was expressed for the removal of restrictions on home health care coverage, preventative health care, prescription drugs, coverage of medical appliances such as dentures, hearing aids and eyeglasses, and coverage of dental care.

FAMILIES: AGING AND CHANGING

(San Diego, California)

On November 24, 1980, the House Select Committee on Aging held the second in a series of hearings on "Families: Aging and Changing." The hearing, which was held in conjunction with the Annual Meeting of the Gerontological Society of America in San Diego, provided an

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opportunity for the Committee to hear testimony on the changing roles of families as our nation grows older, and on the types and methods of providing needed supports that will best meet the needs of all generations.

Robert Benedict, the Commissioner of the Administration on Aging, discribed the long-term care initiative undertaken by the Administration as a possible mechanism for addressing the special needs of families who are serving as caregivers for their elder relatives. He also suggested ways in which we might improve our efforts in this regard.

California legislators and residents described legislation recently adopted in the state of California which would exempt spouses from inheritance tax as a means for keeping families and finances more stable after caring for an ill older relative. In addition, residents of the state described for the Committee how services in their community assisted in caring for their older relatives and prevented them from considering unnecessary institutionalization.

A spokesperson for Housing Alternatives for Older Americans told the Committee how this California model housing project has aided many older Americans find alternative housing situations which became necessary with certain life changes and without which would render them to institutional settings or other unnecessary housing situations.

The Executive Director of the Gerontological Society presented an overview of families in the United States today. He described how families are fighting against demographic odds, i.e., older Americans are increasing in numbers, yet services to assist in their care are not increasing at a similar rate.

Lastly, the Committee heard from policy experts as well as family members themselves who described what must be done to maintain older families in their communities in years to come.

Full Committee Report and Studies

Through hearings, surveys, and independent research, the Committee on Aging accumulates a considerable amount of factual information on issues involving aging and the aged, the significant portions of which are more useable and readily retrievable is sifted, refined, and incorporated into reports and work papers. Descriptions of selected Committee reports and studies are treated in subsequent paragraphs of this section of the Committee's report.[1]

VICTIM COMPENSATION AND THE ELDERLY

The Committee and the Subcommittee on Housing and Consumer Interests published "Victim Compensation and the Elderly," a study completed by Legal Research and Services for the Elderly. This volume surveyed existing state programs and evaluated a number of policy issues such as scope of coverage and eligibility. In their foreword, Subcommittee Chairman Edward Roybal and Ranking Repub-

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[1] Each of the Subcommittees has published reports or studies that draw together and reach conclusions about their investigative findings. If such publications are not treated in this section of the report they may be found in sections of this report that concentrate on Subcommittee activities.

lican John Paul Hammerschmidt noted that "The conclusions reached in this report parallel those derived by our Subcommittee:

> . . . that older persons physically, emotionally, and economically suffer the most as the result of criminal victimization. Any victim compensation legislation that purports to achieve social justice must address the needs of this population by:
>
> (1) making it the responsibility of law enforcement officials to notify the elderly crime victim and making each state widely publicize and disseminate information about the existence of a victim compensation program;
>
> (2) providing emergency funds for the immediate relief of elderly crime victims with limited incomes;
>
> (3) compensating elderly victims for the loss of essential property;
>
> (4) allowing for compensation for losses of funds or property that are under $100; and
>
> (5) providing the services of a victim advocate, when necessary, to assist older victims of crime in getting proper medical attention, obtaining necessary social services, completing documentation to receive victim compensation benefits, and participating in the criminal justice system.

OLDER AMERICANS ACT: A STAFF SUMMARY

In July of 1979, the Aging Committee issued a booklet that contained background information about the latest amendments to the Older Americans Act. First enacted in 1965, the Act as amended in 1977 included a declaration of objectives, established a federal Administration on Aging, provided funds for state and area agencies on aging, as well as nutrition, transportation, and social services. In addition, funds were made available for training and research projects, grants for Indian tribes, and community service employment for the elderly. The 1977 amendments also increased authorization limits for programs funded through the Older Americans Act.

INNOVATIVE DEVELOPMENTS IN AGING: AREA AGENCIES ON AGING

In December of 1979, the Aging Committee published a directory of innovative local aging programs that had been compiled by the University of California. This volume contained brief overviews of model programs along with the names of resource persons and their telephone numbers.

The Directory has proved to be a valuable resource for those involved in planning services for the elderly in such areas as home care, education, employment, health, mental health, legal services, nutrition, and housing.

CANCER INSURANCE: EXPLOITING FEAR FOR PROFIT

On March 25, 1980, the House Select Committee on Aging released a report in a joint hearing with the Senate Judiciary Subcommittee on Anti-Trust and Monopolies. This report grew out of an earlier investigation by the House Aging Committee on the broader subject of abuses in the sale of health insurance to the elderly. In the course of the Committee's investigation into the sale of unneeded, duplicative and essentially worthless insurance designed to supplement Medicare, it was discovered that among the health insurance policies held by the elderly were policies which covered specific diseases—namely, cancer. This report sought to determine whether cancer insurance policies were a worthwhile purchase for the elderly consumer.

After more than a year of investigating the topic, it is the primary finding of this report that such policies are not a good buy, that sales tactics used to sell such policies are highly questionable, and that such policies should not be sold to the elderly who have the benefit of Medicare and generally one or more Medicare supplementary policies besides.

The following are highlights of the report:

(1) Some 4 million cancer insurance policies were sold in the United States during 1979 and there are an estimated 20 million of them in force at the present time. These policies are offered by some 300 companies—most of them small and comparatively anonymous—but only a few of these companies actively market this line of insurance;

(2) Most cancer policies are sold on an individual basis as opposed to groups. Premiums range from $35 to $75 for one person and $45 to $150 for a family. Estimating an average cost of $75 per policy per year, Americans spent $1.5 billion for cancer insurance last year, or about 3 percent of the $45 billion that they spent for health insurance in general;

(3) Cancer insurance is the fastest growing and most profitable line of insurance in the marketplace today.

(4) Cancer insurers claim that 1 in every 4 persons will have cancer, but actual statistics are more heartening. The American Cancer Society indicates that there will be 765,000 cases of cancer in 1979 among the U.S. population of 217.6 million. In short, one in every 280 persons may develop cancer each year but even this statistic creates a misleading impression. About one fourth of the cases will be made up of inexpensive, curable, skin cancer. It is estimated that half of all cancer victims could be saved with early diagnosis and prompt treatment. To be sure, cancer is an expensive disease; the average lifetime costs of having cancer is close to $10,000. Still, it is important to keep in mind that cancer accounts for only 19.4 percent of all deaths according to U.S. vital statistics reports.

The report reveals that the majority of State Commissioners of Insurance are in agreement that cancer insurance has limited economic value, that fear tactics are used to sell it, and that individuals are better off expanding their existing coverage.

The report recommends that Congress should require that policies sold to the elderly in supplementation of Medicare provide broad coverage and are not limited to providing protection against the costs of incurring a single dread disease; that the states should carefully review and upgrade their regulation of cancer insurance with an eye toward providing requisite protections for all Americans; and that the Congress should act immediately to help the states regulate and close the no-man's land which presently permits mail order firms to sell cancer and other health insurance policies in states where such policies are not filed with and approved by the Commissioner of Insurance of that State.

PROTECTING OLDER AMERICANS AGAINST OVERPAYMENT OF INCOME TAXES

In February of 1979 and 1980, the Aging Committee published a special guide to aid older persons in preparing their income tax returns. Thousands of copies of these publications were distributed to individuals who contacted the Committee.

The tax guide included all changes in tax law relating to older persons and described various special deductions, exemptions, and credits available to older persons.

MEDICARE AFTER 15 YEARS: HAS IT BECOME A BROKEN PROMISE TO THE ELDERLY?

On November 17, 1980, the House Select Committee on Aging issued a report evaluating the effectiveness of the Medicare Program. The report concludes that Medicare has been a highly successful Federal program and that senior citizens are grateful for its protection. At the same time the report concludes that dissatisfaction with Medicare is increasing sharply.

Senior citizens report grave concerns about the fact that it is costing them more and more in Medicare payments and deductibles and Medicare is paying for less and less of their health care bills. This year, Medicare is paying for only about 38 percent of the average senior's health care costs.

The report recommends giving physicians a tax credit as an incentive to encourage them to accept assignment from Medicare and it recommends the enactment of a new Part C of Medicare which would cover eyeglasses, dental care, prescription drugs and a biannual physical exam. Participation in Part C would be voluntary. Those who wished to enroll would pay an additional premium equal to the Part B premium which is presently set at $9.60 a month. Premiums would fund about 30 percent of the new benefits and the remainder would be funded not by general revenues but by an excise tax on alcohol and tobacco products.

The report also contains recommendations for strengthening the government's ability to deal with Medicare fraud. For example, the Committee recommended extending funding for state Medicaid fraud units and for increasing the number of assistant United States Attorneys as well as the number of FBI agents presently committed to investigate this kind of fraud.

RETIREMENT: THE BROKEN PROMISE

Although millions of Americans work toward the goal of an adequate income during old age, a disproportionate number of the elderly fall below the poverty line. The traditional three-legged stool of retirement income—Social Security, pensions, and savings—has collapsed under the weight of inflation and an aging America. The report examines a new model of "retirement income" which acknowledges the necessity of general fund public assistance for those who "fall between the cracks" and the need for a new fifth leg—income from employment. Employment opportunities are considered in the report less in their context as a civil right and more as an economic necessity.

Economic Status of the Elderly.—The poverty rate for the elderly population shot up to 15 percent in 1979, the sharpest increase since the Census Bureau began such tabulations almost 20 years ago. An additional 30 percent of the elderly are stacked just above the poverty line, a measure based on an inadequate emergency food plan and an outmoded calculation of elderly food consumption. (The poverty

line allows an elderly couple $.66 per meal per person.) Only a portion of an elderly person's income offers some protection from inflation. Average monthly benefits from inflation-indexed programs: Social Security—$330; SSI—$112; Food Stamps—$34. Elderly persons spend the bulk of their budgets on items whose inflation rate significantly exceeds the CPI, by which benefits are indexed.

Public Assistance (SSI).—The Federal guarantees are $238 and $357 for an individual and couple, respectively as of July 1980. States can supplement benefits but supplementation is erratic: California, New York, and Massachusetts account for 74 percent of all supplementary payments. Institutionalized recipients have their monthly benefits reduced to $25, without regard to out-of-pocket expenditures. Benefits are reduced dollar-for-dollar for any "in-kind support and maintenance" received, including aid from one's family—a strong disincentive to family members attempting to aid their poverty-stricken relatives.

Social Security.—The Old Age and Survivors Insurance program is the most successful antipoverty program in the U.S. lifting virtually ten million elderly people over the poverty line. Virtually all contributors who live to their lifespan expectancy have and will receive a favorable return on their contributions. The weighting of the benefit structure has been successful in helping to close the income gap between low and high wage earners, females and males, and blacks and whites. However, this function is frustrated to the extent that other sources of income (earnings, assets, and pensions) are directed toward upper-income groups. Perhaps the most controversial feature of the program—the earnings limitation—is inconsistent with incentives to keep older workers in the labor force.

Employment.—Demographic, economic, and legislative changes, which in recent years have created an increasing demand for employment among older persons and retirees, have necessitated a fifth leg for the retirement income stool. The role of employment in maintaining a living standard is assuming increasing importance as (1) life expectancy increases, (2) older persons become a greater portion of the population, and (3) increases in consumer prices erode the value of nonindexed retirement benefits. The desire and ability to work among older persons is often thwarted by a variety of societal forces which prevent them from finding or retaining jobs. These include age discrimination and disincentives in Social Security, private pension programs, and publicly supported jobs programs.

Pensions.—While over 50 percent of the work force is covered by private plans, only 18 percent of the elderly receive private pension benefits. Only 25 percent of current "covered" workers have vested or nonforfeitable rights to their pensions. Most plans do not vest benefits before ten years, shutting out workers whose turnover duration is less. Sixty percent of all private pension plans are "integrated"—that is, they are plans in which employers may offset pension benefits by as much as 83 percent of Social Security benefits. Less than three percent of all plans have provisions for automatic cost-of-living adjustments. Nonindexed benefits lose about 54 percent of their value in one decade of ten percent inflation.

Assets and Savings.—Tax treatment of contributions to retirement savings plans overwhelmingly favors high-income workers, even assuming that low-income workers could make contributions equal to their richer counterparts. Only half of all newly retired OASI beneficiaries had asset income, which averaged $600 annually. Although home values were the one major asset held by elderly persons which rose faster than the CPI, these gains can only be realized by selling the home. In the interim, the costs of ownership (utilities, maintenance, and property tax) have risen even faster.

V. Committee Meetings

The Rules of the Select Committee on Aging provide that meetings of the full Committee shall be held periodically, unless the Chairman dispenses with such periodic meetings; and meetings in addition to periodic or regular meetings may be held at the call of the Chairman. (Rule No. 2) Special meetings may be requested in accordance with the provisions of House Rule XI(2)(c)(2) when at least 3 members of the Committee join in asking the Chairman to hold a special meeting. Business conducted at Committee meetings is not set out in detail in this section of the report, because matters taken up at business meetings are reflected throughout the report in discussion of Committee action. During the 96th Congress, the Committee held business meetings on the following dates: February 14, 1979; June 26, 1979; December 20, 1979; January 31, 1980, May 15, 1980.

VI. Accomplishments During the 96th Congress for the Elderly

The Select Committee on Aging is an investigative committee. Unlike legislative committees, the Select Committee on Aging has no authority to hold hearings on bills and file reports on bills. The Aging Committee contributes to the legislative process by making its investigative findings available to legislative committees to help them in their deliberations. The Aging Committee makes recommendations to appropriate committees of the House on legislative concepts that it has developed through its investigative process.

As a special investigative committee, the Select Committee on Aging has acted as a catalyst in the development of legislative enactments and the promotion of administrative changes. The Chairman, and other members of the Aging Committee, have sponsored aging legislation and appeared before committees of the House and Senate to urge enactment of legislation recommended by the Aging Committee.

This section attempts to catalogue the proposals enacted or considered during the 96th Congress which had a major impact on older Americans. Many of the legislative and administrative accomplishments were adopted with the support of the House Aging Committee. However, the presence of a particular bill in this section does not constitute an endorsement by the Committee or any of its members. Rather, this section should serve as a reference tool for understanding what measures affecting the elderly did receive consideration during the 96th Congress:

Legislation Enacted or Considered in the 96th Congress

APPROPRIATIONS/BUDGET

Public Law 96–123 Labor/HEW Appropriations for 1980.—Includes the following funding levels for aging programs:

	Millions
Older Americans Act:	
Federal Council on Aging	$.45
National Clearinghouse on Aging	2.0
State Agencies	22.5
Area Agencies (Social Services)	246.97
Nutrition	320.0
Research, Training, Special Projects	54.3
Community Services Employment	266.9
White House Conference on Aging	3.0
Home Health Demonstrations	5.0
ACTION Volunteer Programs:	
Foster Grandparents	46.9
Senior Companions	10.2
RSVP	26.217
National Institute on Aging	70.0

Public Law 96–369 Continuing Appropriations for 1981.—Includes funding at 1980 levels for all aging programs except Older Americans Act Title IV (research, training, special projects)—$45.5 million; and home health demonstrations—$4 million.

Public Law 96–536 Continuing Appropriations for 1981.—Includes the following funding levels for aging programs:

	Millions
Older Americans Act:	
Federal Council on Aging	$.58
National Clearinghouse on Aging	2.0
State Agencies	22.675
Area Agencies (Social Services)	257.0
Nutrition	350.0
Research, Training, Special Projects	45.5
Community Services Employment	277.1
Grants to Indian Tribes	6.0
White House Conference on Aging	6.0
Home Health Demonstrations	4.0
ACTION Volunteer Programs:	
Foster Grandparents	48.4
Senior Companions	12.743
RSVP	27.717

EMPLOYMENT

Public Law 96–171 Experienced Pilots Act of 1979.—Requires the National Institutes of Health to conduct a one-year study on the effects of aging on airline pilots. The study will allow Congress to determine the impact of abolishing the mandatory retirement age for airline pilots.

Public Law 96–465 Foreign Service Act of 1980.—Establishes a mandatory retirement age of 65 for all Foreign Service employees, which liberalizes the former limit of age 60. Provides that the Secretary of State may retain an employee for up to five years past the new limit. Provides that the higher limit be put into effect upon enactment of the bill (October 17, 1980).

H. Res. 693/S. Res. 374 Age Discrimination in the Federal Judiciary.—Expresses the sense of the House and Senate that the Standing Committee on Federal Judiciary of the American Bar Association and the Attorney General take all measures necessary to end discrimination against potential lifetime Federal judges who do not qualify solely as a result of age barriers.

HEALTH

Public Law 96–247 Civil Rights of Institutionalized Persons Act of 1980.—Authorizes the Attorney General to initiate civil suits in Federal courts to protect the rights of institutionalized persons. These suits are authorized only if the Attorney General believes that such deprivation is part of a pattern, if the suit is of general public importance, and after prior notice and consultation with State officials.

Public Law 96–265 Social Security Disability Amendments of 1980.—Extends Medicare coverage for DI recipients attempting to return to the work force. Establishes a program of voluntary certification for "medi-gap" insurance—health insurance policies designed to supplement Medicare. Allows States until July 1982 to institute a

certification program which meets the Federal standard. Provides for minimum standards with respect to liability, cancellation, and economic benefit to the insured, as well as criminal penalties for fraud in sale of medi-gap insurance.

Public Law 96–398 Mental Health Systems Act.—Extends the Community Mental Health Centers Act through fiscal 1981 at $85 million. Authorizes a series of new mental health programs for three years at $105 million for the elderly. Authorizes grants for the chronically mentally ill, children and adolescents, innovative projects, and mental illness prevention at $711 million in fiscal 1982–1984.

Public Law 96–499 Budget Reconciliation Act of 1980.—Eliminates the existing limit (currently 200) on the number of reimbursable home health visits under Medicare Parts A and B. Removes the three-day prior hospitalization requirement and the $60 deductible for home health care eligibility under Medicare.

Authorizes payment, with no cost sharing by the patient, for: (1) alcoholic treatment provided on an outpatient basis by a clinic; (2) diagnostic tests performed by an outpatient department of a physician's office, if the tests were related to subsequent hospitalization; (3) minor surgery performed on an outpatient basis if the physician accepts assignment under Medicare. Increases to $500, from $100, the annual ceiling on outpatient physical therapy services. Repeals the existing limits on re-enrollment in Part B of Medicare, which pays physician fees.

Permits under the Medicaid program reimbursement to hospitals at rates lower than those for acute care for hospitalization patients, if those patients require a lower level of care (such as that provided by a skilled nursing facility).

Public Law 96–611 Parental Kidnapping Prevention Act of 1980.—Provides for Medicare coverage for pneumococcal vaccine.

Denies eligibility under Medicaid for up to two years to an individual who would otherwise be eligible but for the fact that the individual disposed of resources for less than fair market value.

HOUSING

Public Law 96–103 HUD Appropriations for 1980.—Increases the limitation on loans that may be made for housing the elderly and handicapped during FY 80 under the Section 202 program, up to $830 million—a $30 million increase over FY 1979. Includes $10 million for congregate housing services. Appropriates $1.141 billion in contract authority for Section 8 assisted housing and public housing, funding 133,000 Section 8 housing starts.

Public Law 96–153 Housing and Community Development Amendments of 1979.—Requires participants in the Section 8 assisted housing program with incomes of over 50 percent of the area median to contribute up to 30 percent of family income to the rent. Previous law required only a 25 percent contribution. Creates a special assistant for elderly housing within the Federal Housing Administration who will coordinate HUD's elderly housing activities.

Public Law 96–399 Housing and Community Development Amendments of 1980.—Authorizes $1.494 billion in new contract authority

for Section 8 assisted housing and public housing, which should fund an additional 130,000 units. Of this sum, $603 million will provide for substantially rehabilitated units, and $522 million will provide for new Section 8 units. Directs the HUD Secretary to develop a public housing anti-crime program and authorized $10 million in FY 1981 for the program.

Declares that states and local governments, and not Congress, have the responsibility to ensure that tenants receive adequate notice about condominium conversions and are given the first right to purchase the unit. Provides that tenants may bring civil suit in Federal court against condominium developers who require unit owners to purchase recreation leases, but stipulates unit owners must prove that leases are "unconscionable," and that only unit owners who entered into the leases before June 4, 1975 can sue.

Public Law 96–526 HUD Appropriations for 1981.—Increases the loan limitation for Section 202 housing for the elderly and handicapped, from $830 to $855 million—enough to fund 17,000 to 20,000 units. Provides $1.417 billion in new contract authority for Section 8 assisted housing, reducing the level of newly funded units to 124,000. Includes $10 million for congregate housing services.

INCOME

Public Law 96–58 Food Stamp Act Amendments of 1979.—Raises the authorization ceiling in order to provide an additional $620 million necessary for uninterrupted benefit payments during FY 1979. Liberalizes the shelter and medical deductions for the purposes of determining eligibility and benefit levels of an elderly, blind, or disabled individual.

Public Law 96–126 Interior Appropriations for 1980.—Included $1.35 billion in low income energy assistance, which was distributed through the SSI program ($400 million), the Community Services Administration Emergency Crisis Assistance Program ($150 million), and block grants to states ($800 million), in addition to the $250 million already earmarked for the CSA Crisis Assistance program. Over $1.6 billion in energy assistance was provided to low income persons in FY 1980.

Public Law 96–128 Veterans' Disability Compensation and Survivors' Benefits Amendments of 1979.—Provides for a cost-of-living adjustment in the rate of veterans' service-connected disability compensation, as well as dependency and indemnity compensation for children and surviving spouses of veterans.

Public Law 96–222 Depository Institutions Deregulation and Monetary Control Act of 1980.—Permits banks and savings institutions to pay higher interest rates on consumer deposits by phasing out the 5¼ percent and 5½ percent interest rate ceilings set under "Regulation Q." Allows all Federally-insured banks, credit unions, and savings and loan associations to offer interest-bearing checking accounts ("NOW" accounts) as of January 1, 1981. Specifically authorizes banks to permit automatic transfers from savings to checking accounts and savings and loans to provide remote service units.

Public Law 96–223 Crude Oil Windfall Profits Tax Act of 1979.—Earmarks 25 percent of all revenues produced by the tax for low and moderate income energy assistance. Authorizes $3.1 billion in energy assistance for FY 1981, to be distributed in the form of block grants to the states, based on a formula which takes into account a particular state's climate and poverty population. Also includes a provision which exempts from Federal income taxes the first $200 of an individual's (or $400 of a married couple's) income from dividends or savings interest, for taxable years 1981 and 1982.

Public Law 96–243 Emergency Food Stamp Appropriations for 1980.—Provides $2.55 billion in Food Stamps funds, in addition to the original FY 80 appropriation of $6.2 billion. The emergency appropriation avoided a benefit cutoff in June, but Food and Nutrition Service officials estimated that the program would run out of funds by September. Language in the bill allows up to $450 million more in order to continue benefit payments through the end of the fiscal year.

Public Law 96–249 Food Stamp Amendments of 1980.—Increases the authorization ceiling for Food Stamps from $6.18 billion to $9.5 billion in FY 1980, and from $6.24 billion to $9.7 billion in FY 1981 (CBO officials estimate that the program will need $10.3 billion in fiscal 1981). Requires annual, rather than semiannual adjustments of Food Stamps to reflect increases in food costs. Requires annual, rather than semiannual adjustment of the standard and excess shelter cost deductions used to calculate benefit levels and eligibilty under the program. Eliminates the July 1980 cost-of-living adjustments in benefit levels.

Public Law 96–265 Social Security Disability Amendments of 1980.—Provides for cutbacks in disability insurance payments by placing a "cap" on benefits for recipients beginning July 1. DI benefits would be limited to 85 percent of a worker's average earnings, or 150 percent of the basic individual insurance benefit. Reduces the number of low-earning "drop-out years" that may be disregarded for the purposes of computing benefits. Benefits will be reduced an average of 14 percent for new recipients.

Public Law 96–364 Multiemployer Pension Plan Amendments of 1980.—Requires the Pension Benefit Guaranty Corporation (PBGC), which insures pension benefits from single employer plans against bankruptcy, to insure benefits from multiemployer plans. Requires PBGC to guarantee the following minimum level for terminated plans insured by the PBGC: 100 percent of the first $5 in monthly benefits earned by a participant for each year of service and 75 percent of the next $15 in monthly benefits per year of service. Mandates the PBGC to guarantee the full level of benefits for current retirees and for persons reaching normal retirement age by July 29, 1983.

Allows the PBGC eventually to raise to $2.60 from 50 cents, the annual premium paid by a plan for each participant. Requires employers who withdraw from a multiemployer plan after April 29, 1980 to pay a share of the cost of future benefits provided to plan recipients.

Gives states the option to reduce the effects of the retirement income offset for unemployment insurance benefits. States may now disregard a pension or retirement pay that is based on work performed by an individual prior to the work for which the UI benefits are based.

Public Law 96–369 Continuing Appropriations for 1981.—Funds the Low-Income Energy Assistance program at $1.8 billion for FY 1981. Alters the funding formula contained in the Windfall Profits tax legislation to direct more money to northern states, but appropriated an additional $50 million to be distributed to states that would now receive less than 75 percent of what they would have received under the old formula. Permits single-person households to receive funds; limits such money to $750 annually.

Public Law 96–385 Veterans' Disability Compensation and Housing Benefits Amendments of 1980.—Increases the rates of veterans' compensation for: (1) wartime disability compensation, (2) additional compensation for dependents, and (3) clothing allowances for certain disabled veterans. Provides such increases at 14.3 percent for veterans rated 50 percent or more disabled and 13 percent for veterans rated 10 through 40 percent disabled. Increases the rates of veterans' dependency and indemnity compensation for a surviving spouse, surviving children, and supplemental children's benefits. Provides a special one-time grant, limited to $5,000, for housing assistance to severely disabled veterans.

Public Law 96–391 Federal Employees Survivor Benefits Notification.—Requires any Federal employee who elects at the time of retirement not to provide survivorship benefits for the employee's spouse to notify (or take all reasonable steps to notify) the spouse of that election.

Public Law 96–403 Reallocation of Social Security Trust Funds.—Authorizes the transfer of $9 billion from the disability trust fund to the old-age trust fund during 1980 and 1981. A 1980 report of the Social Security trustees found that the old-age fund could decline to 6 percent of expected outlays by 1981, under the current law allocation of payroll taxes between the trust funds. A minimum of 8.5 percent of outlays is required for the fund to be able to pay out one month's retirement and survivor benefits.

Public Law 96–465 Foreign Service Act of 1980.—Provides for pro rata pensions and survivor's benefits for divorced and widowed spouses of Foreign Service employees, effective only for persons divorced or widowed after February 15, 1981.

Public Law 96–473 Social Security Earnings Test Technical Amendments.—Restores the monthly earnings test and reinstates eligibility for persons disqualified by application of the annual test mandated by the 1977 Social Security Amendments. These persons include: surviving children who left the program in midyear, teachers whose part-time work triggered their grace year at age 65, and persons receiving deferred payments for services which were performed before drawing benefits.

Permits persons to make separate applications for Social Security cash benefits and Medicare hospital insurance. With certain exceptions, denies Disability benefits to anyone convicted of a felony.

Public Law 96–499 Budget Reconciliation Act of 1980.—Reduces the time for which retroactive Social Security benefits may be claimed from 12 months to 6 months. Repeals the "lookback" COLA benefit provision for retiring Federal employees, which allowed them to receive the benefits of the previous COLA.

H. Con. Res. 351/S. Res. 432 Disapproving Taxation of Social Security.—Expresses the sense of the House and Senate that the recommendation of the 1979 Social Security Advisory Council to tax Social Security benefits not be implemented.

Public Law 96–528 Agriculture Appropriation for 1981.—Funds the Food Stamp program at $9.7 billion for FY 1981. (Full funding is expected to cost between $11 and $11.3 billion.)

Public Law 96–536 Continuing Appropriations for 1981.—Continues funding for the Low-Income Energy Assistance program at the $1.85 billion level set in the earlier continuing resolution (Public Law 96–369).

Public Law 96–611 Parental Kidnapping Prevention Act of 1980.—Includes a provision which denies eligibility for Supplementary Security Income benefits for applicants who have disposed of their resources for less than fair market value. Under the provision, anyone who so disposes of their assets within 24 months of applying for SSI must include those assets as available to them.

SOCIAL SERVICES/TRANSPORTATION

Public Law 96–73 Amtrak Reorganization Act of 1979.—Includes an amendment which required Amtrak to institute a program of reduced fares for the elderly. On January 1, 1980, Amtrak reduced its fares for the elderly and handicapped on all trips for which the one-way fare exceeds $40.

Public Law 96–272 Child Welfare Act of 1980.—Increases the Title XX (of the Social Security Act) Social Services authorization ceiling to $2.7 billion in 1980, $2.9 billion in 1981, $3 billion in 1982, $3.1 billion in 1983, $3.2 billion in 1984, and $3.3 billion in 1985.

Public Law 96–374 Education Act Amendments of 1980.—Initiates new educational outreach programs run by the states, with emphasis on underserved groups such as the elderly and handicapped. Requires states to use the funds for educational planning, informational services, and to promote the continuing education of adults. Authorizes $20 million, $30 million, $40 million, $50 million, and $60 million from FY 1981 through FY 1985.

Public Law 96–400 Transportation Appropriations for 1981.—Includes a "local option" provision that would allow transit authorities under limited conditions to provide alternate service for the handicapped rather than having to provide them under current Federal regulations. These regulations, which grew out of Section 504 of the 1973 Rehabilitation Act, require that new bus and subway facilities purchased with Federal funds be accessible to the elderly and disabled. Allows a transit authority that provides at least five percent of its funds for transportation to the disabled to provide alternate service if such service would be as beneficial as that provided under Section 504. Small and medium-sized cities would still be required to equip at least half of their buses for the disabled, while large cities must so equip all buses, unless granted a waiver by the Transportation Secretary.

Public Law 96–536 Continuing Appropriations for 1981.—Funds the new continuing education for underserved adults program au-

thorized by Public Law 96–374 at $9 million for FY 1981. Includes $120 million for adult education and $13.5 million in funds for improving postsecondary education. Funds the Older Americans Act programs at $960.9 million, a 5.1 percent increase over FY 1980. Provides $4.6 billion in revenue sharing with localities in 1981.

Public Law 96–604 State and Local Fiscal Assistance Act Amendments of 1980.—Authorizes $4.6 billion a year in revenue sharing funds for fiscal years 1981–1983. Authorities up to half these amounts for revenue sharing with state governments in fiscal 1982 and 1983, but prohibits payments to states during 1981.

VII. Summary of Subcommittee Hearings and Activities During the 96th Congress

Like many committees of the House, the Aging Committee conducts hearings, studies, and investigations partly through the full Committee and partly through its Subcommittees. Out of possible areas available for study and investigation, each of the Subcommittees has been assigned topics for investigation and development. On the other hand, the full Committee may look into any matter that warrants use of the capability of the full Committee. In prior pages of this report there appear descriptions of the hearings, projects, and activities undertaken in the 96th Congress by the full Committee and its staff. In some instances, projects were undertaken jointly by the full Committee and one of its Subcommittees. Where the Committee and one of its Subcommittees have joined to carry out a project, or activity, appropriate notations have been made to indicate a joint undertaking. This section of the report, and its subsections, describe hearings, projects, and activities of the Committee's four Subcommittees.

SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT

John L. Burton, *Chairman*
William C. Wampler, *Ranking Minority Member*

Merrill S. Randol, Staff Director and Counsel
Valinda Jones, Professional Staff
Jean Lee, Majority Assistant through March 1979
Jan Hensley, Majority Assistant through April 1, 1980
Michele Irving, Majority Assistant from April 17, 1980

Nancy E. Hobbs, Minority Staff Director
Mary E. Garver, Minority Staff Assistant

During the 96th Congress, the Subcommittee on Retirement Income and Employment continued to focus its attention on issues of major importance to our Nation's elderly. While varied, each issue highlighted the Subcommittee's endeavors to provide economic stability and security for our senior citizens.

The Subcommittee's hearings addressed topics which ranged from proposed amendments to Social Security to problems of women in midlife which, if not addressed early, may lead to their poverty in old age. In addition, the Subcommittee published two reports, "The Status of Midlife Women and Options for Their Future" and "Social Security: A Critique of Recommendations to Tax Benefits and to Raise the Eligibility Age for Retirement Benefits".

As special projects, the Subcommittee held a briefing for both House and Senate staff on women and retirement income issues, and requested a Congressional Research Service study of this issue which

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became a widely-distributed Subcommittee publication. The Subcommittee also initiated and helped implement a joint publishing project with the National Retired Teachers Association/American Association of Retired Persons (NRTA/AARP), to write and publish two handbooks, "A Guide to Planning Your Retirement Finances" and one for women who wish to prepare themselves for the possibility of widowhood.

Hearings

The Subcommittee's hearings are listed chronologically and are briefly described below:

NATIONAL POLICY PROPOSALS AFFECTING MIDLIFE WOMEN

May 7 and 8, 1979, Washington, D.C.

The Subcommittee convened the first Congressional hearing to study the problems of midlife women; problems which may lead many to poverty and isolation in old age. The hearing focused on how national educational, employment and pension policies contribute to the over-representation of women below the national poverty line and those near poverty. The Subcommittee attempted to discover what governmental action would enable midlife women to prepare for a secure retirement, liberated from the nightmares of poverty, sickness and isolation. In an attempt to sensitize the nation to these problems, it also highlighted the all too frequent sociological and psychological difficulties facing midlife women. The Subcommittee asked a varied group of experts and individual women in midlife to share their ideas and personal experiences. Testimony, received primarily from women, covered the areas of psychology, employment, health and the special problems faced by minority women, foreign service and Congressional wives.

ENERGY AND THE ELDERLY: FOOD OR FUEL

October 5, 1979, West Islip, New York

With rising energy costs, securing sufficient heating fuel at reasonable cost has become a struggle for many elderly. The Subcommittee held a field hearing on this topic in Islip, New York, a region suffering from high heating costs. Testimony was received from experts as well as senior citizens regarding the serious economic problem facing the elderly: the choice between fuel or other necessities.

Statistics made available by the Bureau of Labor showed that in 1977–78, retired couples of lower and intermediate incomes were spending 80 percent of their budget on basic necessities. When the expense of an anticipated 40 percent increase in home heating fuel was added to their already limited budgets, the problem was overwhelming. Dr. Robert Butler, Director of the National Institute on Aging (NIA) testified that aggravating their plight is the fact that the elderly are more vulnerable to cold weather and cannot afford to lower their thermostats without jeopardizing their health and in some cases, their lives.

INFLATION AND ITS IMPACT ON THE ELDERLY

January 10, 1980, New York City, N.Y.

At the request of Representative Bill Green, the Subcommittee focused its attention on the specific problems relating to the impact of inflation on the urban elderly at a field hearing convened in New York City. Of great concern to the witnesses were the issues of affordable rental housing, personal security, and energy assistance which benefits the elderly and not solely the landlord. Witnesses included individual seniors, senior and religious organizations, social service agencies and representatives of state and local governments.

OVERSIGHT: RECOMMENDATIONS OF THE 1979 SOCIAL SECURITY ADVISORY COUNCIL

March 11 and 13, 1980, Washington, D.C.

Prompted by the 1979 Advisory Council on Social Security's publication of its quadrennial report, the Subcommittee held two days of hearings to discuss the Council's two most controversial recommendations: (1) to tax one-half the amount of benefits; and (2) to give serious consideration to raising the eligibility age for retirement benefits.

The great concern about these recommendations expressed by hundreds of Social Security recipients compelled the Subcommittee Members to request the Council's justification for its proposals. While on one hand, the Subcommittee recognized the need to begin meeting the short- and long-term deficits in the Social Security Trust Funds, on the other hand it questioned whether the burden to meet these deficits should be placed solely on the shoulders of the elderly.

Testimony was received from a large spectrum of the Advisory Council's members and other Social Security experts.

SOCIAL SECURITY EARNINGS TEST

June 26, 1980, Washington, D.C.

To many Social Security recipients, the most disputed provision of the Social Security program is the "earnings limitation" through which some recipients must pay back $1 for every $2 earned above a specific amount. Since no Congressional Committees have held hearings solely on this issue, the Subcommittee convened a hearing to examine the arguments for and against the earnings test, the proposals to eliminate or liberalize the test, and the possible consequences of doing so. Excluded from discussion was the problem caused by the recent elimination of the monthly earnings test by the Social Security Amendments of 1977 since corrective legislation had been recently passed on that issue. The Subcommittee's roster of witnesses reflected a desire to understand the many technical issues involved in the controversial provisions, as well as to receive testimony concerning the effects of the test on individual recipients. Testimony was received from economists, a legislator and representatives of senior organizations. Panels made

up of those for and against the elimination or liberalization of the test enabled the Subcommittee to hear discussions from many points of view.

THE INCOME STATUS OF THE RURAL ELDERLY

August 29, 1980, Swannanoa, N.C.

Focusing on the unique problems of the rural elderly, the Subcommittee convened a hearing in Swannanoa, North Carolina, chaired by Congressman Lamar Gudger. Congressman Wes Watkins of Oklahoma, Chairman of the Congressional Rural Caucus and a Member of the Full Select Committee on Aging joined Mr. Gudger.

Nationwide figures show 14 percent of the aged are poor, but in rural America that percentage climbs to 19 percent, and in North Carolina, almost a fourth of elderly rural residents are classified as poor. Ways to deal with the low income status of North Carolina's elderly was the emphasis of the witnesses who included: the Honorable Ernest Messer, Chairman of the North Carolina General Assembly Committee on Aging and Ms. Julie Searing, Human Resources Planner of the North Carolina Division on Aging.

THE NEED FOR COST-OF-LIVING ADJUSTMENTS IN SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS

October 16, 1980, San Francisco and San Rafael, Calif.

The Subcommittee convened a field hearing necessitated by apparent threats by the Executive Branch to cut cost-of-living adjustments in Social Security and SSI benefits. The Subcommittee examined the current income status of the elderly in the Bay Area and the effects of inflation on their purchasing power. More specifically, it questioned whether the existing cost-of-living increases have enabled seniors to keep up with inflation, and if not, what needs they have had to deny.

CRIMINAL FRAUD AGAINST THE ELDERLY

October 23, 1980, New York, N.Y.

Because the elderly are frequent victims of medical quackery, mail frauds, and other illegal activities, hearing entitled "Criminal Fraud Against the Elderly" was held. At the New York City hearing a panel of witnesses discussed the strengths and weaknesses of existing laws, and made recommendations to enhance the enforcement of anti-fraud laws. Much testimony was gathered about the sale of fraudulent commodities futures to seniors from those using telephone "boiler room" operations. Government officials as well as senior witnesses testified.

Special Projects

LEGISLATION

H.R. 7630

As a result of a hearing held on January 10, 1980 in New York entitled "Inflation and Its Impact on the Elderly", Congressman Bill Green introduced the Home Heating Security Act (H.R. 7630), in

support of, and similar to H.R. 3919. This bill would provide for a three years authorization of home heating assistance, would allow the recipient and the Administration time to plan a program of payment satisfactory to both parties. This legislation was incorporated in concept into the Crude Oil Windfall Profit Tax Act of 1980 which was signed into law on April 2, 1980.

H.R. 4842

In July 1979, Congressman John Burton, Chairman of the Subcommittee on Retirement Income and Employment, introduced H.R. 4842, the bill to amend nine provisions under Title II of the Social Security Act, which would eliminate overt gender-based distinctions under the old-age, survivors and disability insurance program. H.R. 4842 solves the inequities inherent in the Social Security Act by equalizing the treatment of men and women through liberalization rather than curtailment of benefits.

H.R. 8246

Chairman John Burton introduced legislation (H.R. 8246) which would protect retired and disabled persons by preserving the current method of calculating the Consumer Price Index. This bill would prevent any changes in the calculation of the CPI which could result in lower cost-of-living adjustments to recipients.

TASK FORCE ON SOCIAL SECURITY AND WOMEN

During the 96th Congress a Task Force was initiated to study the problems of Social Security and its effects on women in our changing society. The Task Force was formed under the joint direction of the Subcommittee on Retirement Income and Employment and the full Committee. The Task Force's projects are described elsewhere in this report.

Publications

GUIDE TO PLANNING YOUR RETIREMENT FINANCES

The Subcommittee on Retirement Income and Employment initiated a project which would make available a Subcommittee handbook to those wanting information on how to plan financially for their retirement. The National Retired Teachers Association/American Association of Retired Persons (NRTA/AARP), which was asked to work on this project in conjunction with the Subcommittee, wrote the first draft of the handbook. This handbook provides readers with an overview on financial planning, explains how to estimate spending patterns, how to calculate and initiate a budget, how to anticipate retirement income, and what steps to take to better prepare for their future.

WOMEN AND RETIREMENT INCOME PROGRAMS: CURRENT ISSUES OF EQUITY AND ADEQUACY

At the request of Chairman John L. Burton the Congressional Research Service of the Library of Congress prepared a report which analyzes the data and issues surrounding the coverage of women under both Federal and private retirement income programs. The

report analyzes the central issues confronting women as workers, dependents and survivors, such as the loss of pension rights upon the death of a working spouse, the decision of a working spouse to take survivors options, and the status of retirement income benefits in a divorce.

PREPARING FOR WIDOWHOOD

The Subcommittee is currently studying the specific problems women face in widowhood. A guidebook is being written to prepare married women for the possibility of widowhood and to assist those women who are widows. The guidebook will provide women with financial information, such as how to probate a will; employment possibilities; educational opportunities. It will also inform women of their rights as they pertain to credit, Social Security survivors benefits, and pensions. A section will be included on how to anticipate and circumvent problems.

MIDLIFE WOMEN: POLICY PROPOSALS ON THEIR PROBLEMS

As part of its ongoing study of the problems of midlife women, the Subcommittee compiled a summary of the findings and views of 18 experts asked to address the question: What actions should the U.S. Government consider to assure adequate job and other opportunities for America's midlife women?

The experts included economists, sociologists, educators, psychologists, political activists and a physician. From this wide range of disciplines the experts addressed an equally wide range of topics including work and education, displaced homemakers, volunteer work, pensions and age discrimination. In highlighting the major issues and findings presented by the experts, the 21-page publication allows most readers to become familiar with the myriad of issues comprising an "agenda for midlife women."

Staff Briefing

In response to the increased concern about retirement income for women from both Congressional offices and the public, the Subcommittee on Retirement Income and Employment in conjunction with the Senate Special Committee on Aging, sponsored a Congressional briefing on Women and Pensions. Speakers included representatives from the Congressional Research Service, the Task Force on Welfare and Pension Plans of the House Education and Labor Committee and the Pension Rights Center. The speakers discussed the problems affecting private pension coverage for women and the measures Congress can undertake to correct existing inequities and lack of coverage.

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

CLAUDE PEPPER, *Chairman*
JAMES ABDNOR, *Ranking Minority Member*

Louise Bracknell, Staff Director
Mark Covall, Professional Staff
Kitty Edwards, Secretary

Larry Parkinson, Minority Staff Director through July 1980
Scott Heidepriem, Minority Staff Director from July 1980
Glenda Barnhill, Minority Staff Assistant from Nov. 16, 1979 to May 31, 1980
Leah Glasheen, Minority Staff Assistant from June 18, 1980

HEARINGS

(Washington, D.C., unless otherwise indicated)

TREATMENT OF HIGH BLOOD PRESSURE IN AMERICA (INCLUDING A REPORT BY THE BLUE RIBBON ADVISORY PANEL ON THE TREATMENT OF HIGH BLOOD PRESSURE IN AMERICA)

January 31, 1979

This hearing, printed as a full Committee document, was a project of the Subcommittee on Health and Long-Term Care and was a continuation of an examination begun in mid-1978 of the problem of hypertension among the elderly. The May, 1978, hearing was the first in Congress to examine hypertension from the perspective of older persons.

In the fall of 1978, Chairman Pepper appointed a Blue Ribbon Advisory Panel on the Treatment of High Blood Pressure in America to advise the Committee and make recommendations for legislative and administrative actions to combat hypertension and end its grip on the health of older Americans. Panel members were: Ann Landers, syndicated columnist; Michael E. DeBakey, M.D., President, Baylor College of Medicine; E. M. Papper, M.D., Vice President for Medical Affairs, University of Miami School of Medicine; Theodore Cooper, M.D., Dean, Cornell Medical School and Former Assistant Secretary for Health, DHEW; Gerald Austen, M.D., Immediate Past President, American Heart Association, Frank Stanton, Chairman, American Red Cross and former President, CBS, Inc.; Andrew Biemiller, former Director, Legislative Department, AFL–CIO; James H. Evans, Chairman, Union Pacific Corporation; Mrs. Anna Rosenberg Hoffman, Anna M. Rosenberg Associates; James C. Hunt, M.D., Dean, University of Tennessee Medical College; Joseph A. Wilber, M.D., Georgia Department of Human Resources; Isadore Rosenfeld, M.D., Cornell University Medical College; The Honorable George Cushing-

berry, Jr., Majority Whip, Michigan House of Representatives; Marvin Moser, M.D., Clinical Professor of Medicine, New York Medical College and Chairman, Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure; Mike Gorman, Citizens for the Treatment of High Blood Pressure, Inc.; and Henry Betts, M.D., Executive Vice President and Medical Director, Rehabilitation Institute of Chicago.

Subcommittee staff arranged for participation of these Panel members and carried out press announcements and other logistical duties related to preparation for the hearing at which the Panel presented its report to the Committee. Staff developed draft report which was edited and approved by the Panel. Panel members appeared before the Committee on January 31 to make their recommendations known and to urge congressional approval of legislative initiatives outlined in the report. Chairman Pepper introduced a legislative package which would implement these recommendations. (See section on legislative activities.)

HEALTH CARE FOR THE RURAL ELDERLY

August 3, 1979, Rapid City, South Dakota

At the request of the Ranking Minority Member, Rep. James Abdnor, the Subcommittee examined health care issues of special concern to older Americans who reside in rural areas.

Witnesses included representatives of state agencies, state universities, state health planning officials, and representatives of professional and provider organizations.

Witnesses at the hearing examined a range of issues including the maldistribution of health personnel, need to examine flexible regulations for rural areas, need for coordination among existing programs, and the need for innovative solutions to remaining problems which affect the ability of older persons to receive health care services.

Additional topics included an examination of training in gerontology and geriatrics, the development of more primary care physicians, expanded use of nurse practitioners and physicians' assistants in rural areas, improved emergency medical services, continuing education for rural health practitioners, and the development of better linkages between rural practitioners and larger medical centers.

CUTBACKS IN THE MEDICARE NURSING HOME PROGRAMS: DENIAL OF BENEFITS, OVER-UTILIZATION OF HOSPITALS

August 7, 1979, Longview, Wash.

This hearing, which was conducted at the request of Subcommittee Member Representative Don Bonker, examined an issue of growing concern in many parts of the country—namely, the reduction in Medicare coverage for nursing home care. As a result of this and other factors, older patients who might appropriately require nursing home care are remaining in acute hospitals at greater cost. This hearing was prepared by full Committee staff and is discussed at greater length in the full Committee section of this report.

HOME HEALTH CARE FOR THE ELDERLY

August 14, 1979, Canton, Ohio

Conducted at the request of Representative Ralph Regula, this hearing continued the examination begun several years ago of the adequacy of home health services in the country. Prepared by full Committee staff, it is discussed at greater length in the full Committee section of this report.

SPECIAL PROBLEMS IN LONG-TERM CARE

October 17, 1979

The purpose of this hearing was two-fold: first, to review progress which has been made in improving the quality of care in nursing homes since enactment of legislation and implementation of regulations resulting from nursing home investigations and congressional activity over the last few years; and, second, to determine what improvements still need to be made to ensure a high quality of care for nursing home residents. Prepared by full Committee staff, this hearing is discussed in greater detail in the full Committee section of this report.

LONG-TERM CARE FOR THE 80'S: CHANNELING DEMONSTRATION AND OTHER INITIATIVES

February 27, 1980

The purpose of this oversight hearing was to examine an initiative in the area of long-term care which has been undertaken by the Department of Health and Human Services. The Office of Assistant Secretary for Planning and Evaluation is coordinating a joint project by the Health Care Financing Administration and the Administration on Aging to make funds available to demonstrate the effectiveness of case management in long-term care for the elderly. The program, begun in 1980, is expected to run for five years and cost approximately $100 million.

There are some 130 Federal programs which benefit the elderly in some way. Most of these have different eligibility criteria, benefit structures, and reimbursement mechanisms. Older persons in need of services have a great deal of difficulty learning what services they are entitled to and actually gaining access to appropriate care. A number of programs have been started around the country, chiefly with Federal research money and, in most instances, extensive Medicare or Medicaid waivers. Triage, Inc., in Plainville, Connecticut, is a notable example of this case management model.

The February 27 hearing was held to examine plans by HHS for the channeling demonstration initiative and to look at the Triage program as an example of what "channeling" might mean in the future. Witnesses included John Palmer, Assistant Secretary for Planning and Evaluation, HHS; Robert Benedict, Commissioner on Aging; Duke Collier, Deputy Administrator, Health Care Financing Administration, HHS; Elmer Cerin, a private citizen whose wife had a pro-

tracted illness and great difficulty making his way through the current fragmented system; and Joan Quinn, Executive Director of Triage, Inc.

In addition, attention was given to the make-up of the steering committee which has been established to determine the character and to oversee the implementation of the channeling demonstration. Finally, the Subcommittee addressed the Long Term Care Task Force, which was established by the Secretary and chaired by Under Secretary Nathan Stark. There was considerable concern that the Commissioner on Aging was not a direct member of the Long Term Care Task Force.

ADULT DAY CARE PROGRAMS

April 23, 1980

Increasing attention is being focused on development of community-based services which, when combined as a service package, can serve to reduce unnecessary institutionalization of older persons who, for want of alternatives, often reside in nursing homes. There is considerable discussion of a "continuum of care" when generally refers to a range of living situations and services which might include home-health care, homemaker services, congregate or home-delivered meals, transportation assistance, etc.

Day care for the elderly is viewed as a potentially critical component of the continuum of care. This service allows families who work to maintain an elderly relative at home with the assistance of day centers which range in nature from principally social programs to those which are heavily medical or psychosocial in nature.

In 1974, some 15 programs were found. By 1980, over 600 were identified, supported with a broad mix of funds. Six states cover day care in their Medicaid programs; many make Title XX (social services) money available for this purpose. Medicare covers services provided in some centers; Title III of the Older Americans Act assists in funding some programs. Some 16 potential sources of Federal funding have been identified. Yet there is no single office in the Federal government with responsibility for day care. There is no Federal thrust for this form of care. Those programs which have been established have grown from community need and community action.

This hearing, the first congressional hearing devoted solely to this subject, examined the nature of day care programs around the country, their funding sources, and their role in providing community-based care to older persons who might otherwise require institutional care. Moreover, attention was given to an examination of the question of what an appropriate Federal role would be, the need for legislation, and the role of the Federal government in regulating and overseeing the developing of this form of care.

The hearing was held at the time of the annual meeting of the National Council on the Aging, Inc., which has established a National Institute on Adult Daycare. Witnesses included a stroke victim who is a client of a day care program; family members of adult day care clients; directors of various "models" of adult day care programs; author of a controversial government report on the cost-effectiveness

of day care; state officials with experience in development of day care programs; and a panel of HHS officials associated with programs which provide funding support for day care.

The printed record of the hearing includes a number of additional documents on the subject of day care and the report of a national conference on the subject which was conducted with funding from the National Center for Health Services Research.

MEDICARE AND MEDICAID FRAUD

May 15, 1980

This hearing, which was developed by full Committee oversight and investigations staff, is described in fuller detail in another section of the report. Its purpose was to explore the extent, found to be widespread, of fraud and abuse in Medicare and Medicaid. Witnesses included representatives of the Federal Bureau of Investigation and the Office of Inspector General at the Department of Health and Human Services.

PROBLEMS OF NURSING HOME BED AVAILABILITY AND PLACEMENT

May 17, 1980, Shelton, Conn.

This hearing, called at the request of Subcommittee Member Representative Bill Ratchford, examined the need for steps to ease the shortage of nursing home beds in this part of the country. The reduction in Medicare support for nursing home care, the lack of available beds, and the resulting back-up in acute-care hospitals of older persons who otherwise would be in need of nursing home care were examined in detail. Full Committee staff developed this hearing, which was similar in nature to the Longview, Washington, hearing mentioned earlier in this report.

HEALTH CARE FOR THE ELDERLY

June 16, 1980, Ft. Lee, N.J.

Conducted at the request of Subcommittee Member Representative Harold Hollenbeck, this hearing examined a range of health care issues of special concern in this area of New Jersey.

CATALYST ALTERED WATER

July 7, 1980, Rapid City, S. Dak.

Conducted at the request of Representative James Abdnor, Ranking Minority Member of the Subcommittee, this briefing examined Catalyst Altered Water (CAW), a lignite product which has been used by Rapid City-area residents for a variety of health problems, from warts to glaucoma to cancer. As CAW has been used primarily by senior citizens, testimony presented before the briefing focused on testimonials and scientific evidence regarding the effectiveness of CAW. Doctors, burn victims, FDA officials and others testified during the two hour briefing.

NURSE SHORTAGE AND ITS IMPACT ON CARE FOR THE ELDERLY

August 20, 1980

This hearing was called to examine the nationwide nursing shortage and its effect—current and potential—on care for the elderly. The shortfall of working nurses is felt by many to be a national problem approaching crisis proportions. Some 25 percent of licensed registered nurses do not practice nursing. By 1982, estimates are that the country will have some 100,000 nursing vacancies. Some 80 percent of the nation's hospitals currently have a significant shortage.

Older persons use hospital care at a much higher rate than the under-65 population, those 65-and-over at four times the rate of younger persons, and those 75-and-over, at six times the rate. The elderly require more intensive nursing care than younger persons.

The hearing explored the extent and causes of the nursing shortage in an effort to develop workable solutions. Causes for the shortage are seen to include: recruitment and retention; low salaries, low job prestige, and poor working conditions; complexity and specialization in nursing; opportunities for training and retraining; impact of the women's movement; maldistribution; and the growth of nursing registries which provide nurses for temporary duty in hospitals, nursing homes, and other settings.

Witnesses included representatives of the Division of Nursing in the Public Health Service, Department of Health and Human Services; the American and Florida Hospital Associations; the American Nurses Association and National League for Nursing; and representatives of the American Association of Homes for the Aging, the National Council of Health Centers, and the American Health Care Association.

Legislative Activities

MEDICARE IMPROVEMENTS

As part of its ongoing efforts to make the Medicare program more responsive to the actual health needs of older Americans, the Subcommittee in the 96th Congress initiated or continued efforts to expand Medicare and to enact benefit improvements. Working primarily with the Health Subcommittee of the Committee on Ways and Means and the Health and the Environment Subcommittee of the Interstate and Foreign Commerce Committee, the Subcommittee Chairman and staff were able to have a role in the development and consideration of a number of Medicare improvement measures.

Medicare legislation emanating from the Subcommittee and introduced by Chairman Pepper with broad cosponsorship included the following bills:

H.R. 638

Health Maintenance Organization Amendments; to provide for prospective, per capita payments by Medicare to HMOs; would encourage HMOs to enroll Medicare beneficiaries and beneficiaries to seek HMO membership, thereby make available to elderly and disabled the benefits of HMO membership—broader benefits, reduction in pa-

perwork, access to 7-day-a-week, 24-hour-a-day care. (Chairman Pepper also principal cosponsor of Administration-drafted bill, H.R. 4444, cosponsored with Messrs. Rangel, Ullman, Corman);

H.R. 641

To provide for inclusion of the services of licensed practical nurses under Medicare and Medicaid;

H.R. 649

To authorize Medicare payment for services furnished in a rehabilitation facility for the blind, and for services furnished to blind individuals by mobility therapists and rehabilitation teachers;

H.R. 2559

To authorize Medicare Part B payment for preventive services furnished in the screening, testing, diagnosis, and treatment of individuals for hypertension;

H.R. 2560

To provide Medicare Part B payment for prescription drugs; and

H.R. 2567

The Medicare Home Health Amendments of 1979—to remove requirement of prior hospitalization for receipt of Part A home health benefits; to delete limit on number of visits available under Parts A and B; to eliminate the $60 deductible with respect to home health; to remove the skilled care and homebound requirements applicable to the Medicare home health benefit and provide for the addition of periodic chore services; to raise from $250 to $750 the annual dollar limit on outpatient mental health services and to reduce the copayment from 50 percent to 20 percent, consistent with other Part B services; to give community mental health centers provider status under Medicare, etc.

Early in the 96th Congress, Chairman Rangel of the Ways and Means Health Subcommittee introduced H.R. 3990 and H.R. 4000, Medicare and Medicaid legislation similar to bills which were passed by the House late in the 95th Congress but not enacted prior to sine die adjournment.

Subcommittee staff monitored the joint hearings which were conducted by the Health Subcommittee and the Health and the Environment Subcommittee of the Interstate and Foreign Commerce Subcommittee, to which the bills were jointly referred. Chairman Pepper testified at the June 27, 1979 hearing, expressing support for a number of provisions in the bill, giving emphasis to those provisions which would expand Medicare in the areas of home health care, mental health services, and health maintenance organizations.

H.R. 3990 (Medicare Amendments of 1980) was reported by Ways and Means on November 5, 1979 (H. Rpt. 95–588, Part I) and a subsequent report was filed on December 5, 1979 (Part II). The Interstate and Foreign Commerce Committee reported the bill on March 8, 1980 (Part III).

H.R. 4000 (Medicare and Medicaid Amendments of 1979) was reported by Ways and Means on November 5, 1979 (H. Rpt. 96–589, Part I) and by Interstate and Foreign Commerce on April 23, 1980 (Part II).

As reported, H.R. 3990 included the major home health and mental health provisions included in Chairman Pepper's bill, H.R. 2567, and H.R. 4000 included the HMO reimbursement amendment included in H.R. 638 and H.R. 4444.

Subcommittee staff monitored mark-up and reporting of these bills, working in many instances with staff of the legislative subcommittees to ensure that the views of the Health and Long-Term Care Subcommittee were known. These measures were taken into account in the First Concurrent Budget Resolution.

Following receipt of the President's revised Budget proposal for fiscal year 1981, the Ways and Means and Interstate and Foreign Commerce Committees met to determine what measures and what provisions to recommend to the Budget Committee for inclusion in the Omnibus Reconciliation Act of 1980, a far-reaching measure developed from the recommendations of a number of House Committees, aimed at producing savings in the fiscal year 1981 Budget. Both Committees did include the provisions of H.R. 3990 and H.R. 4000 in their recommendations, and these were approved by the Budget Committee.

In the course of Rules Committee debate on H.R. 7765, the reconciliation bill, an attempt was made to delete from the bill those measures from H.R. 3990 and 4000 which would result in spending—i.e., most of the Medicare improvements. After protracted debate, the Rules Committee accepted a motion offered by Chairman Pepper to retain these measures in the bill sent to the floor. The House passed H.R. 7765, including Medicare and Medicaid provisions, on September 4.

As the reconciliation measures passed by the House and Senate included provisions under the jurisdiction of a number of Committees, some 100 conferees were appointed to deliberate in several work groups the measures in disagreement between the House and Senate bills.

House-Senate conference on the health-related provisions took place over a number of days. Subcommittee staff monitored all of these sessions. After lengthy deliberation of some weeks, only a few of the original Medicare benefit improvement provisions were included: removal of the prior hospitalization under Part A for home health; deletion of the limit on visits under Parts A and B; removal of the $60 Part B deductible for home health; and addition of occupational therapy as a skilled service.

Provisions related to the management of the Medicare home health program and a measure to remove the requirement that proprietary home health agencies be licensed by the States in which they operate in order to receive Medicare reimbursement were also included, in addition to other provisions.

The reconciliation bill, H.R. 7765, was signed by the President on December 5, 1980 (PL 96–499).

Medicaid Community Care Act—H.R. 6194

Development of this major legislation occupied a great deal of staff time in the 96th Congress. Prepared and jointly introduced by Chairman Pepper and Rep. Henry Waxman, Chairman of the legislative subcommittee with jurisdiction over the Medicaid program, this bill was introduced on December 19, 1979. It garnered over 130 House

cosponsors, and endorsements or support from organizations representing state medicaid directors, state human service agency heads, governors, state legislatures, health providers, and the elderly themselves.

Briefly stated, the bill seeks to give the states the financial and regulatory flexibility to put in place a system of community-based services to try to divert those who might otherwise inappropriately be placed in nursing homes, at great expense to states and the federal government.

As introduced, the bill would give those states which agreed to put in place a state community care plan an additional 25 percentage points in their match, up to a maximum of 90% for a specific package of long-term care services provided to a group of persons who might otherwise be in nursing homes.

States would be required to provide a direct, multidisciplinary assessment of persons likely to be in need of nursing home care. If community care were found to be a feasible alternative, and at the option of the individual, the State would be required to provide coverage for a range of community-based services, including short-term full-time nursing care, case management, occupational therapy, physical therapy, speech pathology and audiology, medical appliances, homemaker/home health aide services, and so on. In addition, those persons would be eligible for other Medicaid services, such as physician services and hospitalization.

There would be no limit on the amount, duration, or scope of services, except that for each individual there would be a cap on the dollar amount of services, a percentage of that state's per diem rate for nursing home care under Medicaid. This is intended to demonstrate a per capital saving for each individual. The State would be required to coordinate these Medicaid services with those provided under Medicare, social services, and the Older American Act. The States would be subject to reporting requirements, as well.

Moreover, the bill would permit States to equalize their eligibility criteria and apply the same standards to those who choose to remain in the community and not accept nursing home placement.

The Health and the Environment Subcommittee conducted hearings on this legislation on June 10 and June 23, and a field hearing in May of 1980. Chairman Pepper was lead witness at the first hearing.

In addition to cooperative work with the Health and the Environment Subcommittee staff in developing the legislation, the Health and Long-Term Care Subcommittee staff assisted in the preparation of hearings by the Waxman Subcommittee, suggesting and arranging for the appearance of some witnesses, etc. Moreover, a great deal of time was devoted to collecting outside comment and assistance on the bill and deliberating changes proposed by a number of persons and organizations. Refinements currently contemplated will be reflected in any subsequent introduction of the legislation.

HOME HEALTH REPORT

Section 18 of the Medicare-Medicaid Anti-Fraud and Abuse Amendments (PL 95–142) required the Secretary of the then Department of

Health, Education and Welfare to report to Congress on home health and other in-home services within one year of enactment. The report was to analyze, evaluate and make recommendations with respect to all aspects (including the availability, administration, provision, reimbursement procedures and cost) of the delivery of home health and other in-home services authorized under Titles XVIII (Medicare), XIX (Medicaid), and XX (social services) of the Social Security Act.

This proposal was authored by then ranking minority member of the Subcommittee, William Cohen, and Rep. Henry Waxman of the Health and the Environment Subcommittee.

The report submitted pursuant to this requirement was sent nearly 6 months after the deadline for its submission and it did not include recommendations, which had specifically been required. Chairman Pepper and Subcommittee staff, working with Senate staff, developed a House resolution (submitted simultaneously in the Senate) expressing disapproval of the report and returning it to the Department with instructions that it be rewritten to comply with congressional intent.

This resolution, H. Res. 280, was sponsored by Reps. Pepper and Waxman. A clean resolution sponsored by Reps. Waxman, Pepper and Rangel, was reported by the Interstate and Foreign Commerce Committee (H. Res. 357) on August 2, 1979 (H. Rpt. 96–406) and it was passed unanimously by the House on that day. The Senate companion measure, S. Res. 169, was passed by the Senate in July, 1979.

This was the first such resolution by the Congress—disapproving and returning an executive branch report—since the civil war. The resubmitted report, received by Congress in November, 1979, was generally agreed to be improved, and it did include recommendations for legislative and administrative steps to improve the availability of home health services.

VETERAN SENIOR CITIZEN HEALTH CARE ACT OF 1979

On March 7, 1979, Representatives Margaret Heckler and Claude Pepper conducted a joint press conference to announce introduction of the Veterans Geriatric and Gerontological Health Services Act (H.R. 1960). A subsequent bill was introduced (H.R. 2751), and most of the provisions of the bill were included in H.R. 4015, which was reported by the House Veterans Affairs Committee on May 15, 1979 (H. Rept. 96–148) and passed by the House on June 5, 1979. It was subsequently passed by the Senate on September 26, 1980. The provisions of this legislation were included in H.R. 7102, the Veterans Administration Health Care Amendments of 1980, which was vetoed by the President on August 22, 1980. House and Senate overrode veto on August 26, 1980, PL 96–330.

HYPERTENSION TESTING, DIAGNOSIS, AND TREATMENT

Following the May, 1978, hearing on Hypertension and the Elderly and January 31, 1979, hearing and receipt of report of the Blue Ribbon Advisory Panel on the Treatment of High Blood Pressure in America, Chairman Pepper, joined by many House colleagues, intro-

duced a package of bills reflecting recommendations of the Panel and aimed at legislative changes to allow for greater coverage of services needed for the detection, treatment, and management of hypertension.

These bills included:

H.R. 2559

To authorize Medicare Part B payment for preventive services furnished in the screening, testing, diagnosis, and treatment of individuals for hypertension;

H.R. 2560

To provide Medicare Part B payment for prescription drugs;

H.R. 2561

Drug Benefits for Aged Act (same as H.R. 627 introduced previously);

H.R. 2562

To amend Title XIX of the Social Security Act (Medicaid) to require provision of preventive examinations for hypertension and drugs for hypertension treatment; and

H.R. 2563

To amend Section 317 of the Public Health Service Act to allow treatment for hypertension under preventive health services grants.

While no action was taken by legislative committees with jurisdiction in the 96th Congress, it is expected that these bills will be reintroduced in the 97th Congress.

HEALTH PROFESSIONS

Having explored the extent of the nurse shortage in the United States and its impact on care for the elderly (see hearings section), Chairman Pepper expressed strong support, during Rules Committee and floor debate, for H.R. 7203, the Health Professions Educational Assistance and Nurse Training Amendments of 1980, which among its other provisions, provided for support for nurse training at levels commensurate with previous years, rather than the reduced levels recommended by the Administration. This legislation was passed by the House on September 3, 1980 and by the Senate on September 19. Final action was not taken.

BIOMEDICAL RESEARCH—NATIONAL INSTITUTES OF HEALTH

H.R. 7036, which was reported by the Interstate and Foreign Commerce Committee on May 16, 1980, sought to provide authorization for the 9 Institutes of Health which currently are funded under general research authority included in the Public Health Service Act (unlike the Cancer and Heart, Lung, and Blood Institutes, which since the early 1970s, have had limited authorizations). Substantial opposition to this bill developed in the biomedical research community and among medical schools, which were concerned over the time-limited authority, the specific levels of authorized funding, the possible politicization of the Institutes and other issues.

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Staff and Chairman Pepper undertook an examination of the issues involved with this legislation to determine whether amendments were advisable or necessary. In order to assure that these concerns were addressed in the course of legislative debate, Chairman Pepper undertook a floor colloquy with Chairman Waxman during House debate on the bill on August 28, 1980. S. 988, a similar Senate bill, was passed by the Senate on June 19, 1980 without the time-limited authorization for the remaining 9 Institutes. Conference report was agreed to by Senate on December 1, 1980, and by the House on December 4. Approved on December 17, 1980. PL 96–538.

HOSPITAL COST-CONTAINMENT

Control of the spiralling costs of hospital care was one of the early goals of the Carter Administration. While legislation aimed at accomplishing this goal was not enacted during either the 95th or 96th Congress, congressional debate and deliberation did take place in various forms.

In the course of Interstate and Foreign Commerce Committee hearings, Chairman Pepper, on May 21, 1979, testified in support of the Administration bill, H.R. 2626, expressing concern over the impact of rising hospital costs on out-of-pocket expenses incurred by the elderly. The Part A (hospital insurance) deductible is statutorily tied to per diem hospital costs and has risen by 350% since Medicare became operative in 1966.

HONORING NURSING HOME RESIDENTS

Over one million older Americans, or some 5 percent of the elderly, reside in nursing homes around the country. Some 20 to 25 percent of older persons can be expected to live in a nursing home at one time or another. These Americans have contributed and continue to contribute to the growth, development and progress of the Nation and offer a wealth of knowledge and experience. It was felt by advocates of the elderly that since May of each year is proclaimed Older Americans Month and since May 8, 1980, was designated by the President as Senior Citizens Day, it would be appropriate to proclaim May 15, 1980, as National Nursing Home Residents Day. Therefore, on April 24, 1980, Chairman Pepper introduced H.J. Res. 536, which sought to have this day proclaimed in honor of the nursing home residents of the country. Unfortunately, no action was taken by the legislative committee with jurisdiction.

Other Activities

A great deal of attention is devoted by the Subcommittee staff to oversight of existing or newly-created programs which affect the provision of health or long-term care services to the elderly. In the course of the 96th Congress, oversight activity by the Subcommittee took place in many areas, including:

—Monitoring the establishment and implementation of the National Long-Term Care Channeling Demonstration Initiative, a project of the Administration on Aging and the Health Care Financing Administration, with coordination by the Division of Long-Term Care in the

Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services;

—Monitoring of the development of several health-related initiatives undertaken by the Administration on Aging, including not only the channeling demonstration, but the designation of Gerontology Centers;

—Participation in a major long-term care conference undertaken in the course of an AoA grant to develop long-term care proposals;

—Assistance to staff and members of technical committees of the White House Conference on Aging, especially those related to health and long-term care;

—Participation in mini-conferences preparatory to the 1981 White House Conference on Aging;

—Oversight of the Medicare and Medicaid programs especially in the areas of home health care, health maintenance organizations, and with special emphasis on problems encountered by various providers of health services or individual beneficiaries who encounter difficulty in receiving services to which they are entitled;

—Monitoring developments in training in geriatrics and gerontology by health professions schools; and

—Assisting and advising a multitude of universities, state and local government representatives, hospitals, nursing homes, non-profit organizations, philanthropic organizations, home health agencies, and others in obtaining resource materials and information regarding the establishment of health and long-term care programs and services for the elderly.

I. LEGISLATION

H.J. Res. 536.—National Nursing Home Residents Day, May 15, 1980.

H.R. 6194.—Medicaid Community Care Act of 1980.

H.R. 4444.—With Rangel, Ullman, and Corman—Administration-drafted bill to revise Medicare reimbursement of HMOs—(very similar to H.R. 9788 and H.R. 638).

H. Res. 280.—Finding the Home Health Report (pursuant to P.L. 95–142) unresponsive to law and returning it to the Secretary of HEW with directions that it be revised to comply with law and resubmitted to Congress.

H. Res. 357.—With Waxman, Rangel—same as above (Pepper resolution)—adopted by House on August 2.

H.R. 1960, H.R. 2751, and H.R. 4015.—With Mrs. Heckler—Veteran Senior Citizen Health Care Act of 1979 (established program of Geriatrics, Gerontology and Extended Care).

H.R. 2567.—The Medicare Home Health Amendments of 1979.

H.R. 2563.—Amend Sec. 317 of Public Health Service Act to allow treatment for hypertension under preventive health services grants.

H.R. 2562.—Amend Title XIX (Medicaid) to require provision of preventive examinations for hypertension and drugs for hypertension treatment.

H.R. 2561.—Drug Benefits for Aged (same as H.R. 627).

H.R. 2560.—To provide Medicare Part B payment for prescription drugs.

H.R. 2559.—Authorize Medicare Part B payment for preventive services furnished in screening, testing, diagnosis, and treatment of individuals for hypertension.

H.R. 649.—Authorize Medicare payment for services in a rehabilitation facility for the blind, and for services furnished to blind individuals by mobility therapists and rehabilitation teachers.

H.R. 647.—Protection of patients' rights in long-term care facilities.

H.R. 641.—Provide for inclusion of services of LPNs under Medicare and Medicaid.

H.R. 638.—Health Maintenance Organization Amendments.

H.R. 627.—Drug Benefits for the Aged Act.

II. TESTIMONY 1979–1980

June 10, 1980.—Hearing on H.R. 6194, Medicaid Community Care Act of 1980, Subcommittee on Health and the Environment.

May 21, 1979.—Hearing on H.R. 2626, Hospital Cost Containment Act of 1979, Committee on Interstate and Foreign Commerce.

June 27, 1979.—Hearing on Medicare Amendments of 1979, H.R. 3990 and H.R. 4000, Subcommittee on Health, Ways and Means Committee

III. CONGRESSIONAL RECORD STATEMENTS 1979–80

Floor Statement on the Omnibus Reconciliation Act of 1980, H.R. 7765.

Floor Statement on the Health Professions Educational Assistance and Nurse Training Amendments of 1980, H.R. 7203.

Colloquy with Congressman Henry Waxman on Health Research Act of 1980, H.R. 7036.

Veterans' Administration Health Care Personnel Act of 1980.

Mary Lasker and the National High Blood Pressure Education Campaign.

Joint Resolution Designating May 15, 1980, National Nursing Home Residents Day.

Medicaid Community Care Act of 1980.

Hospital Cost Containment and the Elderly.

The War Against High Blood Pressure.

Floor Statement on H. Res. 357, Rejection of HEW Home Health Report.

Financing Treatment for High Blood Pressure.

Memorial to Louise B. Gerrard, Champion of the Aged.

Resolution to Make HEW Responsive to Home Health Care.

Health Maintenance Organizations Medicare Reimbursement Amendments of 1979.

Veterans Senior Citizen Health Care Act of 1979, H.R. 4015.

Congress Must Make Hypertension Detection and Treatment Available to All Americans.

IV. PRESS RELEASES

Pepper Cites 'Good News' For Older Americans in Omnibus Reconciliation Act Today Approved by House.

Pepper Health Subcommittee To Examine Nationwide Nursing Shortage: August 20 Hearing Set.

Pepper Calls April 23 Hearing to Explore Effectiveness of Day Care for Elderly.

Pepper Chides Federal Health Delivery Systems To Elderly As 'Slipshod, Haphazard'; Sets February Hearing to Examine Issue.

House Adopts Pepper-Waxman-Rangel Resolution To 'Reject' HEW Home Health Report, Send It Back for Rewrite.

Pepper-Waxman Resolution Would "Reject' Hew Home Health Report; Send It Back For Rewrite.

Pepper Labels HEW Home Health Report Negative, Timid.

Statement By Congressman Claude Pepper on Veterans Geriatric and Gerontological Health Services Act.

Pepper Blue Ribbon High Blood Pressure Study Panel Meeting Set for Wednesday, January 31.

SUBCOMMITTEE ON HOUSING AND CONSUMER INTERESTS

EDWARD R. ROYBAL, *Chairman*
JOHN PAUL HAMMERSCHMIDT, *Ranking Minority Member*

Jorge Lambrinos, Staff Director from March 1, 1980
Ruben Sanchez, Research Assistant through July 13, 1979
Margaret McCann, Professional Staff, through December 31, 1979
Elvita Castillo, Professional Staff, from March 1, 1980 through July 31, 1980
Maria Flores-Ysita, Staff Assistant, from January 14, 1980

Patricia Lawrence, Minority Staff Director
Gail Jimerson, Staff Director

HEARINGS

The Subcommittee on Housing and Consumer Interests of the House Select Committee on Aging conducted 15 hearings during the 96th Congress. The hearings were held to collect information on concerns of senior citizens related to housing, inflation, energy and other consumer issues. The three major hearings which will be explained in detail are: "Section 202 Oversight", "Savings Interest Rates, Inflation and the Elderly", "Condominium Conversions".

SECTION 202 OVERSIGHT

The Subcommittee conducted a hearing on the Section 202 Housing for the Elderly and Handicapped program to evaluate the progress of the program and to gather testimony on the merits of reauthorizing it for an additional three years. Testimony was presented by officials of the Department of Housing and Urban Development as well as representatives of national aging organizations and private developers involved in building housing for the elderly.

The testimony highlighted the great housing benefits derived from this program by the elderly and the fact that the Section 202 loan program has had the least number of defaults of any HUD program. The witnesses were unanimous in calling for the reauthorization of the program for three years instead of one year as proposed by the Administration. In addition, the testimony pointed out that the present funding level of programs to build housing for the elderly has not been able to meet the existing shelter demands of older Americans in this country. The testimony supported increasing the funding of the Section 202 program to insure the production of a minimum of 30,000 units annually.

The witnesses also presented testimony supporting the establishment of a special office in HUD with sufficient authority to intervene effectively in the formation of policies and procedures affecting the development and management of housing programs for the elderly.

Additionally, the Subcommittee was urged to consider ways of encouraging HUD to strengthen its programs to provide technical assistance to minority groups and others seeking to develop specialized housing for the elderly and the handicapped. A request was made for Congressional clarification to make the Section 106(b) program responsive to the needs of potential sponsors of Section 202 housing projects.

The Subcommittee also received testimony urging full funding of Title IV, the Congregate Housing Services Act, approved as part of the Housing and Community Development Act of 1978.

The information gathered at this hearing served as a base for testimony provided by the Subcommittee Chairman, Edward Roybal, and Ranking Minority Member, John Paul Hammerschmidt, to both the authorizing and the appropriating committees supporting reauthorization of the Section 202 program and urging increasing its funding.

SAVINGS INTEREST RATES, INFLATION AND THE ELDERLY

The Subcommittee also conducted hearings on the impact of inflation on the savings accounts of the elderly. The purpose of this hearing was to assess the extent that the high inflation rate erodes the life savings of the elderly. It was believed, prior to the hearing, that the elderly held low-interest-paying savings accounts. A focal point of the hearing was "Regulation Q" which sets the rate of interest being paid by banks, savings and loans, credit unions, and other savings institutions. The Chairman called on representatives of the Gray Panthers, the National Senior Citizens Coalition, and each of the regulatory agencies responsible for the activities of financial institutions to present testimony at the hearing.

The testimony focused on the financial losses incurred by the elderly due to the structure of interest rate ceilings. The Secretary of the Treasury stated publicly that "over the last decade, the elderly alone have lost over nineteen billion dollars in interest because of the present structure of interest rate ceilings. The Subcommittee also received testimony which estimated that the loss of interest earnings by the elderly small saver in 1979 was almost $8 billion; approximately half of the cumulative losses for the previous ten years.

The hearing also included testimony on the lack of quality information available to the elderly consumer on how to invest limited funds and on the feasibility of consumers pooling their assets in order to take advantage of higher interest money market certificates. A survey conducted by the Gray Panthers of ten California banks addressed two questions on this issue. The first centered on the opportunities for individual pooling of small accounts as permitted pursuant to the May 30, 1979 Federal Reserve Board regulations. The second focused on other investment opportunities available to small savers.

In summary, the Gray Panthers findings, which are believed to be the first study of these two questions ever engaged in by either a Federal regulatory body or consumer groups were as follows:

1. The ten major banks and savings and loans were either unaware of pooling opportunities for individuals or were unclear as to their availability.

2. In general, these ten federally insured institutions were indifferent to the needs of the small saver and sometimes grossly exaggerated the benefits available to the small saver.

3. Only one of the ten institutions, Crocker Bank, displayed any interest in or concern for the small saver.

4. Only one out of ten, Crocker Bank, had adequate information regarding recent regulatory changes on interest rates.

5. All ten institutions were able to provide clear information on present low interest passbook accounts and certificates.

6. None of the ten institutions suggested pooling as a way to earn additional interest, and only one had adequate information about pooling, even when asked (Lloyds).

7. None of the ten institutions suggested alternatives, such as mutual liquid funds certificates, as a way of securing market rates for small savers and only one, Crocker, had any information about such funds, even when asked.

The Subcommittee also received information on misleading advertising campaigns conducted by banks and savings and loans suggesting that small savers would receive substantial interest rates when, in fact, this was not so.

As a result of the hearing, legislation was introduced by Chairman Roybal to create an Inflation Fighter Certificate for the Elderly, H.R. 5709, which would increase interest at a rate equal to the level of inflation plus two percent. Mr. Roybal also supported efforts to eliminate Regulation Q and allow interest rates to rise.

CONDOMINIUM CONVERSIONS

The Subcommittee held a hearing on the impact of condominium conversion on the elderly in response to numerous complaints and letters of concern from senior citizens and aging organizations. Testimony was received from affected seniors, private developers, experts on effects of displacement on seniors, and representatives of the Department of Housing and Urban Development.

The testimony presented by Michael Stegman, Deputy Assistant Secretary for Policy and Research, HUD, confirmed that "the elderly do, indeed, represent a significant portion of the metropolitan population affected by conversions." Dr. Leon Pastalan, Director, Environmental Aging Program of the Institute of Gerontology at the University of Michigan, testified that stress is greatest when an elderly person is forced to move from one place to another and that research has indicated that there may be a relationship between displacement and increased death rate among older persons.

A report was also submitted for the record by HUD entitled, "The Conversion of Rental Housing to Condominiums and Cooperatives."

Field Hearings

The Subcommittee held 11 field hearings on topics directly related to the severe housing needs of the elderly and the hardships faced by older persons because of inflation and the high cost of energy.

1. Impact of Energy Crises and Inflation on the Elderly, Las Vegas, Nev., August 14, 1970.
2. Energy Costs and Inflation: Impact on the Elderly, Reno, Nev., August 15, 1979.
3. Impact of Energy and Inflation on Older Americans, Cumberland, Md., October 27, 1979.
4. Housing and In-House Interest, Flint, Mich., June 13, 1980.
5. Income, Transportation, Health Care Housing, and the Elderly, Albuquerque, N. Mex., July 11, 1980.
6. Transportation, Inflation, Housing, Health Energy, and Other Consumer Problems, Columbia, Md., September 6, 1980.
7. Hearing on the Impact of Energy Costs and Inflation on the Elderly, Westminster, Md., September 6, 1980.
8. Senior Citizens issues, Reisterstown, Md., September 8, 1980.
9. Hearing on Housing for the Elderly, N. Hollywood, Calif., September 13, 1980.
10. Social Services for Elder Minorities, Pacoima, Calif., September 13, 1980.
11. Alternative Housing Options for the Elderly, Denver, Colo., October 6, 1980.

The following are the major issues and recommendations which emerged from these field hearings:

SECTION 202 HOUSING

Support for the reauthorization of Section 202. Suggest an amendment to Section 202 in order to recognize the Indian public housing authorities as a qualified sponsor.

Recommend the age be lowered at 55+ for eligibility of Indians for Section 202 housing.

Advocates limited dividend sponsors in Section 202 housing.

HUD should develop a new program that serves handicapped and developmentally disabled persons separately from the Section 202 and Section 8 programs.

Recommend that Section 202 and Section 8 allocation be made at a minimum of 30,000 units per year and that the allocation be made on a 3-year basis.

Recommendation for 1 percent of the 30,000 units per year under Section 202 be slotted for Indian reservations.

Support to keep non-profit sponsors for Section 202 programs.

Recommendation that Section 202 have an adjustment factor for land development with relatively high land acquisition costs, especially in business districts in large cities where a large number of Asian/Pacific Americans reside.

Endorse H.R. 3253.

Oppose H.R. 3097.

National minority organizations should be consulted concerning the major problems that are effecting minority sponsors; the lack of adequate capital, the unavailability of land, the lack of know-how, and the lack of coordination between public and private programs.

H.U.D.

There is a problem in that the time between the submitting of a proposal and receipt of the allocation is too long.

H.U.D. needs to define eligibility for residency in Section 202 housing.

H.U.D. should have officials sit in on negotiations between builders and owners.

Need for adequate housing for Asian/Pacific American senior citizens.

Request for H.U.D. to implement Section 202 on Indian reservations.

Need for more coordinated approach by H.U.D. in developing and managing programs for the elderly.

H.U.D. should have a commitment to the implementation and funding of the congregate housing services amendments.

106B

Section 106B "seed money" program should be modified to insure that all community based non-profit sponsors have access to Section 202 funds.

Need for housing consultants for Section 106B "seed money" loans.

HISPANIC ISSUES (CONCERNING HOUSING)

Recommend more outreach to Hispanic non-profit organizations under Section 106B funds.

Recommendation for training Hispanics and Hispanic non-profit organizations in local housing assistance plans and community development block grants.

Recommend cash requirements be waived for sponsors in communities with populations less than 10,000.

Support the reinstitution of Section 106A training and technical assistance moneys.

MEDICARE/HEALTH CARE

Recommend Congress to expand the Medicare home health benefits package.

Health needs of senior citizens need to be accommodated but Medicare and Title XX do not meet the majority of their needs.

Support for an adjustment to be made in Medicare to allow for medication.

Recommend an elimination of or at least a reduction in Medicare deductible.

Recommendation that Medicaid regulations should allow the spouse at home to retain more of the institutionalized spouse's income.

Financial support for medical costs is needed.

Recommendation for free medical care nationwide for the elderly.

Recommend legislation for rights of nursing home patients.

Support the need for a national health plan.

Support the need for accessible preventive health care for senior citizens on fixed incomes.

Need for dental care for senior citizens.

SOCIAL SECURITY

Recommend higher Social Security pensions to meet the high medical costs of senior citizens.

Recommendation to adjust annual Social Security on a semi-annual basis.

Recommend consistent age for receiving Social Security and Medicare benefit.

Recommendation to change Social Security regulations so that both the public and the private subsidy of rental units would not unfairly hurt elderly tenants.

Support a change in the income level for determining eligibility for services for senior citizens.

Recommendation to eliminate the $4,600 ceiling that exists for earning while receiving Social Security.

Recommend an increase in the Supplemental Security Income (SSI) allotment.

GOVERNMENT MONEY/FEDERAL

Government money should reach a larger percent of senior citizens.

Local administrators should handle more federal government activities to eliminate a lot of problems.

ENERGY

Programs like "Emergency Energy" should be given more money.

Formula for emergency fuel assistance bill for colder part of the states.

Need for moratorium on cutoffs of essential energy sources during winter period.

UTILITIES

The need for a program that will subsidize utilities for persons on fixed incomes.

The need to be informed about possible utility deductions.

Idea of Federal Energy Stamps so that seniors can afford utility costs.

Congress should help local government expand their sewer and utility resources, other customers must make up the difference.

Proposition of new program entitled "UTILICARE" that would be conducted much like Medicare system.

WEATHERIZATION

Need for a comprehensive and coordinated weatherization program to assist low income home owners, to be administered by the Community Services Administration.

The need for increased appropriations for weatherization of senior citizens homes through federal government.

Advocates program of weatherization possibly staffed by CETA.
Advocates voluntary organizations (churches) to help with weatherization of elderly's homes.

INFLATIONARY ISSUES

Proposes that Nevada Public Law 95–448 be changed to eliminate additional 5% non-federal share to be provided by the State.
OPPOSE: S.B. 1347, stating the bill is anti-elderly, and opposes 10 year timetable.
Accuses the Federal Home Loan Bank Board of conducting "private" rather than "public" hearings, upon which not receiving enough information, in the end resulting in a less than 1¢ per day interest rate on a $1,000 account.
Wants property taxes frozen upon retirement.
Wants income tax exception for the aged when cashing savings bonds.
Wants senior citizens 62 years and up, tax free up to $3,000 per year income.
Single family homes in which senior citizen couples live need to be exempt of taxes.
Congress should authorize all depository institutions to offer interest-bearing transaction accounts.
Public policies should be directed toward mobilizing the resources of all financial institutions, providing incentives to all lenders.
Recommend a national system of tax incentives.
Support of Presidents recommendation for deregulation of market rates and fundamental change.
Interest rate ceilings and reserve requirements on transaction accounts should be the same for all institutions.
Wants elimination of regulation Q.
Wants to prohibit solicitation by institutions to facilitate pooling, it is unnecessarily difficult for senior citizens to obtain Treasury bills.
Congress should authorize greater consumer lending latitude for savings and loans.
Strengthen thrift earnings.
Pre-empt state usury laws.
Need for development of Presidential "Green Ribbon Consumer Committee", comprised of 7 independent consumer activists with 2 senior citizen positions. . . . Wants appropriation of $750,000.
Need for development of a "National Inflation Fighter Certificate" (NICE), for the elderly, based on a plan for 60 years of age +, indexed to the rate of inflation plus 3 percent.
Recommend: passage of legislation necessary to legalize share drafts for all Federal credit unions and interest bearing transaction accounts for all financial institutions.
Recommend: groups of elderly (Gray Panthers) form own credit unions, along with a $1,000 senior citizen Savings Certificate which would produce at the same rate as a Treasury bill.

HOUSING (GENERAL)

The need for housing for seniors.
The need for financial support for housing; encouraging private

enterprise to build low-cost housing and for Congress to make available for sale or long term land lease public lands for development.

Advocates of trailer parks as residences for elderly.

Need federal funded emergency senior housing.

HUD should subsidize mobile homes spaces.

TRANSPORTATION

Support the need for a better transportation system; more effective public transportation, and better coordinated services for senior citizens and the handicapped.

IN HOME SERVICES

More monies from Title XX are needed for the homemaker program.

Day care centers are needed for senior citizens. Recommendation for giving financial grants to families who are taking care of frail elderly in the home.

Support the need for provision of more home health services and housekeeping services.

SENIOR EMPLOYMENT

Support the need for a funding program for the private, non-profit senior employment program.

The Labor Department needs to be more realistic when setting low income guidelines; the $5,600 guideline set by the Senior Community Service Employment Program is too low, and the guidelines should be set on a geographical basis.

AGE LIMITATION

Support for the elimination of the Airline Pilot Age 60 rule.

FOOD COSTS

Congress, short of price controls, should hold food prices in line.

Recommendation for more money to be used for insuring nutrition programs.

EDUCATION

Medical schools need to develop programs in geriatric medicine.

CRIME PREVENTION

Police departments should set up senior citizens divisions.

CASE MANAGEMENT

Need to simplify public information programs.

Need better case management to eliminate duplication of services, and confusion and delay concerning spending and programing for senior citizens benefits.

CABINET LEVEL (SENIOR CITIZENS AFFAIRS)

Senior citizens and Social Security should have representation on the cabinet level.

Other Activities of the Subcommittee:

WHITE HOUSE CONFERENCE ON AGING

Mini-Conference on Mental Health, November 17–20, 1980—The Subcommittee worked with the recipients of the grant for the mental health mini-conference from the very beginning to determine who should be invited and what legislative proposals should be considered. A Subcommittee staff person participated in the conference in San Diego as a legislative resource during the entire conference.

Mini-Conference on Housing, October 22–24, 1980—The Subcommittee worked closely with the planning committee in development of the mini-conference, identifying major topics of discussion and resource persons. Staff coordinated one of the conference workshops. The Subcommittee has also been involved in analyzing the conference recommendations and legislative proposals.

The Subcommittee, in addition to its involvement with the various mini-conferences, worked closely with National Conference staff, Advisory Board, and Technical Committee members in the general planning and development of the forthcoming White House Conference.

Chairman Roybal was also successful in assuring that minorities were represented on the staff and committees of the White House Conference.

WHITE HOUSE CONFERENCE ON FAMILIES

The Subcommittee worked closely with the White House Conference on Families to provide information on the elderly. We looked at the issue from a few different perspectives: (1) What are the services that would be helpful to a family that wanted to maintain an older persons in their home? (2) Are there legislative proposals that could be developed to assist families in caring for an older family member? (3) What is going on at the local level that can keep older persons in the community and out of long-term care facilities? (4) What kinds of contributions are the elderly making to the family to keep it functioning and stable?

Testimony from witnesses who spoke at the Select Committee on Aging's hearing on the family addressed those issues very well and was sent to the staff of the White House Conference on Families to be used at their three conferences.

OLDER AMERICANS ACT REGULATIONS

The Subcommittee worked closely with the Administration on Aging, national aging organizations, and the Senate Special Committee on Aging on the development of the Final Regulations implementing the 1978 amendments to the Older Americans Act. Areas of particular concern were (1) the definition of "rural" areas for the purpose of carrying out the requirement of 105 percent funding for rural areas; (2) the problems of requiring home-delivered meals for seven days a week in rural areas; (3) the difficulty of senior centers

being open at least 45 hours a week in rural communities; (4) the need to clearly define "greatest social and economic need" language in the law in order to insure that minorities and persons of limited-English-speaking ability received program priority.

The Subcommittee also worked closely with the Administration on Aging in the development of the Title VI—Grants to Indian Tribes program.

FUNDING FOR AGING PROGRAMS

The Subcommittee prepared materials and floor statements to support the following actions by Chairman Roybal and Ranking Minority Member Hammerschmidt:

—Propose and win on the floor of the House a $10 million appropriation in 1980 for the Congregate Housing Services Program.

—Propose and win on the floor of the House the restoration of $5 million for the Congregate Housing Services Program.

—Propose and win on the floor of the House a $10 million appropriation in 1981 for the Congregate Housing Services Program.

—Win an increase in the Appropriations Committee of $10 million in 1981 for Title III, Social Services, of the Older Americans Act.[1]

—Provide testimony to the authorizing committee in support of a 3-year reauthorization of the Section 202 Housing for the Elderly and Handicapped Program.

—Support a 10 percent increase in funds for Title V Community Service Employment for Older Americans Program.[1]

—Urge caution in the hasty deregulation of certain mobile homes from the HUD Safety Standards.

NATIONAL CONFERENCE ON MENTAL HEALTH

The subcommittee, along with the full committee, planned the first National Conference on Mental Health and the Elderly on April 23–24, 1979. Administrative officials and congressional leader joined with aging and mental health experts from across the nation here to develop legislative recommendations that our committee could pursue in the following year. Participants in the National conference also became a group of advocates and worked with the committee to a successful conclusion in the Mental Health Systems Act which was signed into law Oct. 7, 1980. In the new law is a section to provide grants for mental health services to the elderly which incorporates many of the recommendations made at the conference. A summary follows:

Elderly Individuals and Other Priority Populations

(Section 204)

ELDERLY INDIVIDUALS

(Section 204(a))

Grants may be made to any public or nonprofit private entity for services to elderly individuals. No entity may receive more than eight

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[1] Mr. Hammerschmidt did not take action on this issue.

grants for the provision of services to the elderly. Each grant shall provide at least the following:

—Location of elderly individuals in need of mental health services;

—Provision of or arrangement for the provision of medical differential diagnoses to distinguish between the need for mental health services or other care;

—Specification of the need for mental health and related support services by the elderly; and

—Provision of mental health and support services in the community including those individuals in nursing homes and intermediate care facilities and training for personnel in these facilities.

To the extent that a public or private nonprofit entity is already providing the aforementioned services grants may be made to it for any of the following:

—Assurance of the availability of personnel to provide or arrange for the provision of services to the elderly; and

—Coordination of the provision of mental health and support services with the area agency on aging (as defined by the Older American Act) and other community agencies providing services to elderly individuals.

The amount of the Federal grant shall not exceed a specific maximum percentage of the total cost of program as follows:

1st yr. (1982), 90 percent; 2nd yr., 90 percent; 3rd yr., 80 percent; 4th yr., 70 percent; 5th yr., 60 percent; 6th yr., 50 percent; 7th yr., 40 percent; 8th yr., 30 percent.

At least 40 percent of the funds appropriated for section 204 are to be used for projects to serve the elderly.

Legislation

The following legislation related to elderly concerns was introduced by Chairman Roybal during the 96th Congress:

HOUSING

H.R. 1119.—Reduce the amount of rent required to be paid by elderly families residing in dwelling units under Section 8.

H.R. 1132.—Make permanent law the deduction for expenditures to remove architectural barriers to the elderly and handicapped.

H.R. 3253.—Extend Section 202 program to provide housing for the elderly or handicapped.

CRIME

H.R. 1128.—Provide for grants to States for the Payment and compensation to certain elderly individuals who are injured by criminal acts and omissions, or who suffer property loss.

H.R. 1126.—Provide assistance for the installation of security devices in the residences of elderly persons.

HEALTH

H.R. 1117.—Provide assistance for outpatient geriatric clinics and for multipurpose senior centers.

H.R. 1122.—Provide expanded counseling assistance for the elderly sick and disabled.

H.R. 1644.—Authorize payment under the medicare program for certain services performed by chiropractors.

H.R. 2270—Provide coverage of certain psychologists' services under the supplementary medical insurance benefits program.

CONSUMER INFORMATION

H.R. 1123.—Provided a monthly publication of Consumer Price Index for the elderly and to provide for studies to be made with regard to utilizing such index in determining cost-of-living adjustments authorized in certain Federal programs for individuals who are at least 62 years of age.

H.R. 5709.—Establish an Inflation Fighter Certificate for the elderly which would pay the rate of inflation plus 2 percent.

SOCIAL SECURITY

H.R. 1133.—Allow an individual 65 and over to earn $10,500 and an individual under 65 to earn $7,200 without any deductions for Social Security benefits.

H.R. 1135.—Provide for the payment of a special housing allowance to each recipient of supplemental security income benefits whose housing expenses exceed an amount equal to 25 percent of his or her income.

SERVICES

H.R. 1130.—Provide legal assistance to older persons in connection with their participation in certain health insurance and medical assistance programs under the Social Security Act.

H.R. 1139.—Include hearing aids and dentures for which payment may be made under the supplementary medical insurance program—Title XVIII—Social Security Act.

TRANSPORTATION

H.R 1132.—Make permanent law the deduction for expenditures to remove transportation barriers to the handicapped and elderly.

Proposed Activities of the Subcommittee During the 97th Congress

The Subcommittee plans to complete the following reports:

Report on the Future Housing Needs of the Elderly; and
Report on the Congregate Housing Services Program.

In addition, the following Hearings are planned:

Congregate Housing Services Program;
Future Housing Needs of the Elderly;
Crime and the Elderly—An Update;
Home Equity Conversion Programs for the Elderly;

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Services to Elderly Indians; and

Ways to Improve Rehabilitation and Home Maintenance Programs for Urban Elderly.

The Subcommittee will continue to work closely with Aging Organizations; Federal Agencies responsible for programs of importance to senior citizens; and Special attention will be given to the reauthorization of the Older Americans Act.

SUBCOMMITTEE ON HUMAN SERVICES

MARIO BIAGGI, *Chairman*
CHARLES E. GRASSLEY, *Ranking Minority Member*

Robert B. Blancato, Staff Director
Mary Sciarra, Research Assistant from August 1979
Clementine Anthony, Secretary

J. B. (Pete) Conroy, Minority Staff Director
Karen McArthur, Professional Staff through November 1979
Donna Diver, Professional Staff from December 1979

ACTIVITIES

The 96th Congress has been an especially productive one for the Subcommittee on Human Services. Our activities have been multi-faceted, but this report will focus on areas of concentration.

OLDER AMERICANS ACT

After playing a major role in the development of the 1978 Older American Act Amendments, the Subcommittee donated a majority of its time in the 96th Congress to appropriations and oversight issues related to the Act.

During the first session, Chairman Biaggi, with the support of Ranking Minority Member Grassley worked to remedy a situation affecting the nutrition program of the Act (Title III C). Specifically, the program was operating under the terms of a continuing resolution which provided no increase in funds for the program. Consequently, some 10,000 senior citizens across the Nation were facing elimination of their daily needs. Chairman Biaggi, in June, 1979, sponsored an amendment to the Budget Resolution bill increasing nutrition funds by $27 million. This was later approved in the Supplemental appropriations bill for fiscal year 1979.

In addition, during 1979, Chairman Biaggi sponsored an amendment to the fiscal year 1980 Labor-HEW Appropriations bill to increase funds for Title III B of the Older Americans Act. This amendment led the way for a $50 million increase in funds for the program.

A similar amendment was offered to increase Title III B funds for the fiscal year 1981 Labor-HEW appropriations bill. This bill was superceded by the continuing resolution legislation which provides for a $10 million increase in Title III B.

In 1979, both Chairman Biaggi and Full Committee Chairman Pepper testified before the House Appropriations Committee to urge increased funds for aging programs including the Older Americans Act.

The Subcommittee was also active in oversight work relative to the Older Americans Act. The staff conducted extensive meetings with Administration on Aging officials during the early drafting stages of the regulations to implement the 1978 Amendments.

The proposed regulations were released early in 1979 and after repeated complaints about them from representatives of the aging network, the Subcommittee in September, 1979, conducted a hearing on the regulations which resulted in significant modifications in the final regulations.

In September, 1980, the Subcommittee in conjunction with the Full Committee conducted an oversight hearing with a reorganization plan involving the Administration on Aging as well as projection for the upcoming reauthorization of the Act scheduled for 1981.

In addition, the Subcommittee conducted several field hearings on the Older Americans Act in California and New Jersey.

LOW-INCOME ENERGY ASSISTANCE

The Subcommittee played an important role in the development of our first comprehensive program providing energy assistance for low income and elderly persons. Beginning in August, 1979, the Subcommittee conducted five field hearings discussing the impact of increased home heating costs on older Americans. The hearings were held in Maine, upstate New York, Iowa, Pennsylvania, and Connecticut.

This resulted in legislation introduced by Chairman Biaggi and co-sponsored by some 40 House Members providing $400 million for low income energy assistance under the Community Services Administration, Crisis Intervention Program. This legislation served as the catalyst for Congressional approval of a $1.35 billion program of assistance including $400 million exclusively for SSI recipients.

In addition, our hearings led to significant revisions in the low income energy assistance program guidelines which in the past had worked to discourage participation of older Americans. The revision eliminated the requirement that eligibility could only be achieved by nonpayment of utility bills.

In July 1980, in response to an unprecedented heat wave in the southwest United States, Chairman Biaggi introduced legislation permitting some $20 million unexpended funds from the winter heating programs to be used to meet cooling expenses. The legislation was swiftly enacted into law.

CRIMES AGAINST THE ELDERLY

The Subcommittee throughout the 96th Congress maintained an active interest in the problem of crimes against the elderly.

In late 1979, Chairman Biaggi sponsored a vitally important and precedent-setting amendment which for the first time mandated that the Federal Government maintain statistics on crimes committed against the elderly. This will permit federal crime prevention dollars to be allocated in a method to include the elderly.

In April of 1980, the Subcommittee launched a major new initiative in the fight vs. crime with its New York City hearings on the problem of Domestic Violence vs. the Elderly. Much national publicity was focused on the hearing and the issue and a subsequent hearing was conducted jointly by the House Select Committee on Aging and the Subcommittee on Human Services.

These hearings helped produce an important amendment to H.R. 2977, the Domestic Violence Prevention and Treatment Act. The amendment mandates that (a) elederly be specifically listed as those eligible for services under the Act and (b) that a comprehensive study be conducted by the Federal Government to establish the actual incidents of elder abuse. This legislation passed both the House and the Senate, but its conference report was not completed by the Senate. Other legislative initiatives proposed at the hearings will be put forth in 1981.

FUTURE REPORT

An ongoing Subcommittee activity during the 96th Congress was our work on the report, Future Directions for Aging Policy: A Human Service Model. Specifically, the entire year of 1979 was spent in completing final research and writing of the report. Extensive amounts of time were spent on a daily basis in working on this report. From January until June, the Subcommittee benefited from the services of Dr. Thomas McDonald who as Minority Staff Director in the 95th Congress played an essential role in the development of the report.

By early 1980, a draft report was completed and circulated to all Members of the Committee. On May 7, 1980, a majority of the full House Select Committee on Aging approved the report. On June 13, 1980, the report was formally released. It represented the culmination of more than three years of hearings, research, and writing and was the first report of the Subcommittee under the Chairmanship of Congressman Biaggi.

The balance of 1980 was donated to the dissemination of the report. Special concentration in dissemination was directed toward various levels of the aging network, and the research and educational community. All witnesses at our various hearings were provided with copies as were all those persons who participated in the questionnaire in the report. By December 1980, our initial stock of 1800 reports were exhausted so that on December 10, Chairman Biaggi introduced House Concurrent Resolution 456, providing for the reprinting of 1,000 copies of the report. The resolution was passed by the House and the Senate prior to the adjournment of the 96th Congress.

The Subcommittee report triggered a large volume of requests and reaction mail. In addition, the Chairman and the Majority and Minority Staff Director made a number of speeches on the various issues raised in the report.

ART AND THE OLDER AMERICAN

In February 1980, the Subcommittee on Human Services conducted a precedent-setting hearing on the topic of Arts and the Older American. Appearing at the hearing were Mrs. Joan Mondale, wife

of the Vice-President, and Honorary Chairman of the Federal Council on the Arts and Humanities, as well as the Chairman of the National Endowment for the Arts, Livingston Biddle, and actor Theodore Bikel. The purpose of the hearing was to examine the relationship between the various federal arts programs and older Americans. As Chairman Biaggi's opening statement said, "Our chief purpose is to engage in a constructive dialogue with Endowment officials on how to expand this commitment to older persons."

This hearing was followed later in the year with an amendment offered by Chairman Biaggi, who serves on the House Education and Labor Committee, to the legislation extending the National Endowment for the Arts, adding the Commissioner on Aging to the Federal Council on Aging. The purpose of this amendment is to insure direct input of the elderly in the policy decisions which are made by the Federal Council. The amendment was passed by both Houses and was included in the final law signed by President Carter.

Later in the year, as an outgrowth of the hearings, the White House Conference on Aging formed a special technical committee dealing with arts and the older Americans. Subcommittee staff worked closely with the White House Conference in this area.

In 1981, during the reauthorization of the Older Americans Act, Chairman Biaggi is expected to offer legislation which will expand arts and cultural service programs under Title III B of the Act.

Throughout 1980, the Subcommittee maintained a close liaison with the staff of the White House Conference on Aging. This has included regular meetings with the Executive Director, Mr. Waldie, and the senior staff officials. One of these meetings was donated to discussing the Subcommittee's Future Report which is expected to receive some attention at the 1981 White House Conference.

In addition, the Chairman and the Majority Staff Director participated in a number of Mini-White House Conferences on Aging. Chairman Biaggi delivered the keynote address at a Mini-Conference on Health in the Bronx on September 28 and on December 5 was the keynote speaker at the White House Mini-Conference on Intergenerational Living in Washington, D.C. In addition, the Chairman conducted a local community White House Conference on Aging forum in the Bronx in September and was keynote speaker at the Community Forum on the Hispanic Elderly conducted in the Bronx on October 30.

The Majority Staff Director participated in the following:

1. May 23—Addressed the Mini-White House Conference on Transportation in Florida sponsored by Florida State University.
2. October 23—Participated in panel at Mini-Conference on Energy, Equity, and the Elderly in Boston sponsored by AARP.
3. November 11 and 12—Participated in panel and delivered keynote address (in lieu of the Chairman) Mini-White House Conference on the Older Euro-American in Baltimore sponsored by the Catholic University.
4. September 27—Participated in a symposium sponsored by the American Bar Association on the Legal Problems Affecting the Elderly in advance of a Mini-Conference on the topic.

In addition, the Majority Staff Director worked closely with several state officials in the planning of state White House Conferences of Aging.

TRANSPORTATION

Throughout the 96th Congress, the Subcommittee maintained an active interest in transportation issues affecting the elderly.

Early in 1980, Chairman Biaggi introduced legislation, H.R. 2438 to make revisions in the Section 16(b)(2) program administered by the Urban Mass Transportation Administration. The program provides funds for private nonprofit agencies to purchase vehicles for the elderly and handicapped. No funds may be used for operating expenses. A Subcommittee investigation revealed that a number of buses and vans purchased with federal funds were sitting idly in garages in New York City, because they had no funds for operation. Biaggi's bill would set aside 20 percent of the funds for 16(b)(2) for operating expenses. The bill awaits Public Works Committee action. The bill will be reintroduced in 1981.

Throughout the 96th Congress, Chairman Biaggi and the Subcommittee were involved with the transportation accessibility issue for the elderly and handicapped. During 1979, efforts to finally implement the so-called Transbus mandate, which called for buses, purchased with local funds to be equipped with wide-door, low floor features, was thwarted when America's two largest bus companies failed to submit bids for the production of the first 500 of these buses. Chairman Biaggi and Representative Pepper in June of 1979 called for a Justice Department investigation into the circumstances of this decision not to bid. Later in 1979 and into 1980, the Subcommittee worked closely with the DeLorean Motor Company of New York which had expressed interest in producing a Transbus type vehicle. This involved regular meetings with federal officials and finally a demonstration project was secured as part of the Windfall Profits Tax legislation to permit some 100 buses from several companies which were equipped with Transbus type features to be tried in several locations across the nation. The funds for this demonstration were approved and it should be in operation during 1981.

Later in 1980, Chairman Biaggi was involved in negotiations on revised language pertaining to transportation accessibility which appeared in the text of H.R. 6417—legislation which passed the House but not the Senate. The language introduced for the first time, the possibility of a local option in terms of providing transportation services for the elderly and handicapped. This issue is expected to dominate the Subcommittee in 1981.

EMPLOYMENT

The Subcommittee was involved in a limited capacity in several employment issues pertaining to older Americans.

During the 1978 Amendments to the Comprehensive Employment ans Training Act (CETA), Chairman Biaggi sponsored several amendments aimed at increasing CETA's commitment to older workers. Specifically, language was included which called on the nation's 500 prime sponsors to develop specific programs for older workers.

Early in 1980, the Subcommittee conducted an investigation into the implementation of this amendment and on February 21, released the survey which concluded that less than 20 percent of all prime sponsors had in fact developed such programs.

Also during 1980, Chairman Biaggi, as a Member of the House Education and Labor Committee wrote strong Committee report language extending Title VII of CETA to the bill H.R. 6796, which stated as follows:

> The Committee reminds the Department of Labor of its obligations to insure that the CETA program better respond to the needs of older workers, whether it be in Title VII or elsewhere. Despite the mandates of the 1978 CETA Amendments which called on prime sponsors to establish programs specifically for older workers as of March of 1980 only 89 of 473 prime sponsors had in fact established such programs. This represents less than 20 percent. The CETA program cannot continue to ignore the older worker. We instruct the prime sponsors to include older workers in any agreements they make with private industry under the terms of Title VII.

During the June 1980 consideration of the Labor-HEW Appropriations bills, Chairman Biaggi engaged in a colloquy with Appropriations Committee member Neal Smith of Iowa, to ascertain why the formula in the Title V program of the Older Americans Act was not in conformance with the 1978 Older Americans Act Amendment. Specifically, under the 1978 amendments, all new funds appropriated above fiscal year 1978 levels were to be distributed under a formula giving 55 percent to state and 45 percent to national contractors. The Appropriations bill included a formula of 80 percent for national contractors and 20 percent to the states. While the formula was unable to be changed, the Subcommittee is expected to address the issue in greater detail during 1981.

HOUSING

During the 96th Congress, the Subcommittee was involved in two legislative initiatives involved in housing.

1. H.R. 1911, a bill which Chairman Biaggi has sponsored in each of the past several Congresses to permit elderly and handicapped persons living in federally funded housing to own pets. The legislation has been the subject of considerable media attention in the past and will be reintroduced in the next Congress.
2. H.R. 7389 was introduced in 1980 permitting Section 8 housing assistance to be provided to persons living in Single Room Occupancy housing or SRO's as they are called. This legislation is expected to receive consideration in the next Congress when it will be reintroduced.

SOCIAL SECURITY AND SSI

Subcommittee was involved in a limited capacity in Social Security issues in conjunction with the Full Committee. Most specific of our activities was the introduction of House Resolution 296, which was sponsored during a time when it was felt that the annual cost-of-living increase for Social Security recipients might be cut back. The resolution was co-sponsored by 32 Members and helped to insure that recipients received a 13.4 percent increase for 1980.

Late in 1980, Chairman Biaggi introduced legislation eliminating the automatic one-third reduction in SSI benefits for persons living with relatives.

During the 96th Congress, Chairman Biaggi addressed the following:

1. Subcommittee on Criminal Justice.
2. Subcommittee on Public Assistance, House Ways and Means Committee.
3. New York State Conference on Aging, Albany, N.Y.
4. Senior Citizens Rally, The Capitol.
5. Labor-HEW Subcommittee.
6. Mental Health Conference, Select Committee on Aging.
7. Oversight and Review Subcommittee of House Public Works Committee.
8. Cancer and the Elderly Hearing, Full Committee.
9. Press Conference, National Council of Senior Citizens.
10. "Interagency Coordination of Programs Affecting the Elderly" Full Committee hearing.
11. National Conference on Transportation for Elderly and Handicapped, sponsored by Florida State University Multidisciplinary Center on Gerontology.
12. Annual Conference of the National Association of Nutrition and Aging Service Programs.

Also, during the 96th Congress the Majority Staff Director addressed the following:

1. Philadelphia Corporation for Aging Conference.
2. Annual Meeting of Title VII Nutrition Directors, Dallas, Tex.
3. National Council on Aging.
4. Home Health Community Care Council, New York City.
5. National League of Cities Conference.
6. Nutrition Project Directors Conference, Syracuse, N.Y.
7. Senior Citizen Meeting, Boston, Mass.
8. New York State Rural Conference on the Elderly, Waterloo, N.Y.
9. National Association of Area Agencies on Aging Network Conference, Detroit, Michigan.
10. Zero Population Growth, Washington, D.C.
11. Human Factors Society, Tysons Corner, Va.
12. Mid-American Congress on Aging Conference, Omaha, Nebraska.
13. Third Annual Conference on Aging Services, Albany, N.Y.
14. National Association of Nutrition and Aging Services Programs, Denver, Colorado.
15. New York State Nutrition Directors Conference.
16. Mini-White House Conference on Transportation, Florida State University.
17. Annual Dinner Genesee Conference.
18. Home Delivered Meals workshop, Rutgers University sponsored by Administration on Aging, Region II.
19. National Association of State Units on Aging/National Association of Area Agencies on Aging Conference, Houston, Texas.
20. American Bar Association Symposium, Washington, D.C.
21. New York Statewide Action Conference, Syracuse, N.Y.
22. Fall Conference of Florida Council on Aging, Daytona Beach.

23. Mini-White House Conference on Aging, Energy, Equity and the Elderly, sponsored by American Association of Retired Persons, Boston, Mass.

24. Mini-White House Conference on Aging—Older Euro-Americans, Baltimore, Maryland.

25. National Association Area Agencies on Aging Board Meeting, Wash.

Hearings conducted by the Subcommittee on Human Services are as follows:

1. Administration on Aging. Older Americans Act Oversight.

2. Energy Needs of Low Income Elderly; Winter, Auburn, Maine, 1979–80.

3. Energy Needs of Low Income Elderly: Winter, Des Moines, Iowa, 1979–80.

4. Energy Needs of Low Income Elderly; Winter, Syracuse, N.Y., 1979–80.

5. Energy Needs of Low Income Elderly: Winter, Waterbury, Conn., 1979–80.

6. Energy Needs of Low Income Elderly; Winter, Pittsburgh, Pa., 1979–80.

7. Senior Citizens in the 1980's. Pomona, California.

8. The Arts and the Older American, Washington, D.C.

9. Federal Transportation Policies and the Elderly, New Brunswick, N.J.

10. Future Directions for Aging Policy: A Human Service Model, Washington, D.C.

11. Domestic Violence Against the Elderly, New York City.

12. Reauthorization of the Older Americans Act: 1981, Washington, D.C.

APPENDIX

RULES OF PROCEDURE, SELECT COMMITTEE ON AGING, AS ADOPTED FEBRUARY 27, 1979

RULE NO. 1

Except where the terms "full committee" and "subcommittee" are specifically referred to, the following rules shall apply to the *Select Committee on Aging* and its subcommittees as well as to the respective chairmen.

The rules of the committee shall be subject to amendment at any time.

[See House Rule XI, 1.]

RULE NO. 2

The regular meetings of the full committee shall be held on the *first Thursday of each month at 2:00 p.m.*, except when the Congress has adjourned or recessed. The chairman is authorized to dispense with a regular meeting or to change the date thereof, and to call and convene additional meetings, when circumstances warrant. A special meeting of the committee may be requested by members of the committee in accordance with the provisions of House Rule XI, 2c (2). Subcommittees shall meet at the call of the subcommittee chairmen.

Every member of the committee or the appropriate subcommittees, unless prevented by unusual circumstances, shall be provided with a memorandum at least 3 calendar days prior to each meeting or hearing explaining (1) the purpose of the meeting or hearing; and (2) the names, titles, background and reasons for the appearance of any witnesses. The minority staff shall be responsible for providing the same information on witnesses whom the minority staff may request.

[See House Rule XI, 2(b).]

RULE NO. 3

A majority of the members of the full committee and each of the subcommittees shall constitute a quorum of the committee or subcommittee for the purpose of convening meetings, conducting business, and voting on any matter: Provided, That the chairman of the full committee may determine that one-third of the members of the full committee shall constitute a quorum of the full committee at any meeting for such purpose (other than for the reporting of any measure or recommendation, and voting on the authorization of subpoenas and on the closing of hearings and business meetings to the public) if he gives written notice to that effect to the members prior to the meeting. Any committee member present at a committee meeting may make a point of order that a quorum is not present under the conditions set forth above, but a quorum shall be deemed present unless a member objects to the transaction of business because of the lack of a quorum. Two members shall constitute a quorum for taking testimony and receiving evidence. A majority of the members of the committee must approve any report, or any staff study containing policy recommendations, and the chairman is empowered to obtain that approval in any appropriate manner, including by polling members of the committee in writing. Proxies shall not be used to establish a quorum. If the chairman is not present at any meeting of the committee or subcommittee, the ranking member of the majority party on the committee or subcommittee who is present shall preside at the meeting.

[See House Rule XI, 2(h).]

RULE NO. 4

Every investigative report shall be approved by a majority vote of the committee at a meeting at which a quorum is present. Supplemental, minority, or additional views may be filed in accordance with House Rule XI, 2(l)(5). The time allowed for filing such views shall be 3 calendar days (excluding Satur-

days, Sundays, and legal holidays) unless the committee agrees to a different time, but agreement on a shorter time shall require the concurrence of each member seeking to file such views. A proposed report shall not be considered in subcommittee or full committee unless the proposed report has been available to the members of such subcommittee or full committee for at least 3 calendar days (excluding Saturdays, Sundays, and legal holidays) prior to the consideration of such proposed report in subcommittee or full committee. If hearings have been held on the matter reported upon, every reasonable effort shall be made to have such hearings available to the members of the subcommittee or full committee prior to the consideration of the proposed report in such subcommittee or full committee.

RULE NO. 5

A member may vote by proxy on any measure or matter before the committee and on any amendment or motion pertaining thereto. A proxy shall be in writing and be signed by the member granting the proxy; it shall show the date and time of day it was signed and the date for which it is given and the member to whom the proxy is given. Each proxy authorization shall state that the member is absent on official business or is otherwise unable to be present, and shall be limited to the date and the specific measure or matter to which it applies; and, unless it states otherwise, it shall apply to any amendments or motions pertaining to that measure or matter.

RULE NO. 6

A rollcall of the members may be had upon the request of any member.

RULE NO. 7

The committee staff shall maintain in the committee offices a complete record of committee actions including a record of the rollcall votes taken at committee business meetings. The original records, or true copies thereof, as appropriate, shall be available for public inspection whenever the committee offices are open for public business. The staff shall assure that such original records are preserved with no unauthorized alteration, additions, or defacement.

[See House Rule XI, 2(e).]

RULE NO. 8

There shall be *Four* (*4*) subcommittees with appropriate party ratios which shall have assigned or fixed jurisdictions.

[See House Rule XI, 1(a)(2).]

RULE NO. 9

The chairman and the ranking minority member of the committee shall be ex officio members of all subcommittees. They are authorized to vote on subcommittee matters; but, unless they are regular members of the subcommittee, they shall not be counted in determining a subcommittee quorum other than a quorum for the purpose of taking testimony.

RULE NO. 10

Except as otherwise provided by House Rule XI, 5 and 6, the chairman of the full committee shall have the authority to hire and discharge employees of the professional and clerical staff of the full committee and of subcommittees subject to appropriate approval.

After approval by the majority caucus, the authorization for the creation of new positions shall be approved by a majority vote of the committee, a quorum being present.

RULE NO. 11

Except as otherwise provided by House Rule XI, 5 and 6, the staff of the committee shall be subject to the direction of the chairman of the full committee and shall perform such duties as he may assign.

RULE NO. 12

The chairman of the full committee will announce the date, place, and subject matter of all hearings at least 1 week prior to the commencement of any hearings, unless he determines that there is good cause to begin such hearings at an earlier date. In order that the chairman of the full committee may coordinate

the committee facilities and hearing plans, each subcommittee chairman shall notify him of any hearing plans at least 2 weeks in advance of the date of commencement of hearings, including the date, place, subject matter, and the names of witnesses, willing and unwilling, who would be called to testify, including, to the extent he is advised thereof, witnesses whom the minority members may request. The minority members shall supply the names of witnesses they intend to call to the chairman of the full committee or subcommittee at the earliest possible date. Witnesses appearing before the committee shall, as far as practicable, submit written statements at least 24 hours in advance of their appearance.

A subcommittee holding hearings in the field may investigate matters that are within the committee's jurisdiction, whether or not the matter being investigated falls within the jurisdiction fixed for that subcommittee.

[See House Rule XI, 2(g), 2(j), and XI, 3(f)(2).]

RULE NO. 13

Meetings for the transaction of business and hearings of the committee shall be open to the public unless closed in accordance with Rule XI of the House of Representatives.

[See House Rule XI, 2(g).]

RULE NO. 14

A committee member may question a witness only when recognized by the chairman for that purpose. In accordance with House Rule XI, 2(j)(2), each committee member may request up to 5 minutes to question a witness until each member who so desires has had such opportunity. Until all such requests have been satisfied, the chairman shall, insofar as practicable, recognize alternately on the basis of seniority those majority and minority members present at the time the hearing was called to order and others on the basis of their arrival at the hearing. Thereafter, additional time may be extended at the direction of the chairman.

RULE NO. 15

Investigative hearings shall be conducted according to the procedures in House Rule XI, 2(k). All questions put to witnesses before the committee shall be relevant to the subject matter before the committee for consideration, and the chairman shall rule on the relevance of any questions put to the witness.

RULE NO. 16

A stenographic record of all testimony shall be kept of public hearings and shall be made available on such conditions as the chairman may prescribe.

RULE NO. 17

When approved by a majority vote an open meeting or hearing of the committee or a subcommittee may be covered, in whole or in part, by television broadcast, radio broadcasts, and still photography, or by any such methods of coverage, subject to the provisions of House Rule XI, 3. In order to enforce the provisions of said rule or to maintain an acceptable standard of dignity, propriety, and decorum, the chairman may order such alteration, curtailment, or discontinuance of coverage as he determines necessary.

[House Rule XI, 3.]

RULE NO. 18

The chairman of the full committee shall:

(a) make available to other committees the findings and recommendations resulting from the investigations of the committee or its subcommittees as appropriate;

(b) submit to the Committee on the Budget views and estimates, as appropriate, required of standing committees by House Rule X, 4(g); and

(c) prepare, after consultation with subcommittee chairmen and the minority, a budget for the committee which shall include an adequate budget for the subcommittees to discharge their responsibilities. After approval by the majority caucus, a majority of the members of the committee must approve the budget, and the chairman of the committee is empowered to obtain that approval in any appropriate manner, including polling members of the committee in writing.

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