CUTBACKS IN MEDICARE AND MEDICAID COVERAGE

HEARINGS

BEFORE THE

SUBCOMMITTEE ON HEALTH OF THE ELDERLY

OF THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

NINETY-SECOND CONGRESS

FIRST SESSION

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CUTBACKS IN MEDICARE AND MEDICAID COVERAGE

MONDAY, JUNE 14, 1971

U.S. SENATE,
SUBCOMMITTEE ON HEALTH OF THE ELDERLY,
SPECIAL COMMITTEE ON AGING,
Woonsocket, R.I.

The subcommittee met at 10 a.m., pursuant to call, at the Elks Hall, Woonsocket, R.I., Senator Claiborne Pell, presiding.

Present: Senator Pell.

Also present: Edward Lussier, mayor of Woonsocket; and John Skiffington, Rhode Island State Representative.

Staff members present: William E. Oriol, staff director; Kenneth Dameron, Jr., professional staff member; Keven McKenna, legislative aide to Senator Pell; John Guy Miller, minority staff director; and Janet Neigh, clerk.

Senator PELL. This Subcommittee on Health of the Elderly of the Senate Special Committee on Aging will come to order.

I think this is a historic occasion because—to the best of my knowledge—this is the first time there has been a Federal or congressional Senate committee meeting or hearing in the city of Woonsocket. Before getting to the business at hand I would like to turn over the microphone to the ranking citizen leader of Woonsocket, the mayor—and an old personal friend—Ed Lussier.

STATEMENT BY EDWARD LUSSIER, MAYOR, WOONSOCKET, R.I.

Mayor LUSSIER. Thank you very much, Senator. It is certainly an honor for me to be here this morning, and greet Senator Pell as he holds these hearings on the problems of the aged—particularly in the areas of Medicare and Medicaid.

Now, we in Woonsocket are very much aware of the problems that do exist among our elderly citizens. I think the hearing itself will produce some results; and I think Senator Pell, as he holds these hearings in Woonsocket, recognizes the need of our constituents—because we do have a high percentage of elderly people within our community. Now, I suggest that you relax, and I know the Senator will be here as long as you need him. If you have questions, he is willing to listen to all of your testimony.

I think that it is a wonderful opportunity for our own people to let the Senator know—and the Committee on Aging know—what we need as far as the elderly are concerned.

Thank you very much.

Senator PELL. I would also like to acknowledge the presence of Representative Skiffington, ladies and gentlemen, who is here, too.

STATEMENT BY JOHN SKIFFINGTON, RHODE ISLAND STATE REPRESENTATIVE

Representative SKIFFINGTON. Thank you, Senator, Mayor Lussier, and many old and good friends in the city of Woonsocket. I am glad to see so many of you, here, concerned with the problems of the elderly. It is really heartwarming to see this wonderful turnout this morning, to be here and to express your views to Senator Pell. Senator Pell, of course, is one of our favorites and has been in Woonsocket many, many times for different things—during political campaigns and other events—but I think this is the most important visit that Senator Pell has ever made to the city of Woonsocket. I want to congratulate him on having the first senatorial hearing—or congressional hearing—that ever was held, to our knowledge, in the city of Woonsocket.

Thank you, Senator.

Senator PELL. Thank you very much, Representative Skiffington. I would also like to acknowledge the presence of the State official with the most responsibility in the area of aging. She has been very kind to come here—because this is really, in a sense, a trial run in this hearing to develop what the problems are in a local community; and, then in a period of weeks or maybe months we will have another hearing in Providence to determine what the problems are, more or less, at the statewide level and what can be done to resolve them. I would like to welcome her, and ask her if she has anything to say. Let's have a warm welcome, and ask her to stand up, and say hello—Eleanor Slater, an old friend.

STATEMENT OF ELEANOR SLATER, DIVISION ON AGING, DEPARTMENT OF COMMUNITY AFFAIRS, PROVIDENCE, R.I.

Mrs. SLATER. Thank you, Senator Pell; Mayor Lussier, and my former colleague in the House of Representatives, John Skiffington, it is just great to see all you people here. I know that this is going to be very meaningful because of the White House Conference on Aging that is going to be held in November. There is a meeting of the steering committee of that committee tomorrow at my office, and with all of this buildup and other hearings on a statewide basis coming this fall, sometime; and with the enthusiasm for the older people and their needs—particularly in the area of health—it is going to be most meaningful in the State. The message is certainly going to be carried by Senator Pell to the congressional delegation and the Senate.

Thank you very much, Senator.

Senator PELL. Thank you very much, Mrs. Slater.

I would also add that my colleagues in the Congress, Senator Pastore and Congressman St Germain have received invitations to come here. They would be here today except that they have other responsibilities and were glad to be invited and perhaps may be able to come yet. I would like to thank the Elks particularly for letting us have the use of this fine hall. They declined to take any rent for this hearing at all and turned it over to us for the day. I think we should have a round of applause to go to the Elks for letting us all be here. [Applause.]

I think as we move along I would be remiss if I did not thank my Senate staff and particularly Mr. McKenna, Bill Oriol, and the staff of the subcommittee who came up here and worked all weekend on this hearing.

OPENING STATEMENT OF SENATOR PELL, PRESIDING

Now, as we move into the morning I want to put really in the back of your mind some thoughts, because it was nearly 6 years ago that Congress established the Medicare and Medicaid programs. These programs were designed to relieve the health costs of our senior citizens.

Experts in Washington told Congress these health programs should be improved.

Some say that Medicare and Medicaid need to be expanded, and my own views are in that direction.

There are others at this time who are saying that the benefits of these programs should be reduced.

Today the Senate Special Committee on Aging is here in Woonsocket to hear from these panels, and the people, as to what your own views are about the Medicare program.

The Senate Special Committee on Aging has asked me, as a member of the health subcommittee, to take testimony from senior citizens of Woonsocket and those who serve them regarding changes they believe should be made in Federal health programs for the aged. Woonsocket was chosen as a hearing site, the first of this sort in our State, because of its high percentage of senior citizens—nearly 23 percent of the residents are over the age of 55.

The committee believes that there are no persons better able to tell us about workings of the Medicare program than the persons who are served by it. The senior citizens themselves know the problems, they know what we are trying to do and here I would add in a more personal vein I am particularly concerned with the problems of the aging.

I remember going through some of the nursing homes and the habitations of our older citizens. I think, those who are in public life, no matter in what they are interested, are surely interested in the plight of people. Social workers, clergymen or politicians are probably more aware of the plight of older citizens, and the poor, and the sick, than the average citizen. Because the old, the sick and the feeble do not get a chance to be as visible as do the rest of our citizens their misery is often tucked under the rug. One is not aware of it and I think, for those reasons, we have a special responsibility in this regard.

(A translation, in French, of Senator Pell's opening statement follows:)

L'ÉNONCÉ DU SÉNATEUR DES ÉTATS-UNIS CLAIBORNE PELL

Il y a presque six ans le Congrès a établi les programmes de Medicare et Medicaid. Ces programmes ont creés pour servir en aidé aux citoyens agès.

Les éxperts de Washington nous ont dis que ces programmes doivent être improvés.

On dit que ces programmes Medicare et Medicaid doivent être augmentés. Les autries nous dit que ces programmes doivent être rédui.

Aujourd'hui la Commission du Sénat pour les vieillards y est à Woonsocket pour écouter ce que le monde pense de ces programmes de Medicare et de Medicaid.

La Commission du Sénat m'a demandé, comme un membre du Sous-Commission pour la santé, de prendre de la deposition des citoyens de Woonsocket et de ceux qui les serve à l'égard de problems Medicare.

Nous avons choisi la ville de Woonsocket pour une audition parceque les citoyens agés y sont si nombreux. Presque 23 pour cent sont à l'age de cinquante et cinq ans au plus.

La Commission croit qu'il n'y a personne que les citoyens agés qu'ils nous pouvent dire de la mannière que ces programmes ont condui.

Cette audition, à présent, vient en ordre.

Senator PELL. I would like to ask the first panel on Medicare Coverage—Mr. Albert Peters, of Woonsocket; Mr. Alfred Farley, of Woonsocket, a former representative; and Mrs. Irene Chauvin of Woonsocket— come forward and sit at that table there.

I believe it is fairly appropriate that Mr. Farley lead off, as he was a representative acting in Government long before I was and perhaps he is a good leadoff witness because he is wise to the ways of Government.

STATEMENT OF ALFRED FARLEY, WOONSOCKET

Mr. FARLEY. Well, Senator Pell, distinguished guests and Mayor Lussier, my name is Alfred Farley of Woonsocket, Rhode Island.

Senator Pell, I want to tell you about an experience that my wife had under the Medicare program. My wife and I are covered by Medicare and Blue Cross and Blue Shield which is plan 65. It was my understanding that I had complete health coverage but a recent experience with my wife's illness has demonstrated that my health coverage was not complete. This past winter my wife was ill and was sent to the hospital. Medicare covered all the hospital costs except $71.50, and Medicare and Blue Cross covered $570.65. My physician cost was $105; Medicare and Blue Shield paid that cost. After my wife was in the hospital for about a week and a half, the director recommended that my wife would get stronger if I placed her in the Grandview Nursing Home. I thought that Medicare would cover 100 days stay but this was not true. Five days after my wife was in the nursing home, the Social Security Administration informed me through the nursing home administrator that Medicare would no longer cover the cost of my wife's stay. My wife stayed another 7 days and it cost me $140. This is a cost that I thought Medicare would cover and I was disappointed with this action. I think it is unfair.

Senator PELL. Well, I have to ask that we have all three statements and then go on to the questioning afterwards. I would like to ask Mr. Peters if he would make his statement.

STATEMENT OF ALBERT J. PETERS, WOONSOCKET

Mr. PETERS. Senator Pell, my name is Albert J. Peters, Woonsocket, R.I. Senator Pell, I want to tell you about an experience my wife had on Medicare. My wife and I are covered by Medicare, Blue Cross, and Blue Shield. We started when it was $13 and it has gone

to $16 and now it has gone up to $21 plus. We can't afford to pay that. I brought her to the hospital for open heart surgery and could not afford the cost of a nursing home. I understood that Medicare would pay 80 percent of the cost of the nurse visiting every day and Medicare did pay 80 percent of this care; but, I could not afford the cost of the nurse visiting every day so I dropped the visits from every day to 4 days a week. Now, it is 1 day a week. I have been taking care of my wife myself. My request is that Medicare should pay 100 percent of the cost for a visiting nurse. I am required to pay for all of her medication and it is impossible to do this and pay 20 percent of the cost of the visiting nurse.

Senator PELL. Thank you very much. We will come back to the questions in a moment but I would like to get all the evidence and the examples of the problems that I am sure that everybody in this room has been exposed to and knows about. I want to get them in the record and then we will talk about them. Mrs. Chauvin, would you give us your statement.

STATEMENT OF IRENE CHAUVIN, WOONSOCKET

Mrs. CHAUVIN. My name is Mrs. Irene Chauvin, Woonsocket, R.I. Senator Pell, I want to tell you about an experience my mother had under the Medicare program.

My mother was taken from Fogerty Hospital to Grandview Nursing Home, April 20, 1971. This was to be covered under Medicare. On May 19, 1971, I received a letter from the board at the nursing home that she was off Medicare. On May 19, my doctor told me—when I phoned him—that she was covered by Medicare. The nursing home still maintained that she was not covered. Then, in the meantime, I was told that she was back on Medicare. I also received a call on June 3 that she was not covered; and was then informed on June 4 that she was again covered. I still don't know who is going to pay the bill for the period from the 20th of May until the 3d of June. I have been unable to determine why these changes keep on occurring and Mrs. McDermott at the nursing home said she was unable to understand or explain the problem herself.

Senator PELL. Thank you very much.

Now, Mr. Peters, returning to your testimony and the illness of your wife, what was the total cost would you say of your wife's sickness?

Mr. PETERS. Well, you mean the cost of the operation?

Senator PELL. The operation, the medical costs and so forth?

Mr. PETERS. For the operation, $1,000.

Senator PELL. How much?

Mr. PETERS. One thousand dollars, and almost another $1,000 for the hospital.

Senator PELL. About $2,000 in all?

Mr. PETERS. Right.

Senator PELL. Am I correct in saying that Medicare the way it is presently written and Blue Cross covered most of these costs?

Mr. PETERS. Yes, Senator.

Senator PELL. What would you say, about 90 percent of the cost?

Mr. PETERS. They covered everything.

Senator PELL. So far?

Mr. PETERS. Yes.

Senator PELL. What you are really saying is that despite this coverage you are now faced with an economic burden in the future?

Mr. PETERS. It is the medicine, it costs a lot of money.

Senator PELL. And the visits for the nursing care?

Mr. PETERS. That is right. The nurse was coming to the house for 100 days and that was paid; but after 90 days I have to pay $3 a day—she was coming four times a week—and I couldn't afford it. Now she is coming only once a week and I have to do the work myself.

Senator PELL. What you are saying then would be that the cost of the visiting nurse and the medicines should be covered by Medicare?

Mr. PETERS. Yes.

PRESENT PROPOSALS AN IMPOSSIBLE HARDSHIP

Senator PELL. It is not one of the problems that we face here. We always put the emphasis on looking after the person who is sick in the hospital and not enough on follow-through afterwards. Now, in this regard, the present proposals out in the Ways and Means Committee of the House of Representatives could reduce and narrow the benefits that people will be getting in your case and that would be an impossible hardship I think.

Mr. PETERS. A box of pills cost almost $19 and I get 200 pills in a box, and I think she has to take about eight of those pills a day.

Senator PELL. And there is no help from Medicare for that?

Mr. PETERS. No help whatsoever.

Senator PELL. Not five cents?

Mr. PETERS. No.

Senator PELL. How much does it cost you for the visiting nurse to come?

Mr. PETERS. Well, $3.

Senator PELL. Is that out of your pocket or does Medicare take that?

Mr. PETERS. No, it is out of my pocket. Medicare pays for the rest, 80 percent.

Senator PELL. Right. Thank you very much for these facts. I think it is amazing that the community as a whole is not aware of this. I am very glad that you have been willing to share your experience.

Mr. PETERS. My wife is a sick woman, Senator.

Senator PELL. I fully realize that.

Mr. PETERS. Very sick.

Senator PELL. I apologize for probing into your personal life but it is only by personal examples——

Mr. PETERS. It is all right.

Senator PELL (continuing). That we can get at the problems.

Now, as I understand it, Mr. Farley, let me put it this way. How many days was your wife in the hospital when she was sick?

Mr. FARLEY. I couldn't say exactly the date. I would say about a week.

Senator PELL. About 2 weeks or a week?

Mr. FARLEY. Over a week and then the doctor advised me that she would get stronger if we transferred out to the nursing home in Lincoln.

Senator PELL. Of the time that she was in the hospital, how much did you pay out of your own pocket?

Mr. FARLEY. I paid $71.70. I have the bill here.

Senator PELL. About 3 or 4 days that you had to pay for?

Mr. FARLEY. They charged me $629.15 and Blue Cross paid $570.65.

Senator PELL. Right.

Mr. FARLEY. Then they added to this $58.50 as she was in a private room, and I had to pay the hospital $71.50. I have the check to prove it here.

Senator PELL. Your thought was that she was eligible—since you were eligible for 100 days nursing home care—when you took your wife out and she was in the nursing home. That you wouldn't have to pay anything more; isn't that correct?

Mr. FARLEY. Well, the nurse up there was very nice with me and she advised me that she had a letter——

Senator PELL. Could you speak a little closer to the microphone so that all the people can hear you.

Mr. FARLEY. She advised me if I paid in advance—instead of paying $23—I would pay $20 a day; so I sent her a check for the nursing home for $140. My wife came out of there—from my knowledge—on Wednesday. I thought I had a little refund coming to me but I didn't get any refund as yet. The way they told me, I had no refund coming so I didn't make my fight about it.

RETROACTIVE COSTS FOR NURSING HOME CARE

Senator PELL. My understanding is that you were told retroactively that she would have to pay $140 for the nursing home care which you thought would be covered; isn't that correct?

Mr. FARLEY. The 7 days would be covered; but, instead of paying $23 I paid $20 and she came out of there on Wednesday.

Senator PELL. Then the problem from your point of view was that you did not know all the facts and found yourself with a bill of $140; is that correct?

Mr. FARLEY. I have a small paper here that I took with me. It is marked here $20, paid in advance; 7 days, $140, Tuesday, March 9. Here is the check for the $140.

Senator PELL. Right. Thank you, but to digest your testimony so that all of your friends here understand it, the problem as I understand it is that you were retroactively told you owed the Government $140; is that not correct?

Mr. FARLEY. I don't owe them—I paid them.

Senator PELL. That is right, but you were retroactively charged to pay the nursing home $140 that you did not expect you would have to pay under Medicare?

Mr. FARLEY. For the 7 days.

Senator PELL. That is correct.

Mr. FARLEY. My wife came out of there, to my knowledge, on Wednesday.

Senator PELL. So this idea of reducing the benefits of the nursing home care would make your situation even more acute or worse, wouldn't that be correct?

Mr. FARLEY. Yes.

Senator PELL. Thank you.

Mrs. Chauvin, going back to your testimony. You as the daughter of an older person faced the problem that many of our middle age citizens today face. As I understand it, after your mother was sent to the nursing home, Social Security told her that the cost would not be covered once she was there and you appealed that decision. Is that the situation now?

Mrs. CHAUVIN. That is right. She was under Medicare from the 20th of April to the 19th of May—when Mrs. McDermott told me that she was off Medicare. Then I contacted my doctor and he told me that she was on Medicare. That is why this has been pending—not paying the 15 days—as Mrs. McDermott didn't know where we stand; she was on-and-off and off-and-on again. I don't know who is suppose to pay that bill.

Senator PELL. Could your mother be cared for in any other place than a nursing home or a hospital? Could you take care of her at home?

Mrs. CHAUVIN. I cannot. It takes two to put her back in bed—my mother is practically blind. We have tried to find a nursing home, and Mrs. McDermott has tried, and we can't find a place.

Senator PELL. Now, if Medicare does not pick up the tab and if your appeal is denied; what will that mean that you will have to pay? What will be the cost to you?

Mrs. CHAUVIN. That will be $32 a day.

Senator PELL. How many days?

Mrs. CHAUVIN. For 15 days.

RUSSIAN ROULETTE WITH BANKRUPTCY

Senator PELL. About $500–$480. What this example shows is that the effort to cut back on Medicare cost by reducing the coverage of the patient in a nursing home will cause hardship. What they should be doing, in general, is to try to pick up the cost of the old people's care—but with the minimal service possible, so that if you don't have a hospital you can go to a nursing home. Rather than reducing the days in the nursing home, it seems to me that the Government should increase them. What you are doing here is sort of playing Russian roulette; with the result of your bankruptcy if this is not resolved eventually.

I would hope that perhaps one little good thing will come of this hearing; because my purpose here is to listen, and to hear the problems, and to educate myself. But, out of this process of education may come the hot light of publicity that can cause a quicker determination of your appeal. I would wish you success in that determination.

Mrs. CHAUVIN. Thank you, Senator Pell.

Senator PELL. And I have real regrets if it does not work and I bleed for you and I understand the problems. I thank the three of you and would ask that our next panel, which is concerned with Medicare Delivery Problems, come forward.

I thank Mr. Peters, Mr. Farley, and Mrs. Chauvin very much.

Now, Mrs. McDermott is the administrator of the Grandview Nursing Home and Miss Anna Gray is the director of social services at the

Woonsocket Hospital and Miss Mabel Huggins is the executive director of the Visiting Nurse Service of Woonsocket and I would ask that they come forward.

Before you get started I think I ought to read into the record the proposed cutbacks in Medicare and Medicaid which are presently being considered in the House of Representatives. This is for the record but I think it would be of interest to everyone and especially the older citizens who are here.

Five Cutbacks in Medicare and Medicaid

The House Ways and Means Committee ordered reported on May 17, 1971, a comprehensive Social Security Welfare Reform Bill. Some provisions of this bill would result in cutbacks in Medicare and Medicaid coverage.

These cutbacks are five in number.

In Medicare there are two: One would increase the deductible under Part B of Medicare from $50 to $60—an increase of 20 percent. The other cutback would be to charge older citizens who are in the hospital $7.50 a day for hospitalization between the 31st and the 60th day. This would be an increase of some $225 in doctor bills for the older citizens.

For Medicaid the proposals are as follows: One, States would be permitted to eliminate or reduce the scope and extent of health care services presently optional under Medicaid—such as dental care, eyeglasses, and outpatient prescription drugs. In this regard I would offer a great compliment to Rhode Island for leading the States in human determination and the administration of the Medicaid legislation. The second cutback would be that the Federal matching funds for Medicaid would be reduced by one-third after 60 days in a general or tuberculosis hospital; 60 days in a skilled nursing home, unless the State establishes an effective utilization review program; or 90 days in a mental hospital. Under the third proposal medically indigent patients under Medicaid could be subject to a premium charge based on income. Moreover, States would be authorized to make the medically indigent subject to copayment provisions which would not be based on income. In addition, States would be permitted to establish cost-sharing arrangements for categorically needy recipients—the aged, blind, and disabled—but only for services not required to be provided under the State program.

These proposals are under discussion and one of the purposes of this hearing is in a small way to exert pressure to make sure that these reductions do not take place frankly and in this regard we are very lucky to have the witnesses before us now who tie directly with the previous panel. We started out with a panel of those who are covered by Medicare and now we have a panel of people who are very knowledgeable, very humane, and very concerned with delivering the Medicare services that should be delivered. We had Mrs. Chauvin with the problem she was facing in getting her appeal acted on so that her mother can stay in the Grandview Nursing Home and we have Mrs. McDermott with us who is the administrator there who did the best she could to help her and is sort of caught in the middle of this situation.

I would ask Mrs. McDermott to start out as the immediate witness.

STATEMENT OF FRANCES McDERMOTT, ADMINISTRATOR GRANDVIEW NURSING HOME

Mrs. McDERMOTT. In defense of Grandview Nursing Home, this is a lovely facility and it is a Medicare facility. We have staffed it with a very competent staff and the care is excellent. When the patients are admitted to me they are positive they are going to be covered in the nursing home for 100 days. This is not the case. They are entitled to it, but very few patients get it. I am contacted by the social workers of the hospital, and they tell me the name of the patient. My next questions to the social worker are, "What type of care is this patient going to need? Is it skilled care?" Skilled care is determined and defined by guidelines, that are put out by the Social Security Administration. If this type of care doesn't fall under the skilled category, then this patient is not going to be approved in an extended care facility. The social worker talks with the family, or with the patient, and starts to explain to the patient that probably Medicare will not pay—depending, again, on the level of care.

Senator PELL. Excuse me, but it is very important that everybody can hear you, Mrs. McDermott. If you will hold the microphone about 3 inches from your mouth. And I might also say to the people in the back, there are some seats down here if you want to sit down. There are plenty of seats right back here. Continue, Mrs. McDermott.

Mrs. McDERMOTT. The social worker tries to explain the Medicare to the patient. The first 20 days are free. The next 80 days a charge is made in the extended care facility of $7.50 a day. When the patient is admitted to me, I have no assurance that Medicare will pay. I must request an approval from Medicare the level of care is a determining factor. When the patient is admitted to me, I explain to him that I have no assurance that Medicare will pay. I ask that they sign a statement—after I have explained the Medicare to them—stating that they are aware that Medicare may not pay. The majority of the older people are positive that they are going to be covered in the extended care facility for 100 days; this is what they are entitled to, but they don't get it.

The approval, from Medicare, takes a week to 14 days after admission to the E.C.F. A copy of the records of the patient—and the forms that come in from the social worker in the hospital—are sent to Medicare. This is what they make their determination on. The doctor's orders are sent, and his recommendation for the stay in the extended care facility. If I get the approval—it is not for 100 days, it is, possibly, for 2 weeks—2 weeks later we send forms to Medicare that are reviewed again, by a medical team there. This is on paper, and they are not looking at the patient. They will either continue the coverage—again, possibly, 2 weeks—depending on the diagnosis, the type of care, and the progress the patient is making. Any time after this initial approval, Medicare can—and does—terminate.

WRONG TO TRY TO EXPLAIN MEDICARE

When I admit the patient, they say that I am wrong when I explain Medicare to them. They have been told by their Medicare

booklet they do have 100 days, and that the doctor has recommended an extended care facility for them, so who is going to say to them that they are not covered? Medicare still terminates, or no approval is granted.

Senator PELL. Thank you very much.

Mrs. MCDERMOTT. Now, the problem with Mrs. Chauvin is a very common problem—very, very common—with every patient that I have in the nursing home where care has been covered for a period of time. The patient, by X-ray, isn't ready for therapy—or the type of care—to warrant extended care. If you are going to do more damage by insisting on this type of care—until the patient is ready—simply to get Medicare coverage, you haven't accomplished very much. The type of care is also very, very important, the way skilled care is defined. It is very unfair—I am a nurse, and if it were my own mother—like in many cases that I had to care for, 24 hours a day—it would be impossible to do so. The patient may have bowel or bladder incontenence, is unable to turn himself in bed, and unable to feed himself. This is custodial care and not skilled care. It is constant care, and it is the hardest type of care to give. But by the present guidelines—the way the Medicare is presently set up—these patients are terminated; or, in many cases, not covered from the day of admission. If the patient is terminated, all of a sudden their world falls apart. They don't understand. This has been explained to them, but they didn't think it would happen to them. It creates many hardships—financial hardships for the patients; or, most often, for the person who is responsible for them. It leaves many bills that are very hard to collect in the nursing home.

The patient can be transferred out to lesser facilities or to the waiting lists of chronically-ill hospitals. But the lists are so long for these hospitals, that if the patient stays at Grandview, it is still creating a bill there. This review that I am talking about—that we request the approval—I think, they do a fair review. In general, judging by the guidelines that we have to go by for skilled care, they are doing their job. But many times it isn't skilled care but very ill patients. I think the guidelines are wrong. Also, when the patients are admitted to me—before I can bill Medicare—their attending physician certifies that they are in need of extended care. They give us the orders to render this care. We have a Utilization Review Board, which is made up of at least three doctors, that reviews all the Medicare patients at least once a month—and more often on questionable cases. Many times the attending physician will certify that the patient is in need of extended care; and this is reviewed by the Utilization Review Committee. If it passes this board, Medicare can override or overrule their decision. This creates a conflict.

I am sent—from the Utilization Review Board, when they have terminated someone—a letter with the actual date that Medicare is terminating. If Medicare terminates or overrules this board wtihout my knowledge, they also send out the letters, so they get a letter from the Department of Health, Education, and Welfare making them aware that coverage has terminated. This letter and the letter that I send out from the Utilization Review Committee, many times have dates that are in conflict. If the Utilization Review Board terminates coverage,

I have to give a 3-day notice. But Medicare can terminate retroactively—or without any notice—so these dates or who is terminating, are very conflicting, and very confusing to the patient.

Need Knowledge or Prior Authorization

The Department of Social Welfare for Medicaid patients has a prior authorization in this State; where, before the patient is admitted to the nursing home, the patient knows if his Medicaid is going to cover or not—and usually for the number of days. This can be extended. There must be some method that the Federal Government can come up with—such as this—so that the patients who are admitted to E.C.F.'s know if they are going to be covered or not, under Medicare. If a patient is admitted to me under Medicare and declined—but is covered under Medicaid—I can't keep the patient, simply because the rate of reinbursement is too low. It doesn't pay for the cost of the patient in the nursing home. This is also explained to the patient who is admitted upon admission. Many of them express a desire to supplement Medicaid payments because they want to keep them at Grandview; they like the type of care they are receiving, and they like the nursing home. They want to keep them at Grandview, but simply can't afford this. The State doesn't allow this; therefore, the patient has to transfer to another home or remain as a paying patient. There are so many things with Medicare that I personally think are unfair; I don't know the answer to them, but there must be an easier way.

Senator Pell. I don't know the answers either. One of the reasons we are here is to define the problems and even then some of the problems, some of the solutions seem unattainable but this is one of the reasons we are having this hearing.

Thank you. We will come back with some questions.

The next witness now is Miss Gray who is a Director of Social Services at the Woonsocket Hospital and sees this problem from the viewpoint of the hospital which is different from that of the nursing home.

STATEMENT OF ANNA GRAY, DIRECTOR, SOCIAL SERVICES, WOONSOCKET HOSPITAL

Miss Gray. All the referrals for nursing home, extended care facilities and Home Health Care programs are referred by the attending physician to my department for disposition. The problems are many and arise when the family is made aware that: first, the patient is no longer in need of hospital-type care—regardless of the number of days the patient has been hospitalized; that the patient requires 24-hour nursing care; but that the Medicare program will not necessarily pay for such. The families cannot understand why—the patient, if he is ill enough to be hospitalized, and ill enough to need 'round the clock care—the condition does not warrant Medicare approval to the extended care facility. By that I mean—so many families will say my parents are in bed, and not able to get up. If they just have to have medication, their meals, and give them a bath, they cannot understand why they cannot be qualified for an extended care facility. It is a terrific problem to explain this to them.

I feel that Medicare has falsely conveyed to the public a glorious expanded health program, only to have it interpreted as a controlled, limited health program. When the patient transfers to an extended care or nursing home, should they not qualify for an extended Federal Medicare home for Medicare payments? They are penalized the number of days that they remain in the E.C.F. as applied against a new benefit period. Even if the Federal Medicare has cut off payment in the home, and they remain as a private patient, those days are deducted from their number of days when they return, if they do, to the hospital.

I feel a physician should be given the opportunity to justify to the Utilization Committee—and by the Utilization Committee I mean a team of doctors that meet every week and review the patients' charts, not necessarily their own patients—and they have the right to say to the attending physician, this patient can be taken care of in an extended care or a nursing home; and, we will write a letter to the attending physician and to the family that the payments will no longer be made after 3 days.

Now, another terrific problem is the ambulance services which are limited to the distance of the nearest facility—and there are very few in this area. Now, regardless of whether there is a vacancy or not, there are only two extended care facilities—one about 6 to 7 miles, and the other may be 12 miles from Woonsocket. If they go to a home—say in Warwick or Westerly—the Government will not pay for the ambulance charge, the 80 percent, and with just two in the area it is a terrific problem.

Senator PELL. Would you identify the names of the two for the record?

Miss GRAY. Grandview, where Mrs. McDermott is administrator; and Waterman Heights in Greenville.

Senator PELL. What is the population, how many beds are in each one?

Miss GRAY. In Grandview, 72, and Waterman Heights would be about the same.

Senator PELL. The charges are similar?

Mrs. MCDERMOTT. Senator Pell, we have a 70-bed facility—37 beds are the extended care beds.

Senator PELL. Just for the nursing home?

Mrs. MCDERMOTT. That is correct.

FEDERAL MEDICARE IS A GAMBLE

Miss GRAY. And sometimes there is a waiting period getting into these homes; and, in the meantime, what happens to the patient? We can't keep them and we can't find a bed for them. It has created a terrible, terrible problem for the hospital, for the doctors, and myself. The State government controls what type of facility care welfare recipients need. By that I mean—if it is a State case, an Old Age Assistance, or aid to the disabled—we have to wait for a prior approval from the State to find out what type of home this patient is eligible for. If they are approved for a nursing home, fine; then they can go, and we know that the State will pay for the home. But, under the Federal Medicare it is a gamble. Now, waiting to get a patient into a chronic hospital, the waiting period—especially for females—is 2 to 3 months. What to do with the patients in the meantime is the

problem. When the patient is granted a week extension by this team of doctors—which we call the utilization committee—the family feels so pressured when they are approached repeatedly by hospital personnel, who come to check on placement progress, that they contact their local or State politicians who will state, "You tell the hospital they must keep them, they have 90 days." When I try to explain to them, no, the number of days only—if needed—and then they blame the hospital. The hospital is to blame and no one else, because they feel as though we are insisting that these patients—that are ill—must leave. Now, I can say that Medicare has done well in many, many areas; but not so well in other areas. It certainly has given a lot more work, a lot more time into talking to families—to both the doctors and my own department. It has made me aware, that from now on I will read the fine print in anything issued by the Government.

Senator PELL. Thank you very much.

Miss Huggins, would you give your statement and we will come back to a couple of questions after. Miss Huggins is the executive director of the Visiting Nurse Service of Woonsocket.

I had the pleasure of being with them and talking with them the other evening when they had their State convention and what we see here are the three areas of care that can be given patients and our older citizens. You have Miss Gray representing the hospital care and then the next stage is your nursing home care with Mrs. McDermott and then you have the Visiting Nurse Service with Miss Huggins.

Now, I believe from the taxpayer's viewpoint if the services can be rendered at Miss Huggins' end of the scale with more support and more visiting nurses and more money into her program we can resolve some of the load further up the scale in the nursing home and the hospital, but the present approach often seems to me to pump the money into the hospital for persons of acute state of health rather than on the other end with Miss Huggins.

STATEMENT OF MABLE HUGGINS, EXECUTIVE DIRECTOR, VISITING NURSE SERVICE OF GREATER WOONSOCKET

Miss HUGGINS. I am speaking for the Home Health Agencies of Rhode Island.* As you say most people know us as the visiting nurse services. Our concern is over the plight of the aged, and when Federal Medicare first came out it was to solve all of the health problems of the aged. Now they are finding that the services are severely limited. We feel fortunate in Rhode Island that we do have home health agencies that cover the entire State—many States do not.

When Federal Medicare legislation was being drafted the home health agencies were considered an important resource for health. It was felt that health maintenance and prevention at home would prevent the person having to go into the hospital, or extended care facility, and be able to stay in his home environment with his family and be able to receive care with the guidance and instructions from their visiting nurse. However, the conditions of participation have severely restricted this and limited what we consider an important health resource. For instance, in order for a patient to receive 100

*See appendix 1, p. 191.

percent coverage—or part A benefits—this person has to be hospitalized for 3 days. Otherwise, if the patient is ill at home and requires our services, this patient falls under the category of part B; which Medicare only pays 80 percent and the patient himself has to pay 20 percent reimbursement.

Now, many times the patient cannot pay this 20 percent; and, if we feel that the patient requires this care, then the agency has to pay for 20 percent. Now, Mrs. McDermott spoke about skilled nursing care—and I think this is an important point, in that the definition of skilled nursing care—as Medicare sees it—may be different from the way we interpret it. Not only that; but, more importantly, the way that the intermediary, or Blue Cross interprets the definition of skilled nursing. I think that this is an important point because there are, as you know, so many different cases and ways of interpreting things. I included a definition of this but I won't read it here.

Senator PELL. A definition of what?

Miss HUGGINS. Skilled nursing care.

Senator PELL. I would like to hear it.

Miss HUGGINS. All right. This definition comes from the Rhode Island Nurses Association and this is their official definition:

Professional nursing is a health service to individuals and groups which is based on principals derived from the biological, physical and social sciences. It utilizes the skills, observation, communication, and interpersonal relationships. It contributes to the maintenance and promotion of health into the provision of physical and emotional care, comfort and support to the people with a variety of health needs by teaching and supervising of patients and families. Teaching, supervising, directing, and participating with all members of the nursing team in identifying patients nursing needs, developing and implementing appropriate nursing and collaborating with the other health professions in comprehensive health care and making critical and independent judgments about patients and their care and increasing the body of nursing knowledge which enhances health care.

The least expensive part of the Medicare affects the Home Health Agency which is part B, and this was the first to be restricted. Now, the present regulations allow reimbursement for the acute phase of illness; but, as we know, among our elderly it is a chronic illness that is most prevalent. We feel that this almost forces a patient to hospitalization in order for them to get the coverage that they should have. There are many patients, whom we see, who don't have to have hospitalization; but, not all the patients have medical coverage or doctor's care.

Senator PELL. I think the general public is probably not aware of the fact that when citizens are over 65 I think the statistics show—and you know much better than I do; but, if my recollection is correct—one-third of the people over 65 have some kind of chronic sickness or illness, two-thirds of the people over 65 have a form of chronic sickness and one-third have two kinds of chronic sickness.

Miss HUGGINS. This is where Medicare is so restrictive, in that if a patient is ill at home and doesn't receive hospitalization then he is not reimbursed fully, but only 80 percent.

ELDERLY CAN'T AFFORD ILLNESS

Senator PELL. The ridiculous thing is when people need the money the most for hospital care and sickness, their income has usually de-

clined the most and when you are young you don't have the chronic sickness when you can best afford it. That is the irrational controversy that we face today.

Miss HUGGINS. I think, too, that it is unfortunate that enough attention is not paid to the savings to the public that could accrue from expansion of the home health service. We feel that health teaching, health guidance, prevention, screening clinics and this type of thing would not only find out about a patient, who needs our care, but also it will prevent that person from being hospitalized—I think that is important to us. We feel that the patient should have every right to stay at home, and receive care at home, and be with the family in surroundings that he enjoys, instead of being hospitalized or being put into a nursing home, or an extended care facility. Of course, we realize there are many times when this has to be done. However, if a patient can stay at home we feel that everything should be done to permit this. And it is going to be a lesser expense to the taxpayer in the long run, actually, because nursing homes and hospitals are more expensive than home health care.

Senator PELL. I so agree with you. I think one of the cruel things about our society—and we are rather unique in this—is that when our parents get older—instead of taking them in, as did the countries from which most of us came, and making them part of the home—we tend very often to push them out. If they are still lucky to be well, you have these wonderful housing for the elderly projects—and here in Woonsocket you have a particularly good number. We should throw a compliment to Congressman St Germaine in this regard because he is the Congressman, of all the Congressmen, who has more housing for the elderly in his district. He is on that HUD Subcommittee of Housing for the Elderly and it started under him. When you come to Woonsocket you see that you have an extra large share here, and it should really be called St Germaine Memorial Housing for the Elderly, I think. But nevertheless the need is for more of this—even more than he has been able to fill. We come back to one of the things that is wrong with our society, which is that the young don't take in the families but but tend to push out their older parents. I would hope that one result of the publicity and hearings would be to make middle-age citizens realize that the place—if at all possible—for older people is with the family. They have more of a sense of purpose and love and utility there.

Now, going back to some questions with each one of you, who are very professional and very skilled. First, to Mrs. McDermott; as I understand it, part of the problem is confusion regarding interpretation of the guidelines issued by the Social Security Administration. What is your own recommendation, what do you think can be done to reduce the confusion? Do you have any thoughts in this regard?

Mrs. MCDERMOTT. Sir, it seems to me—the guidelines and interpretation—that before a patient was admitted that I would be told. I would know that this patient would be covered for, say, 30 days, because of the diagnosis, because of the type of care that is usually required in this case, and with an extension if necessary. The interpretation and the guidelines, or anything to do with Medicare, depend on who is making this interpretation. But I will tell you, if the home has

interpreted it wrong the home loses—no matter whose interpretation it is.

Senator PELL. Now, what would happen if one of your patients—as you mentioned, it was determined he was not eligible for Medicare and then must be terminated. What happens to a patient who is terminated and for one reason or another there is no family; his children cannot take him, and are not living in the neighborhood, and he has no place to go. Now, is that problem handled in fact?

Mrs. MCDERMOTT. This patient can stay as a paying patient.

CANNOT AFFORD TO PAY—THEN WHAT?

Senator PELL. I am talking about a patient who cannot afford to pay as a paying patient and Medicare cannot pick it up.

Mrs. MCDERMOTT. On many occasions, before the patients are admitted, an application is submitted to Zambrarino and is placed on their waiting list. If their name is on the waiting list and they haven't been called for admission, then they are transferred out—into State-approved nursing homes, or homes that do accept Medicaid.

Senator PELL. Now, in this neighborhood, how many homes are there that accept Medicaid patients?

Mrs. MCDERMOTT. I would say the majority of the nursing homes.

Senator PELL. Which would be roughly 10, 15?

Miss GRAY. There are two in Woonsocket, licensed by the State in Woonsocket only.

Senator PELL. I was confused. If you have to transfer a patient to a nursing home that accepts Medicaid patients, where would they be transferred to?

Mrs. MCDERMOTT. Hopefully, surrounding the neighborhood; and I would guess there are 10 nursing homes around Grandview that are approved by Medicaid.

Senator PELL. I thought there were two nursing homes?

Mrs. MCDERMOTT. I am talking——

Senator PELL. Northern Rhode Island basically?

Mrs. MCDERMOTT. Yes, but two E.C.F.'s.

Senator PELL. Of your patients who have been terminated roughly how many go back home or go to another nursing home or Zambrarino? A third? What would be the ratio? This is very roughly.

Mrs. MCDERMOTT. A very small percentage of Zambrarino because of the waiting list. I would say over 50 percent are transferred home or to State-approved nursing homes.

Senator PELL. The reason you can't accept the Medicaid patient, basically, is that you provide a level of service that is expensive and gives more than the Medicaid patient can afford to pay you?

Mrs. MCDERMOTT. That is correct.

Senator PELL. Right. Is yours a proprietary home?

Mrs. MCDERMOTT. Yes.

Senator PELL. The other is proprietary, too?

Mrs. MCDERMOTT. Yes.

Senator PELL. What can be done in your view to increase the number of nursing homes within this area, you have any recommendations for us?

Mrs. McDermott. No—to increase the number?

Senator Pell. Yes.

Mrs. McDermott. No.

Senator Pell. Would it not be a correct statement to say that the guidelines that revolve around whether or not a patient can be rehabilitated are a question of whether he can be rehabilitated. That is the guideline; and, if the patient cannot be rehabilitated then you cannot accept him—or keep him—isn't that the case?

Mrs. McDermott. That is correct. This patient will not stay—under Medicare, at least.

Senator Pell. Under Medicare?

Mrs. McDermott. Because under Medicare, in order for the patient to be approved, he has to be rehabilitable.

Senator Pell. So many of us when we become older become sick, and can't be rehabilitated. We have to be cared for as we are. What can we do to help these people?

Mrs. McDermott. Well, sir, this is the type of patient that I discussed earlier. I don't know the answer to this. This is the hardest type of care to give. If this patient goes home, it isn't a tour of duty for 8 hours as in the nursing home—it is for 24 hours. I don't know what you do with a patient that you can't rehabilitate.

Senator Pell. This is, really, I think the question that we are faced with today is the question of definition. Because the majority of the people with chronic sickness and chronic illness can't be rehabilitated. it is a question of caring for them as best you can—making them feel part of the community as they are. This is why I come back to this point. I think the visiting nurse service probably would be the most important single thing to help this. It keeps the older people in the homes with the families where they are loved, and gives them the care that they should have. Now, I am just curious here. I would like to ask and satisfy myself—because part of the purpose of this hearing is self-education for me, as a relatively new member of this committee.

How many of you here—and I would request you to put your hands up and give me a feeling, here—how many of you would agree with my theory, that our society is a fairly cruel one, in that older people have a sense of rejection by their children, of being middle aged and being pushed out? And, how many would disagree; and think I am wrong, and prefer to be out on their own and not with the families? All those who think that it is a cruel society raise their hands. Well, nobody is raising their hands. The mayor of Woonsocket tells me that I didn't make my question clear. My question, and it is one that has bothered me for some years, all of you who think that society in America—the United States, with its emphasis on material possessions and improvement of status—very often results in the older citizen being pushed out by their families, where they belong, and where they live? Now, in Europe—where I lived a good deal of my life—the older citizen was part of the family and the grandfather and grandmother stay until they die. I think this is perhaps a healthier situation and one that shows more love and kindness in many ways. The question I am asking is to show your hands either way—I hope I made it clear.

How many of you feel that the families in America should go back to staying with the family as a unit as opposed to being outside the

family in a nursing home? First, how many think there should be more with the family as a unit? How many on, the other hand, think they are better off in a home for the elderly away from the family? Well, that is very interesting because six or seven times more people put up their hands about remaining with the families. I would hope the press noticed the percentages in this case; because it was interesting and bears out this theory.

Now, returning to the panel—and forgive me for the interruption—to Miss Gray. Do you know of many instances where you have had to keep people in the hospital because there wasn't an opening for them or opportunity for them outside?

Miss GRAY. Yes, a good many.

Senator PELL. Could you give any more—well, would you say the older people who come in would be say a quarter, a fifth, who stay, maybe, a little longer than they should?

Miss GRAY. Oh, a minimum of at least a quarter. The families don't want to take them.

WHAT IS CONFUSION IN MEDICARE PROGRAM?

Senator PELL. Again from the viewpoint of the taxpayers, the more the older people can be given a lower level of care and in proportion to their need, the better off the taxpayer. Now, apparently from the response of the audience here, the better off the older person, himself, particularly if—as Miss Huggins has pointed out the visiting nurse can—the care can be given at home. What in your view, Miss Grey, is it about the Medicare program that causes confusion in the minds of the patients? Why do so many patients come to you about what Medicare does?

Miss GRAY. Because they all feel that the patient can stay in the hospital 90 days—regardless of whether they are in need of the care or not. And when you say that is only if needed, you might just as well tell them they are going to stay because they are not going to take them out.

Senator PELL. This is another purpose of the hearing—that the community can be educated to the fact that our older citizens do not have the right to 90 days in a hospital, unless it is needed for medical reasons and rehabilitation.

Miss GRAY. Right—then, of course, when the Utilization Review Team—which is a team of doctors that meet every week—when they review these cases and tell the attending physician that the patient does not belong in the hospital—he can be taken care of either in an extended care facility, or in a home licensed by the State—the families can't see it. If Woonsocket Hospital kept all these elderly patients—that want to stay there—we would have an old folks home and not a hospital.

Senator PELL. Thank you.

Now, going to Miss Huggins for a moment. I would just like to get the statistics of this. We were talking about this before the hearing.* How many visiting nurses are there in the State of Rhode Island?

*See appendix 1, p. 191.

Miss HUGGINS. There are approximately 180 visiting nurses in Rhode Island.

Senator PELL. Very roughly?

Miss HUGGINS. There are 11 agencies and probably anywhere from one to 50 nurses. Well, in the Providence District there are probably 50 nurses.

Senator PELL. Is it your own experience that the well being of the patient is improved by being able to remain at home, as opposed to going to the hospital or nursing home. What is your own view?

Miss HUGGINS. I think there are emotional and social problems also that affect a person when they are ill. It is not just an illness that has a name. There are so many different factors that not only affect the person who is ill, but the entire family, and if a person can remain at home with the family I think that it helps to solve a lot of these problems that they have.

Senator PELL. How many visiting nurses are there in Woonsocket?

Miss HUGGINS. I have 15.

Senator PELL. You feel that is enough to do the job or not?

Miss HUGGINS. No; it is not.

Senator PELL. How many, do you think, would be needed if all the medical care at home was given that should be given?

Miss HUGGINS. Well, for instance, of our visits in 1970, over 50 percent of these visits were to people 65 and over.

Senator PELL. Let me get that again. Over half of the visits were to people over 65?

Miss HUGGINS. Right; 43 percent of these were Medicare patients.

Senator PELL. Do you feel that this many patients who could use your services now are not getting it themselves because you don't have enough nurses to do it?

Miss HUGGINS. Well, I think that if Medicare coverage were better we could hire the nurses. But, as Mr. Peters pointed out, we reduced our visits to his wife simply because his plan B visits are running out. So, in order to give him—or give her—some guidance and health care, we have reduced the visits from five a week to four a week. Now it is once a week, so that they still will be able to see her, and yet she's not really receiving the care that she needs. We are not seeing her as often as we would like to.

Senator PELL. This is why we are relating these panels to each other because Mr. Peters' case is one that is in very real application here. If you could go as often as you would like 6 days a week or 5 days a week, would you say there is any other way that these expenses could be picked up, any other agency that could pick them up?

COSTS ARE HIGHER THAN PAYMENTS

Miss HUGGINS. We are, ourselves, a nonprofit organization. We receive our moneys from Medicare, from Medicaid. Sometimes a Medicare patient can go from Medicare and receive Medicaid; but, in return, this program reimburses $8 a visit whereas our fee—and this is actual cost under cost analysis—is $13.75, so we are taking a loss here. There are other agencies too that we receive moneys from. We are also a united fund agency.

Senator PELL. Your average visit costs you an average of $13.75?
Miss HUGGINS. Right.
Senator PELL. Are your nurses RN's or practicals?
Miss HUGGINS. I have three practical nurses and all the rest are RN's.
Senator PELL. Thank you very much for the directness and the openness of your testimony. I think we should be moving on to the next panel.
Thank you very much, Mrs. McDermott, Miss Gray, and Miss Huggins.
Senator PELL. Now, the third panel. We will have them introduce themselves and make their statements.
Mr. ROY. Yes, sir, my name is Joseph Roy and I am a member of the Senior Opportunities and Services.
Senator PELL. Thank you very much. The first witness will be Mr. Duarte who is the head of the local OEO program and a very articulate witness indeed. What I was hoping he would do was to direct his testimony as much as possible to the question of nutrition food health.

STATEMENT OF AMBROSE DUARTE, EXECUTIVE DIRECTOR, SOCIAL PROGRESS ACTION CORP.

Mr. DUARTE. Senator Pell, Mayor Lussier, Representative Skiffington; I certainly couldn't afford to miss this opportunity to make our point known in regard to many of the problems of our senior citizens here in the city of Woonsocket.
Sometime last summer the agency was very fortunate in receiving some $19,000 for Senior Opportunities and Services.*
Now, in any event, we started a program because we were aware that many of our senior citizens of Woonsocket had poor nutritional habits, and that many of them were living alone. As a result of their living alone, and isolated from the rest of society, their eating habits began to deteriorate to the point where they were practically not eating at all. We have heard the common phrase, tea-and-toast diet, and this is not just a common phrase—it is a reality. Through our efforts in talking to the senior citizens in the city of Woonsocket, we found out from them that they were very much interested in a nutritional meal being provided for them at least on a weekly basis. The agency started a program such as this. Presently we have approximately 850 members participating in our program. We cater to 250 citizens weekly.
Besides the nutritional effort that we have provided for them, we have also created a friendly social atmosphere which brings our senior citizens together; and allows them, for the first time, an opportunity to make their views known. We have found in surveys—that we have conducted in the past—that we have not uncovered the type of information that is prevalent with the many problems of our senior citizens today. This type of information is presently coming forward. We are finding, over and over again, there are many problems—not only of health and nutrition, but many, many more.

*See appendix 1, item 2, p. 194.

Our program could be expanded many times over. As a result of what has been happening with the program, we firmly believe that we can provide the feeding program—perhaps twice or three times a week. But; unfortunately, like every other agency, because of our times, problems of funding are always in existence. Presently the Senior Opportunity program is in jeopardy, and is not being refunded for another year. I think this has brought a great deal of dismay and heartache to our senior citizens. We have had an opportunity to remove from them the loneliness, the isolation, the feeling of being rejected from society in general. As a result of this, many of the health conditions which we have heard this morning are due to some of these causes and conditions of our senior citizens. They are alone, they want to be needed and they need to be wanted. This is one of the most important things that we are finding here in the city of Woonsocket.

I could probably go on and talk about some of the many problems. But I would rather confine my remarks to what this hearing is consisting of today. We have discovered that many of our senior citizens, if they eat one good nutritional meal a week they are doing excellent. A lot of them are not prepared to make a meal for themselves because, in fact, they are living alone. They have no desire to prepare meals for themselves. A great many of them came from large families, originally, and are only used to preparing large meals. If we have to talk about preventive care, one of the most important aspects of preventive care in regards to senior citizens is the maintenance of the common nutritional diet that is so important to their livelihood and well-being. Unless we have this type of effort in existence, I think we are going to see the chronic illnesses. I think we are going to see many of the health problems and the problems of delivery of services to our senior citizens. I think the problem of nutrition is very closely associated with health—and the health aspects that we have heard today—and, above and beyond that, I think it is rather important that we see to it that our senior citizens be at least provided with some of the nutritional services and nutritional benefits on a day-to-day basis. I would like to see our program expanded only for the benefit of our senior citizens. Thank you.

Senator PELL. Thank you for a very articulate statement, Mr. Duarte.

Now, coming to Mrs. Doss.

STATEMENT OF REBECCA DOSS,* DIRECTOR, OFFICE OF SENIOR OPPORTUNITIES AND SERVICES, WOONSOCKET

Mrs. Doss. Yes, thank you. I think the only thing I can really add to Mr. Duarte's statement is that all services through the Senior Opportunity and Services program are provided absolutely free of charge. There is no charge whatsoever. Thank you.

Senator PELL. Mr. Roy?

*See appendix 1, item 3, p. 196.

STATEMENT OF JOSEPH ROY, WOONSOCKET

Mr. ROY. I want to thank you very much for all you have done in the past, Senator, and I know that you are not going to let us fall by the wayside. Now, I, as you know, am a senior citizen and I have been in Woonsocket for 45 years. I know all about Woonsocket, and was born in Woonsocket—left it for a while—and I have been here now for the last 45 years. Now, getting the elderly together for amusement is very important, and this program, I believe, is one of the few in the State and probably goes a lot further than that. We put it in motion with Mr. Duarte's office—that was Social Progress Action Corp. which is known as SPAC—and when they formed it they invited me to take part, and I certainly would not refuse. I did all I could and so did they. I think we have done a real nice job. Our people—when we told them, the last couple of weeks, that we probably could not be funded—almost fell down in their seats. It hurt very, very much. We told them that they were going to have an opportunity, when we heard you were coming down. I know that you are going to go to bat and pinch hit for us, and I know you are going to hit a homerun for us.

Senator PELL. I don't know about that.

Mr. ROY. Now, I want to talk about our Gay 90's Dinner Club first. I think that was a mainstay of the program and it was decided that we were going to sign applications and get members to come to our dinner meeting. We never knew whether it was going to grow or not, but it grew and grew and is still going. The people are in love with the Gay 90's club, and we have more than 850 members at this time. I know if this club falls, it is going to hurt. This dinner club meeting gives the elderly a chance to meet old friends. Every week someone comes up and tells me that they met some people here that they hadn't met for years. That makes them very happy, and also they make some new friends, and they become pals, and they go out together, and they invite each other to their homes, and they are very very happy to meet those fine people. Now, Mr. Duarte was saying that a lot of people don't have one good meal a week. We don't do that either, because we give one a week; but, there are four groups and they have to wait 4 weeks before they have another one. We don't have the funds necessary to double it up so they would have at least two a week. Those are the same meetings with all kinds of people and, I would say, all kinds of groups that come to our meeting. They speak on different problems and projects and what have you.

We also have doctors, nurses, priests and ministers, and everybody there, and it makes a whole nice day. We give them movie pictures—and all that—and when the day is over, people hate to leave. So, all-in-all, I think this is a real fine program and all those that know about it would not want to see it fall.

Now, about the Senior Opportunity and Services that is something else again. People want to know about this, and want to know about that, or they need a ride here or a ride there. For example: to go to the doctor, the hospital or whatever, to a store for shopping and we do all that. All of us keep busy and, I must say, Mrs. Doss is one

that works. She doesn't care how many hours it takes; she wants to make sure that the program is well taken care of, and that everybody is happy. She never leaves anyone without an answer, and if she doesn't have an answer to something she is going to go out and find it; and make sure that the answer is turned over to the party that asked the question. This makes all of those people happy. Even, myself, I have taken a lot of people here and there; because, as you know, taxis cost a lot of money and their checks are not too high. If they go to the doctor, to and from that would be twice the amount. So we do this for them and we don't care what they ask, they are going to be taken care of.

I think there is no one in our group that wouldn't come up and tell you that they think it is the greatest thing that has ever happened to Woonsocket. Thank you very much.

Senator PELL. Thank you very much for your testimony.

18 PERSONS OVER 45 DIED OF MALNUTRITION

I am particularly interested in this problem of nutrition. I served for some time on the Senate Special Committee on Hunger and moved from that to the Special Committee on Aging, which is why I am up here now. I was struck, in the course of that, with the problems of malnutrition of our very older citizens. I realize that when inflation, and the taxes and the rent is due—or the utilities—you tighten up on the belt and it is taken out of food. In one 3-year period in our own State, my recollection is, 18 people died of malnutrition; and, every one of those who died of it was over 45 years of age. I remember those statistics. I also remember the fact that many of the advertisements you see on television for dog food and cat food is not only for dogs and cats, but older citizens use this food.

I realize that the problem of food is a much more real one than we are aware. In this connection—incidentally in the OEO grant that you are working under—I am not sure if you are aware of the fact that the Meals on Wheels portion of the program is funded.

Mr. ROY. We have Meals on Wheels better than 20 per week, at this time.

Senator PELL. I am talking to Mr. Duarte here. Are you aware of the fact that that portion of it is OK?

Mr. DUARTE. No; I didn't.

Senator PELL. We checked on it, on the telephone, and the Meals on Wheels portion—we have received assurance—will be funded. There is no assurance for the other portion of the program, and we will do our best. But, as you know, the general tendency in this administration is to cutback many of these human investment programs. At least one of the wonderful programs that you are working on here will go on; and it is news that I am delighted to bring, especially. Some pleasant Monday morning news for a change.

Now, what do you think, Mr. Duarte, that we should do to encourage or help along with these nutrition programs? What would you say you would like to see us do in Washington?

Mr. DUARTE. I think, Senator, through our investigation, meetings and dealings, and talking to people we have heard from them some of their needs in this particular area. There is a vast majority of them

living alone. Now, just the simple desire to prepare a meal becomes an insurmountable task for them; and they have no desire to really sit down and prepare a proper type of nutritional meal. We also find that their buying habits leave an awful lot to be desired. I think there has to be a tremendous educational process for them in a type of manner, a concrete educational process, which is one of the things that we are attempting to do through our program. We find that by bringing them together with their common problems they are neither bashful, shy, or hesitant to participate—because they are together with their peers. I think through an educational process, and by actual demonstration, where we have actually taken groups of people to supermarkets and shown them how to buy. We have also prepared some courses for the senior citizens, they have seen how to prepare a single meal for themselves. I think this is the type of effort that really needs to come about, in order that our senior citizens will be more aware of the types of situation that they are falling into. A lot of them are simply not aware that they are in a particular situation such as this; and, I think that we have to expand programs like this.

I kind of agree with your earlier statement that our society has a tendency to push older people out from the home. I think, if this is going to be a recurring thing, then we have to take the necessary steps to overcome the types of obstacles that people are going to encounter once they are pushed out of their homes. Quite obviously, if the majority of our senior citizens were living with their families, they would not have the problem of malnutrition.

S. 1163 Would Provide Hot Meals

Senator Pell. Thank you. In this connection I am cosponsoring a bill with Senator Kennedy, S. 1163,* that provides for programs where hot meals would be served in community centers such as nonprofit institutions. It would do a great deal to meet this part of the problem.

Another question I would like to ask you. It is a little removed from the nutritional question, but for many years I have been working on the idea of some centers where older people can meet in the daytime. Daytime centers where in the summer it would be cool, and warm in the winter. Where they would have checkers, and chess, and cards, and books, and magazines, and television and they could meet and exchange ideas. Particularly those living alone.

We had this included in the authorization, because I am on the authorizing committee, but we could never get this put into OEO and have it properly funded. Do you have any centers along this line in Woonsocket?

Mr. Duarte. Yes; we do.

Senator Pell. Would you describe them to me?

Mr. Duarte. Certainly. We have four target areas in the city which are separated according to the areas of poverty in the community. In those four target areas we have established four neighborhood centers. We also have a fifth center which is geared specially for the elderly in Kennedy Manor; and, incidentally, I would like to make mention at this point that three of these areas are provided by the Woonsocket

* See appendix 2, p. 203. (S. 1163 was passed in the Senate on Nov. 30 by an 89–0 vote.)

Housing Authority—at no cost to the agency—and we are very grateful. Now, within these centers there is a variety of programs that are geared especially for senior citizens. Some of the things that we have discovered with our senior citizens is they do want to be active. Many of them have a great many sewing skills and they are preparing and sewing clothes for teenagers—whose families are on welfare, and otherwise could not afford to buy this type of clothing.

We recently—in the city of Woonsocket—had a Senior Citizens Day where we had over 500 people participating in the program. In each one of the neighborhood centers we have a variety of programs for senior citizens; such as, sewing, some taking typing, English as a second language, adult basic education. Woonsocket Housing Authority also runs what we term a "Young at Heart Club" where the senior citizens sew or play games, read books, and things of that nature. Out of all of this, Senator, we do have—in Woonsocket—a variety of activities which are geared especially for senior citizens and they participate in these programs.

Senator PELL. Thank you. Returning to the idea of the nutritional program, how many people do your programs here serve, and what is the cost per meal?

Mr. DUARTE. Presently—because of our accommodation and the amount of funding—we are serving between 200 and 250 people per week and the cost of the meal averages around 55 cents a meal.

Senator PELL. You say the cost of the meal—does that mean the funding, including the cost of the program as a whole or does that mean just the food?

Mr. DUARTE. Just the food aspect of it, alone.

Senator PELL. The food alone is 55 cents?

Mr. DUARTE. Yes.

Senator PELL. Do you believe that more attention ought to be paid, on the Federal level, to obtaining data and statistical information on the elderly and the poor? Or do you regard what we are getting for information now is enough?

Mr. DUARTE. Senator, our program has been in operation 5 months, and I have been involved in this Agency for 2½ years now. I don't think that we have even begun to amass the type of data that is really necessary to deal with the many facets of problems of our senior citizens. I think all of the programs of the Federal Government that are in existence, a portion of them very well fall into some of the problems of our senior citizens. But we have a long way to go, and there is much more needed in the way of information to really begin to deal with the problems of our senior citizens.

Senator PELL. We both come, really, to the same thought that I opened with—our older citizens are very often poor, and also less active, and less able to move about; and people, in general, are not aware of the problems of the older citizen. They are aware of the problems of youth, because they are very visible and mobile. But the older citizens are none of these; and, therefore, their hardships are hidden. This is why we need statistics to bring out the full extent of the really hard times that our older people are going through.

"PHONE BUDDY SYSTEM" AIDS ELDERLY

Mr. DUARTE. I would just like to interject one point, Senator, which concurs with what you are saying. We have discovered, for example, that some of the senior citizens have passed away and go undetected for 3, 4, or 5 days. Getting back to that point, I should also say, many of them fall and injure themselves, and are unable to communicate with anyone. As a result of that they may lay on the floor for hours. Now, we have established what is called the "phone buddy system." We ask senior citizens to call each other daily to check on their well being and to find out that no one is hurt or dead or injured. Just a generalized feeling of saying "hello" and "is everything all right" and continue on with the day's business.

Senator PELL. Thank you very much. This is particularly interesting to me because it ties directly into the hearing—a special hearing I once conducted on nutrition for the hunger committee under the nutrition for the elderly. So I think these hearing records dovetail very well together. I want to congratulate you on the job that you have done and are doing. From the good news that we heard this morning you will be at least able to continue with one portion—the Meals on Wheels, which is an excellent one. Thank you very much.

We now have our fourth panel, Mrs. Ida Wheeler and Mr. Robert Jalette, and I would ask them to come forward.

Prior to asking them to make their statements I would like to acknowledge the presence in this room of several people who are here; and—I have failed to acknowledge them before—particularly a very old friend, Doctor Mary Mulvey, the vice president of the National Council of Senior Citizens.

Also I, perhaps, should have mentioned earlier the staff director of the Special Committee on Aging, Mr. William Oriol, is here and has done a lot of work for this hearing. Also, I would like to acknowledge, present in the room, Mr. Arthur Richards who is the president of the Senior Citizens here, and Mr. Reno who is the president of the Warren Heights Senior Citizens Association, and Father Tereau who is here representing the local clergy.

Our next two witnesses are Mrs. Ida Wheeler, who is the director of the Food Lift Information program; and Mr. Robert Jalette, project manager of Woonsocket Housing Authority. They are going to discuss with us the problems of the elderly, particularly from the viewpoint of the Medicaid beneficiary. The first leadoff witness will be Mr. Jalette, who will make a statement; and then Mrs. Wheeler. Then we will come back to the questioning.

STATEMENT OF ROBERT JALETTE, PROJECT MANAGER, WOONSOCKET HOUSING AUTHORITY

Mr. JALETTE. Thank you, Senator. My name is Robert Jalette and my duties are to work closely as possible with our senior citizens in relation to their social problems—whichever they may be, and try to solve their problems.

Now, on occasion, we can't seem to solve the problems in regard to Medicaid for this simple reason. Once they go down to the local agencies for help or advice, they are told, "Well, you come under Medicare and this does not cover you in Medicare," and are told they can't help them. Now, on many occasions, I have a few cases where the man was all alone—or the lady—and we worked on two or three or four different cases with the local agency for help. Now, some of the major problems which they are faced with in regard to eye glasses or shoes, ambulances, as well as accident room services is once these services are performed they are given a bill—which they don't have the money to pay. My point to you, Senator, is where do we go from here to help our young seniors when they are in need of help, and welfare, and are refused, and told that they can go to Medicaid, and—in turn—Medicaid tells them they can no longer pay for it?

Senator PELL. Thank you.

Mrs. Wheeler.

STATEMENT OF IDA WHEELER, DIRECTOR, FOOD LIFT INFORMATION PROGRAM, WOONSOCKET*

Mrs. WHEELER. I have a lot to say. Just to go back and say about the hunger program in Providence; I heard you mention that a while ago—you were interested in it. I am the director of the Food Lift Information Program in Woonsocket, and it is about food stamps. I am the lady that you know if anybody has a problem with the food stamps, and they always come to see me. My problem is to reach people young and elderly. We go door to door, myself and two other aides, in the city of Woonsocket to find people who are eligible for the food stamp program. We also go to SOS—Senior Opportunity Service—which Mrs. Doss was talking about. Every Wednesday that is where we find most of our elderly people and this is very important to all concerned.

We have talked to 5,000 families—and this includes elderly people in Woonsocket—and we found two-thirds of the people are elderly, and don't know about the Food Stamp program. We have 700 in our program and the elderly are included in this program. We have found out that the elderly thought the food stamps were only for people who receive welfare. That is why so many of them never got them, because of this. We have explained the Food Stamp program and now they have no question about it. Out of the 700 elderly and families, there are two-thirds on the program that are eating better and are much healthier. The starving has stopped for these people. This is not all the elderly but just the ones that we have on the program. Now, they are getting what they are entitled to. I will see to that, and I will find many more and do the same for them. We know they are out there. My job and my staff's is to find out and give them the information that is needed. We can see that the need for the elderly is very, very great for greater nutrition to get them on the Food Stamp program.

Senator PELL. Thank you very much.

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* See appendix 1, item 4, p. 200.

Now, Mr. Jalette, give us your recommendation as to what additional benefits you think are most important to try to get included in Medicaid. I gather we don't want to cut it back. So where do you see the needs the greatest, from your experience?

Mr. JALETTE. The need which is greatest in my experience is the rates on the medical part of it—as far as services are concerned. I have one man right here now in the audience, and I will ask him to stand up afterward to give you his viewpoint as well. I was approached weeks ago in regards to a hearing aid that he could no longer pay for, and can't even have it repaired. The price given to him was $180 to have it repaired. Now, his wife just got out of the hospital about a month ago, and is very sickly. He, in turn, has an artificial limb and partly blind. My question to you, Senator, should this man* have to go through all this redtape to get some help?

REDTAPE USED TO DISCOURAGE APPLICATIONS

Senator PELL. The answer is he shouldn't; but that is part of government, and the problem is working together in partnership. Then maybe we can cut through this redtape; and, as you know, lots of time the redtape is used as a means of discouraging applications—but again, you have a question of philosophy and approach. We have this problem with OEO itself with many of our programs which, it seems increasingly, are put on the back burner instead of the front burner. They should be burning bright, hard, and shining. Now, the present administration has proposed replacing Medicaid with a proposal, for the poor, by private health insurance premium. Depending on income level of the individual, the Government would pay part of the cost of those insurance premiums. What do you think of this proposal?

Mr. JALETTE. If it was to go through it would help some; but, if they have a low pension it still wouldn't help them for needs that they have in the present.

Senator PELL. You need direct aid and less redtape?

Mr. JALETTE. Absolutely, right.

Senator PELL. Now, in connection with Mrs. Wheeler, on the food stamps, I have a question. Because having served on the hunger committee for quite a while, I am bugged on these food stamps—that they could be used, and should be used, and are a great thing. A great improvement from the food surplus distribution program. Did you work in the food surplus program?

Mrs. WHEELER. No; Mrs. Doss would know about that.

Senator PELL. Some years ago I was interested in this subject. I think Woonsocket was one of the very few cities in Rhode Island—if my recollection is correct, and somebody correct me on this—but I think Woonsocket was one of the very few cities to use the Food Surplus program. Then you moved to the food stamps which are much better.

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*Later information relayed from Mr. Jalette that the problem of the hearing aid was taken care of by a private organization.

Mrs. WHEELER. Oh, yes.

Senator PELL. I understand that they don't like using the food stamps, why is that?

Mrs. WHEELER. Well, I mean we find people that use them—but they think it is charity. So what I do is to try to convince the seniors that it isn't charity to get their Social Security check—and the food stamps are just like that. The Government wants you to have them—so take them.

Senator PELL. How much reluctance do you find on the part of the older citizens to using food stamps?

Mrs. WHEELER. Well, like I say, it was hard to convince them. We talked to them and we keep talking to them. They might say no today but next week—if we keep talking to them—they will say yes.

Senator PELL. I would like, again, to have the audience participate here. I am not going to ask about your own case at all, so you can be perfectly objective in the matter. Those of you who think the Food Stamps program is a good program—and can see the advantage—hold up your hands; those of you who think it is a poor program, and wouldn't take advantage of it. Those who approve it, hold up your hands. All right. Those that don't think it is good, and don't approve, hold up your hands. It seems pretty general.

Mrs. WHEELER. The food stamps, we have to go by guidelines; and that is, if one person makes $180 and they have $2,000 in the bank—the guidelines only allow them to have $1,000. I know what they spend the other $1,000 on. A lot of these seniors save their money for a burial—or, something like Mr. Jalette was talking about—a hearing aid—and they are trying to save the money. They know they can't be helped from the welfare or Medicare, so they save this money for this. When I find them, they get on.

MONEY SHOULD BE SPENT ON NEEDS

Senator PELL. This is my question—what percentage of these people are holding on to some money for burial, when it should be spent on present needs?

Mrs. WHEELER. A lot of the seniors—like I just said—some of them have $8,000 in the bank and are living on $100 a month. Some have $4,000 in the bank and are living on $60 a month, and they are starving; but they won't take their money out of the bank because they are saving it for their burial. I know this doesn't sound right, but I tell them—instead of saving money for burial go see the undertaker man and make a contract with him, and use up that money—let's get on the food stamps.

Senator PELL. What is the average cost of the minimum contract? I agree with that advice of Mrs. Wheeler's, too. What would be the cost of the average contract for burial?

Mr. JALETTE. I recently took a survey on this, Senator, and the figure is around $850 for a decent burial.

Senator PELL. Does the audience think it is more or less? More.

Mrs. WHEELER. About $1,500, I think.

I don't try to get involved with the burial. I just tell them to call, you know, the undertaker. Some of them look at you cold; but, then they get the food stamps and they love me.

Senator PELL. You have a lot of good advice. I thank you both for coming.

Now, we have a final witness, Mr. John Symznkywicz, who was at one time in my office and now is the executive director of Woonsocket Family and Child Services and who has become a very responsible citizen and I believe he has a statement to make.

STATEMENT OF JOHN SYMZNKYWICZ, EXECUTIVE DIRECTOR, WOONSOCKET FAMILY AND CHILD SERVICES

Mr. SYMZNKYWICZ. I am the director of the Woonsocket Family and Child Services, which is a United Fund agency, and I have a statement to read; but, because of the lateness of the hour, I will just submit it and hope that it will be entered into the record.

Senator PELL. Without objection it will be included in the full record.*

Mr. SYMZNKYWICZ. I did write down a few things here; and I hope, afterwards, that some of our older friends will come up and share their experience with the Senator. I must say that people in Woonsocket—particularly older people—are hard working people; very hard working people, who have made very great contributions to the growth and development of our country. They have fought in wars, they have raised children, they have produced goods and services that are necessary for our country's growth. The absolute minimum that our society can give these people, in return for this, is good and adequate health care. I don't really think there should be much question about the individual premium problem that older people have to pay—that should be eliminated. I think by their taxes over the years and their great contributions they have paid time and time again for that.

The Division of Aging, Mrs. Slater's organization, has done a study and they have made this recommendation. I was also a delegate and a speaker at the pre-White House Conference that was held in October; and that was the recommendation that I made there, too—to eliminate extra cost which you have to pay as a premium. I also think there is no question that the limit for nursing home care and for home health care should be extended. I think there are controls on the local level. Miss Huggins and her nurses, for instance, are very competent professionals who aren't going to abuse that service—they can make objective decisions as to the need. I think the limit should definitely be increased in those areas. I also think that older people are entitled to an extension of the coverage to cover eye glasses, hearing aids, homemaker services, and auxiliary food care services. That is the minimum that we can deliver as a society to those people who have made this contribution over a number of years.

Our agency has a homemaker service program. This is a program used when an older person needs some help in the home. One of our homemakers—usually an older lady herself—will go into the home and help keep the home together; so that the person can avoid having to be placed in a nursing home. We have many more people who help on a weekly basis, with shopping or just friendly visiting back and

* See p. 184.

forth, so they can maintain their home and still be productive members of our society and our community. In 1970, we had 105 homemaker cases and half of them—I believe 55—were older people. Now, of this 55 only half had their homemaker services paid by public assistance or Old Age Assistance. The other half had to pull on their own savings, with their own inadequate Social Security check, to pay for the cost. Now, none of these could pay the full fee. But even at 50 cents or a $1 an hour, for the homemaker service, this was a burden on them and the person who needed the service. Therefore, we would like to recommend—along the whole line of extending the services on the Medicare bill—that the homemaker services be included. The Division of Aging has made this recommendation, and the older people, the delegates to the pre-White House Conference have made that recommendation. I hope, Senator, that you will be successful in getting that bill passed that you are cosponsoring. Thank you.

PREPARED STATEMENT OF JOHN SYMZNKYWICZ

Older people in Woonsocket and the entire nation have always been, and still are, hard working people. They have, through their work and labor, contributed to the development of America; struggled with her problems and contradictions, raised her children into manhood, fought her wars; and produced the goods and services that are crucial to a society's survival. They have been the engineers; the doors, the people of action who have made America run. Older people today have the wisdom of hard experience and we should learn from their sweat and work, without which nothing we have today would have been possible. No one can question that their contribution has been indeed great. Because of this, older Americans should not be forgotten, should not be separated from the mainstream of society, should not be isolated, ignored or pushed around. A society or government that does not recognize the contribution of its older, hard working people can only be considered primitive; can only be termed backwards. Such a government that does not provide adequate and effective medical care, income, and social services for the very people who have made so many contributions and sacrifices could only be said to be barbaric—could only be seen as not truly working in the interest of the people.

Therefore, there should really be no question as to the merits of eliminating cost to the individual of Medicare, Part B, or of eliminating such things as fifty dollar deductables or 20% coinsurance provisions. There need be no real debate on extension of Medicare coverage to include a wider range of services. There should be no question that older people are entitled to the finest in dental care, podiatry, optometry, custodial health care, drugs, homemaker services, and diagnostic services. There should also be no real debate or opposition to extending the 100 day limit on skilled nursing care or the 190 day limit on mental health care. There should be no mention of making the older American pay a premium for such coverage—he has paid time and time over through his work and his taxes. We, and older Americans should not really have to be lobbying for these things; nor should older Americans have to be asserting various forms of political pressure and maneuver to get Medicare and Medicaid, and the health delivery system to meet their needs. Certainly the provision of health care when needed is the absolute bare minimum that the United States and its Congress can insure for those people responsible for its growth and development.

But *we are here* today to give our own opinions and share our experiences. Our agency, Woonsocket Family and Child Service, a United Fund agency, delivers homemaker services to families in need. This type of service usually is given in a medical situation—a mother might be in the hospital or recuperating from an operation for a period of weeks, or simply be too ill to carry on her duties as mother or wife; or an elderly couple or individual might be becoming infirm and in need of help to keep their home functioning. In situations like this, one of our trained homemakers, most of whom are experienced, aged people themselves, can enter a home on a regular basis and work with the residents to help with the housework, shopping, and cooking, and generally be a supportive friend and companion, and concretely work to keep the home together. In this

way the household is not broken up, the children are not separated or placed in a foster home, nor is the aged person forced to enter a nursing home or other type of institution. In 1970, we handled 105 homemaker cases. Of these, 55 were with aged families. Usually, these families consisted of a single elderly person who usually had few relatives and friends, and who probably faced placement in an institution unless we were able to get a homemaker to visit them regularly. Many of these aged clients had their homemaker service paid for through Old Age Assistance direct vendor payments. Approximately half, however, either did not qualify for public assistance or did not wish to receive public assistance, and were forced to rely on their own resources for homemaker services. Full fee for such service is $1.85 per hour plus homemaker transportation costs. Very, very few of our elderly clients, struggling on inadequate and unrealistic social security payments, can afford to pay such a fee. Even with a sliding fee scale which lowers individual costs to perhaps fifty cents and a dollar per hour works an unnecessary economic burden on the aged person as well as the homemaker program itself. Such a situation, if allowed to continue threatens the existence of such preventive medical programs in the community, and without such programs, more and more aged people will be forced to continue living isolated, marginal lives, and be forced into nursing homes before it is really necessary.

I would therefore like to forcefully recommend that pending Medicare legislation be structured so as to include coverage of homemaker service, as well as home health aide care, as part of a comprehensive extension of medical services to aged Americans. I would simply like to reiterate and reinforce the recommendations of the Rhode Island Div. on Aging study, entitled, *Aging in the Rhode Island Community, 1970*, which pointed out the needs for such an extension of coverage in Medicare for homemaker services, foot and eye care, drugs, and custodial health care. I would also like to reiterate the recommendations of the delegates of the Rhode Island Pre White House Conference on Aging held in October, 1970 at Rhode Island College. As a panel discussion speaker, I was privileged to work closely with the aged delegates who hammered out a series of recommendations relating to health care and Medicare. Among those recommendations which I hope the Congress will give the fullest consideration were:

"Resolved that the Conference go on record as recommending increased benefits under the Medicare program, in particular that the Federal Medicare program be extended to include the cost of prescription medicine, glasses, dental care, dentures, podiatry, optometry, and hearing aids"

"Resolved that the guidelines of the Federal Medicare program be liberalized to include homemaking services."

Finally, I would like to reiterate the often desperate plight under which Older Americans are often forced to struggle, particularly in the areas of effective and adequate health care. I hope that you, Senator Pell, will take back our experiences in dealing with these very difficult problems, and that you will be successful in insuring the health needs of our older citizens, a cause which I know you sincerely champion.

Senator PELL. That is very good and it is a very specific situation that I would like to see included, only don't forget that it always takes a majority in both the House and the Senate to make something come into being. We sometimes try and pass the buck to the administration but, very basically, we in the Congress, when we want to do something in a major way, whether it be health for the aged or health care in general, or the war in Vietnam or wages and price controls, we have the power to do it but we sometimes lose some of our courage and don't do it and pass the buck to the President, and I hope that public opinion around the country will restore us the courage to take the steps in the Congress that should be taken if the administration itself will not do it.

Now, I want to open the meeting to any of you who had a particular idea or thought. Would you identify yourself for the court reporter, please?

STATEMENT OF MRS. TELLIER, WOONSOCKET

Mrs. TELLIER. Senator Pell and my dear friend, John Skiffington, and all my friends from Kennedy Manor; I am here today, Senator, to tell you about what we call "Gay 90's." I was hospitalized for 4½ weeks and when I came back I didn't know anything about this, but they sent my lunch every Wednesday. If you think that wasn't a thrill—because I couldn't do it. I would like to take the opportunity to thank every one of the nice workers there; and, at the same time I thought of you, Senator, and I met you before and I am always with you, you know that. You are always welcome in Woonsocket.

Senator PELL. Thank you very much indeed.

Mrs. TELLIER. It is a good program and I hope it stays.

Senator PELL. We will do our best. Would you identify yourself?

STATEMENT OF JOHN KIRK, WOONSOCKET

Mr. KIRK. My name is John Kirk. I am a member of the senior citizens group. One thing that I hope the Senator will include in his report today is that we are the victims of insurance companies in this country. Insurance companies dominate our Social Security benefits. We used to have $50 deductible and it has now been increased to $60. The cost of your Medicare has been increased. If you buy a home you have to deduct it; if you buy an automobile you have to deduct it. Senator Kennedy has said that the insurance companies throughout this country are putting up magnificent buildings, and they are wealthy people. What are they doing for us—only abusing us!

What I maintain, and think should be done, is that the Administration on Aging in the Federal Government should be run as the Veterans' Administration is run. The Veterans' Administration has been a credit to this country and has always helped in need. I would like to see this program follow the same procedure as the Veterans' Administration has done and eliminate these insurance companies. It would be far better for each and every one of us in this country who are served under the aid of Social Security or Medicare. Thank you.

STATEMENT OF MR. CORNETT, CUMBERLAND

Mr. CORNETT. Senator, ladies and gentlemen; I think most of you out there have met me. As chairman of the steering committee of the State for the pre-White House Conference I met you up there with Senator Pastore; Mr. Hunt, from Boston; Mr. Williamson, from the Division of Aging—and so on down the line. I would like to put across to you something, if I may. It isn't what we say here—it is what you do after you get through talking about it.

Senator PELL. Amen.

Mr. CORNETT. I have been working on this now for 2 years. I hope that I am not stepping out of line but I want to get this across, if I can, for the simple reason that the White House conference will be in November and I hope to be there. I must say that I am quite thrilled about what is going on here in this building. The only thing I can say about this whole thing that is going on here—and what we are talking about here—is money. Every time I go into the Division of Aging

and ask questions—whether it is Mrs. Slater or Mr. Williamson or whoever—they say "we haven't got any money. They are cutting back." The Senator just told you that they are making these cutbacks. Then they say, "Why don't you write to your Senators, write to your Congressmen?" Don't forget there are a lot of Senators and a lot of Congressmen in this country. How many of you do that? I would like to read something. Incidentally, I have been sitting here and listening to all these speakers. I am sure there is a lot of truth, but get this. I happen to be on the Governor's advisory board; I am not a politician—I represent the old folks, that is, all you people. I want to read this because this was something that we talked about—and may I do so?

Senator PELL. Certainly.

Mr. CORNETT. It says here:

The elderly are urged to protest the cut in funds. Rhode Island senior citizens are urged to write to the State Advisory Committee on Aging and to write their congressional delegation in protesting the administration's cut in Federal funds for programs for the elderly under the Older Americans Act.

In the letter that was sent to senior citizen organizations throughout the State:

Robert S. Berg—the chairman of the United States Bureau of the Budget—states there is an allocation of $29.5 million for all programs under the Older American Act for the coming fiscal year; despite the fact that the Congress authorized $105 million for these programs.

I have those here, too.

Mr. Berg noted that the allocation for the community grant in Rhode Island as being reduced by $44,000 for the fiscal year—beginning July 1 of this year. Such programs as senior centers, Meals on Wheels and the transportation project, and there would be severe financial problems if this cut were allowed to stand, it was noted. The reduction would also preclude the funding of any new programs in Rhode Island under the Community Grant provisions of the Older American Act. We feel you should be made aware that the Bureau of the Budget has appropriated lesser amounts than Congress wants made available to older people, the letter stated. We would suggest—it continues—that each of you write individual letters to your congressional delegates and to Mr. William E. Oriol, Staff Director of the Senate Committee on Aging.

Senator PELL. Yes, Mr. Oriol is right here, and I would like to have him stand up and take a bow.

[Applause.]

Mr. CORNETT. I am telling them what Congress has authorized for programs for the elderly and what should be appropriated by the Bureau of the Budget. Now, I have a list here—am I boring you people? Well, listen, this is why you haven't got any money. Just as the Senator said about the cutbacks, and the people that sat at the table there said they haven't got the money to do what they want to do—this is the reason, I don't make these figures. We feel—where this letter was sent out to the different units—that you should know this. We feel that you should be made aware of the financial programs affecting the older people. These are in progress in Congress right now. Here are the amounts authorized by Congress; and, note that the Bureau of the Budget appropriated lesser amounts than Congress wants made for all our people. So don't blame the Congressmen, and don't blame the Senators, because this is the meat right here. The congressional authorization—and these are the ones that we are talking

about here—the community grants and State agencies; the Congress authorized $30 million, and the Bureau of Budget's allocation brought it down to $5.45 million. I can go on, but I don't want to bore you too much. In closing, here, the final analysis of the whole thing—in the figures compiled—is that the Congress authorization for the elderly was $105 million; and the Bureau of the Budget, the total allocation was cut down to $29.5 million. That is why the State of Rhode Island is working on a budget that is now $44,000 less than in the past.

I thank you very much.

Senator PELL. This testimony was particularly helpful because it shows the difference between what is authorized and what is appropriated or spent. We in the Congress authorize, or develop ceilings on the amounts of money that we think should be spent; but, then less money is spent or released in the end. What is needed is a new approach in Government where more money will be spent on what we call the human environment program—the health, the elderly, education—and less money to be spent on defense and space. Will our next witness identify himself?

STATEMENT OF ARTHUR RICHARDS, CUMBERLAND

Mr. RICHARDS. My name is Arthur Richards and I am the general president of 10 different clubs in Woonsocket with a membership, a total membership, of about 3,000 people.

Now, I was happy to hear about the Gay 90's club because I had a dinner, one time, there as a guest. They are doing wonderfully well, but I understand the Gay 90's—if you are making too much money you cannot go ahead and have a meal there. Now, I wonder if it could be arranged that people like myself—who live alone, and that cannot prepare meals the way you should, and don't get too much of a pension either—if we could go ahead and pay part of the dinner. Say, for instance, that we pay two-thirds of the dinner; pay that out of our pockets, and we would get one good meal a week. This way the Government could finance the rest. I think that would help those that cannot belong to the Gay 90's club. They could go ahead and have one good meal a week, and it couldn't cost us as much as going to a restaurant which costs around $2 to $3 for a meal. Thank you.

Senator PELL. Thank you very much for the suggestion. It may involve a change in legislation but we will examine it and see what can be done. I would add that I made an error earlier when I said the Meals on Wheels was definitely approved. I have been informed by a subsequent phone conversation that the program is still being considered. We are pushing on one side and the course of the economy is on the other. We were a bit premature. The next witness?

STATEMENT OF ALEXINA DURAND, WOONSOCKET

Mr. DURAND. I am Mrs. Alexina Durand, of the Senior Citizens. I want to speak about the cabs which have meters. When I have to shop at a store, or something, just the one way costs me $1.25 and when I return it is the same thing—and that comes to almost $3, and nothing to show for it. Then another thing, we have given a bill to Repre-

sentative Skiffington on the utilities to try to reduce what we are paying on the phone and electricity. We haven't had any answer from him, yet, so I was hoping that could be worked out. Also, in regards to the seniors on their pension, it would also be a big help in reducing and helping out towards the other expenses they have to meet with. So you know that would be a big help if it can be worked out.

Thank you.

Senator PELL. On the Federal level we are working on some bills*—I have cosponsored three—which would reduce transportation costs on those means of transportation on which some of the funding is Federal. Those would be airline or federally regulated railroads; but, when you come to taxicabs I am afraid the Federal Government is not going to do this. Perhaps Representative Skiffington would like to reply.

Mr. SKIFFINGTON. Senator, and people here today, I did introduce a bill to reduce fares on buses, and utilities, and the bill is still in the committee of the House of Representatives and like everything else this morning, when you get down to the real cold hard facts the answer is money. As the gentleman said here that's the problem—getting the money to finance these programs. As you all know we have a financial crisis in the State of Rhode Island which is not any different than any other State and not any different from the Federal Government and we are always trying to do our best for senior citizens and anyone else that needs help.

Senator PELL. Anyone else in the audience that would like to say something at this time?

STATEMENT OF MRS. HERVE, WOONSOCKET

Mrs. HERVE. I was listening today, unfortunately it is all one side and I appreciate what you have been doing for all of these places. I am still a taxpayer at 75 and every year they jack the taxes instead of giving us a reduction—you know—especially at my age. I am not the only one. I have never been on relief, never had a nickel for relief nor asked for it, but why should we be taxed, you know, at full price? They raise the tax every year, and they jump up the evaluation besides. Another thing about the State tax, you know, this week—or last Saturday—I got a bill and I went down for my State tax. I have a few dollars in the bank. I explained to the woman down there in the office in Woonsocket and asked if I had to pay that. She said, "Well, I don't know, you fill it in and we will let you know about it." Now, Saturday I got a bill for it plus 25 percent—which they will never get from me, because I already filed it. If they want the rest of the money they will get it. I won't be penalized, no. I don't care who hears it, anybody from the State House I don't care.

We got 10 percent for the Medicare, that is only the Medicare of 10 percent for the old age and the very same day they raised our fee for the Medicare, is that right? After that I pay a Blue Cross—and I bet a lot of these people pay Blue Cross besides. It used to be $11 for 3 months and now I get a bill for $21. That is what we got for the 10 percent more.

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*See appendix 2, p. 202.

Thank you.

Senator PELL. Thank you very much. I am afraid that you confirmed the fact that there are two things sure in life, death and taxes. Our last witness; would you identify yourself?

STATEMENT OF HARRIET BEAUDOIN, WOONSOCKET

Mrs. BEAUDOIN. I am Mrs. Harriet Beaudoin. I got a raise in my pension and they give us Old Age Assistance of $7. In Massachusetts they are getting $10, how is that? They raised our pension and Old Age Assistance to give us $7 in Old Age Assistance; but, in Massachusetts they are getting $10. How is it they are getting $10 and we are being cut to $7?

Senator PELL. These are differences in the State regulations, and I am not familiar with them myself. I would think that Mrs. Slater might be able to help us. Well, she has left. Doctor Mulvey?

Dr. MULVEY. The State regulations.

Senator PELL. This is a Federal hearing and I am afraid that we can't help you in this at all.

Mrs. BEAUDOIN. Thank you very much.

Senator PELL. I want to thank each of you, as we bring this meeting to a close. Now, you have seen these blue sheets of paper and if any of you have any suggestions or ideas write them out on the piece of paper and mail them to me.* I think this was an interesting and instructive meeting. We had witnesses from one community, Woonsocket, talking about the problems as they affect the group—one group of people—and that is the elderly. The record will provide many insights to Congress as they consider changes that need to be made.

Today we have also heard some new suggestions on amendments to H.R. 1. These suggestions indicate that Medicare should be expanded and not contracted. There should be less restrictions on nursing home care, greater use of home care services, and there should be more nursing homes throughout the country. Moreover, it seems that the hearing has shown that Washington will do better to do more listening and less issuing of regulations.

The subcommittee is in recess, subject to the call of the Chair.

(Whereupon, at 12:30 p.m., the subcommittee was recessed, to reconvene at the call of the Chair.)

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*See appendix 3, p. 219.

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL FROM WITNESSES

ITEM 1. PREPARED STATEMENT OF MISS MABLE HUGGINS, EXECUTIVE DIRECTOR, VISITING NURSE SERVICE OF GREATER WOONSOCKET

The Rhode Island Home Health Agencies wish to take this opportunity to share with you some of our concerns over the plight of the patients over age 65 who were led to believe that Medicare would solve most of their health problems and who now find out-of-hospital service to be severely limited. Rhode Island is fortunate in that there is complete coverage of all areas of the State by Home Health Services.

When the Federal Medicare legislation was being drafted, the Visiting Nurse Services, certified under Medicare as Home Health agencies, were considered an important resource in keeping costs down because, according to experts, health maintenance care and prevention at home would be considerably less expensive care than care in a hospital or extended care facility. Yet the conditions for participation which govern reimbursement set up a barrier to the use of home health services, limiting what might become an important health resource.

Since the patient must be certified as needing skilled nursing care on an intermittent basis or physical or speech therapy in order to qualify for home health benefits under Parts A and B, the definition of skilled nursing care and the interpretation thereof becomes a most important matter for Home Health Agencies providing services to Medicare patients.

In August 1969 the U.S. Department of Health, Education and Welfare's Social Security Administration's Bureau of Health Insurance issued Intermediary Letter No. 395 on the subject of "Skilled Nursing Care Provided as a Home Health Benefit". This letter contained a definition of skilled nursing care which became a matter of grave concern to Home Health Agencies.

It appeared that the Home Health Agencies and Federal Medicare Intermediaries had not interpreted the definition of skilled nursing care uniformly throughout the country.

In an effort to assist Rhode Island Home Health Agencies in determining acceptable levels of care, a subject in which Social Security has shown much concern, the Rhode Island Blue Cross, Federal Medicare Intermediary, prepared a brochure entitled "Level of Care Guidelines" in early October 1969.

As the definition's interpretation still was not uniform among the Rhode Island Home Health Agencies, it was felt that the Rhode Island State Nurses' Association's official definition of Professional Nursing should replace the present Medicare Program's definition of skilled nursing care.

The Rhode Island State Nurses' Association's official definition is as follows:

> "Professional Nursing is a health service to individuals and Groups, which is based on principles derived from the biological, physical, and social sciences. It utilizes the skills in observation, communication, and interpersonal relationships. It contributes to the maintenance and promotion of health, and to the provision of physical and emotional care, comfort, and support to the people with a variety of health needs, by: health teaching, and supervision of patients and families; teaching, supervising, directing, and participating with all members of the nursing team in identifying patients' nursing needs, developing and implementing appropriate nursing plans; collaborating with other health professionals in providing comprehensive

health care; making critical independent judgements about patients and their care; and increasing and disseminating the body of nursing knowledge which enhances health care."

The present requirement that the home health reimbursement must follow a hospital stay of at least three days under "Part A" makes admission to home health care dependent on institutionalization. This is self-defeating in a system which hopes to encourage alternatives to institutional care.

The least expensive part of the Medicare Program which affects Home Health Agencies (Part B) has been the first to be restricted. Present regulations allow reimbursement for acute phases of illness, yet the major health problem of our aging population is not related primarily to acute illness, but rather to chronic illness. Current regulations do not provide payment for home health services needed to prevent regression of the chronically ill patient who has limited potential for rehabilitation, thus making the patient a potential candidate for hospitalization.

In the second annual report from the Secretary of Health, Education and Welfare on operation of the Medicare Program, the utilization data is of interest. In-patient admissions to long and short-term hospitals amount to an annual average of 291 admissions for every 1,000 persons covered under the Program. Twenty percent represented second or subsequent admissions. Admissions to home health services averaged 13 per 1,000 persons covered with payments averaging $69.00 per recorded claim under hospital insurance and $42.00 under medical insurance. Besides reasons of simple decency for assuring nursing care and comfort to those in need, valid practical economics support our mission. Unfortunately, insufficient attention is paid to the savings to the public that could accrue from expansion of Home Health Agency services.

Home Health Agencies have demonstrated their ability to move forward, initiate new home health practices and to cooperate with and assist satellite health care units, social action agencies and group practices. In order to substantiate savings to the public we are including a portion of a study on utilization of Home Health Services in Rhode Island. This Study was conducted by Dr. Helen Cleary of the New England Tri-State Regional Medical Program and submitted for publication in May 1971.

"Reference was made to information on costs for those patients who, in the agency's judgment, could not be maintained in their homes without nursing service. The obvious questions related to this point are: What does it cost to maintain these patients in their homes and what would it cost if they were patients in a nursing home, boarding home or extended care facility. In order to answer these questions, information on the patient's expenses in addition to medical care, as well as their financial resources, would have to be available. A different kind of study than this would be needed to gather these data.

"The data we do have include: the cost to the agency to maintain these patients in their homes for the first nine months of 1970, and the per diem rates allowed by Medicare and the Welfare Department for nursing-boarding homes and extended care facilities. If we apply the percentage of patients in our study sample eligible for these two sources of payment to the 2313 patients, and do some arithmetic, interesting figures result. This process assumes that all Medicare and Welfare patients could not be maintained in their homes without nursing services. This is not a vaid assumption. It is, however, valid to assume that few people required to live in a nursing home or similar facility can afford to pay their own way over time. At some point, public monies must be available to support them, whereas many may be able to support themselves at home.

"We suggest, therefore, that the following calculations are useful as a very rough comparison of the cost of nursing service in the home as against maintaining a patient in a facility outside his home. These figures do not include medical care costs in addition to nursing service in the home, or board, room and nursing care outside the home.

"1. The total cost to the nursing agencies to serve the 2313 patients for the first nine months of 1970 was $660,464.47, or, assuming all patients received equal care, $285.54 per patient.

"2. The primary source of payment for 42 per cent of the patients in the study sample was Medicare. If this percentage is applied to the 2313, 971 were Medicare patients. Carrying this assumption one step further: $971 \times \$285.54 = \$277,259.34$, or the cost to agencies for Medicare patients for nine months.

"3. The range of per diem rates allowed by Medicare for nursing homes or an extended care facility is $11–37; median cost, $22. Therefore, the cost to maintain 971 patients in these facilities for *one month* would range from $320,430 to $1,077,810; the median, $640,860.

"4. The primary source of payment for 22 per cent of the patients in the study sample was Welfare (19 per cent) or Medicaid (3 per cent). If this perecntage is applied to the 2313 patients 509 were the responsibility of Welfare or Medicaid. The cost to the agencies for these patients would be: 509×$285.54 or $145,339.96 for *nine months.*

"5. Than range of per diem rates allowed for boarding and nursing homes by the Welfare Department is $7.50–$13.75; median, $10.21. Therefore, the cost to maintain these 509 patients in a nursing home or similar facility for *one month* would range from $114,525 to $209,962.50; median $155,906.70.

"It should be noted that calculations for supporting a patient outside of his home are for one month, and the nursing agency figures are for nine months. Despite the inequities in these figures which we have noted above, it is clearly obvious that patients cannot be supported less expensively outside the home than in their homes."

The Home Health Agencies of Rhode Island wish to make the following recommendations:

—That the Congress state clearly in the law the intent to include coverage of home health services necessary to prevent hospitalization.

—Place all home health benefits under Part A with a maximum eligibility of 200 visits per year.

—Remove the three day hospital stay requirement for home health benefits and the requirement that services rendered be related to the condition for which patient was hospitalized.

—Provide for co-insurance for the second 100 visits per year.

—Remove the $50 deductible restriction.

—Provide direct reimbursement for medical supplies to the provider or 100% reimbursement to the Home Health Agency.

—Provide for reimbursement on an *actual cost basis* to the providers of services rendered to patients receiving custodial care who are not entitled to services under the Medicare Program.

—Adoption of the Rhode Island State Nurses' Association's official definition of Professional Nursing as the Medicare Program's definition of skilled nursing care.

It is our sincere belief that our elderly citizens who are able to be maintained at home are entitled to quality care in their own homes, with the dignity and family comfort they deserve, and to postpone hospital or nursing home placement as long as possible.

We wish to thank this Committee for the opportunity to share our views and concerns for the elderly patients under our care.

VISITING NURSE SERVICE OF GREATER WOONSOCKET

Statistical information

	1970 (12 mths)	*1971** (4 mths)*
No. of visits made to patients age 65 years and over	7,666	2,474
Percent of total visits made by our staff 65 years and over	50.9%	57.1%
No. of visits made to Medicare patients	6,602	2,328
Percent of visits made to Medicare patients	43.8%	53.7%
No. of "disease control" visits made by staff	11,067	3,233
No. of such visits made to people age 65 years and over	7,666	2,474
Percent of such visits made to people age 65 years and over	69.3%	76.5%
No. of such visits made to Medicare patients	6,602	2,328
Percent of such visits made to Medicare patients	59.7%	72.0%

Year 1970:

Visits to patients over age 65 years	7,666
Visits to Medicare patients	—6,602
Visits NOT covered by Medicare (13.9%)	1,064

Approximately 275 Medicare patients served during 1970.

As of May 31, 1971:

Active patients on caseload	992
Patients on Part A, Medicare (4.54%)	45
Patients on Part B, Medicare (4.83%)	48

**January 1, thru April 31, 1971.

ITEM 2. REPORT OF SOME OF THE ELDERLY PROBLEMS AND SOME OF THE SOLUTIONS TO THE PROBLEMS THAT HAS BEEN BROUGHT TO BEAR BY SOCIAL PROGRESS ACTION CORPORATION AND SERVICES PROGRAM

Prepared by: A. M. Duarte Jr., Executive Director

JUNE 12, 1971.

The city of Woonsocket has a large elderly population, in 1965 our senior citizens age 65 and over accounted for 11.86% of Woonsocket's population and in 1970 the figure jumped to 13.01%. The Department of Health, Education and Welfare Division of Social Security administration has indicated, that Woonsocket has the highest percentage of Elderly in the state.

According to the 1970 census figures, the state's elderly population accounts for 11% of the total population.

The Woonsocket Housing Authority has attempted to meet the large demand for Public Housing for Senior Citizens; by having two high rise for the elderly housing 453 residents and two units presently under construction with a total of 300 units. The present waiting list consist of some 900 names.

Outside of the Woonsocket Housing Authority, there is no other agency in the community, that deals specifically with the elderly other than Social Progress Action Corporation, the Community Action Agency of the City of Woonsocket, SPAC through it's Senior Opportunity and Services programs, which was designed solely to deal with the elderly and their multitude of problems, has attempted to focus in on the problems of nutrition.

Utilizing the problem of nutrition as a focal point or base of operation, the Senior Opportunity and Services Program with it's federal funding of $19,000.00, from the Office of Economic Opportunity, started what is termed locally, as "The Gay 90's Diners Club."

Within the program, we employ five senior citizens age 55 and over on a part time basis. The office of the Senior Opportunity and Services Program is located in the Kennedy Manor Building, a high-rise for the elderly. The Woonsocket Housing Authority allows the agency the use of the building at no cost.

Once weekly, a complete nutritional meal is served to approximately 200 to 225 senior citizens at no cost. Eligibility requires that the individual be age 55 years and over, meet the requirements of the O.E.O. poverty guidelines and is a resident of the City of Woonsocket. Needless to say, at this point, there is a great demand from many senior citizens residing outside of the City of Woonsocket, for participation in the program. Because of limited funds, this is an impossibility at this time.

Along with serving a nutritional meal in a pleasant social atmosphere, at the same time a program is designed to meet some of the other areas of concern of the senior citizens. For example, the area supervisor of the Division of Social Security Administration has at four consecutive weekly meals to answer questions and give information concerning Social Security Benefits. Speakers concerning food stamp information, health aspects, old age assistance, housing and many more have appeared to give help, guidance and assistance to the Senior citizens of the "Gay 90's Diners Club."

Because of this program, many Senior citizens have been helped to receive benefits, that they would otherwise not receive, due to their ignorance of benefits, shyness, lack of mobility, pride and isolation.

There are many of our Senior citizens that are living alone and in isolation, they have developed poor eating and nutritional habits. The more commonly referred to phrase, "the tea and toast diet," is a reality to many Senior citizens in the City of Woonsocket.

Through the efforts of the "Food Lift and Information Program", in a five month period, some 300 Senior citizens have been certified and are currently receiving food stamps. The "Food Lift and Information Program", is a food stamp out-reach program operated by Social Progress Action Corporation.

In establishing this program in the community, one of the most difficult barriers to remove, was one of mistrust. All to often in the past, promises were made, but the actual delivery of services never came about. Presently in the program, there are over 850 Senior citizens actively participating in the program. The justification for expansion exists, but again limited funds presents an acute problem to expansion.

The problems of Senior citizens are unique and many. Surveys of Senior citizens have been conducted, many of them, the results are the same. No survey can produce the types of information or indicate the true needs of the Senior citizen, as can be produced through the bringing together of some 200 plus people in a pleasant informal social atmosphere.

Senior citizens want to be needed, they need to be wanted. This is evident by the vast amount of energy and exuberance they display in association with the program. An average of 22 Senior citizens volunteer weekly to do the serving for the weekly meal. Many of our Senior citizens have a fine talent for sewing, as a result, a program is underway whereby Senior citizens are making clothes for teenagers who are receiving welfare assistance. Many more are offering their services to volunteer in a variety of ways.

The demonstrative needs of the Senior citizen, have now become a part of the program. Consumer buying, consumer education, nutritional education, which consists of preparing a meal for a single elderly, first aid courses designed specifically for the elderly are some of the program activities, based on the demonstrative needs of the Senior citizen.

As indicated earlier in this report, many of our Senior citizens live alone. It has been discovered in the past, that some Senior citizens who have passed away have gone undetected for four or five days, and in some isolated cases, even longer.

As a result of this discovery a "Phone Buddy System" has been established, where Senior citizens call each other daily, to check on their well-being. In conjunction with this, Senior citizens have fallen and injured themselves, and lay on the floor for hours at a time. People have become ill, and have had no way of communicating with the outside world.

The staff of the Senior Opportunity and Services Program have established a tremendous amount of rapport with the Senior citizens of the City of Woonsocket, as a result of this, the S.O.S. Program has become the focal point for them, and has also become the referal agency for a majority of their problems.

In a previous part of this report, it was mentioned that one of the most difficult obstacles to overcome was one of mis-trust. The comments were: "Nobody is going to provide these services at no cost, somewhere along the line we'll have to pay," or "this program will never last, as soon as it's doing good the federal government will take the money away." The last comment is of great interest. With $19,000.00 we have hired a program director and five Senior citizens, we have been able to provide approximately 1,000 meals monthly, a portion of those meals are provided to shut-in citizens who are physically unable to attend the meals, we have involved over a thousand low-income Senior citizens in our program, and have purchased some necessary equipment to operate the program. For the first time in the City of Woonsocket, Senior citizens are saying, "this program is for us."

Two weeks ago, it became the sad and difficult responsibility of this executive director to inform the smiling faces of over 200 Senior citizens, that O.E.O. had indicated, there were no federal funds to continue the program. It is needless to say at this point, how the smiles disappeared, and heads bowed in sorrow. Some of their earlier fears had come true.

Due to the fact, that the 1970 census figures are incomplete we refer to the 1965 Rhode Island Census, which indicated, that 8.5% of the people age 65 and over were receiving Old Age Assistance, and approximately 8,420 people were receiving retirement benefits from social security.

Also, during this period of time, there were 745 Senior citizens residing in public housing, at the present time, there are over 90 people on the waiting list for Senior citizen housing.

Armed with this type of information, and the obvious success of the Senior Opportunity and Services Program, it is no wonder that the often misunderstood Community Action Program, has a difficult time in maintaining a standard of credibility, not only to the community at large, but more so to the people it is attempting to serve.

Through the efforts of the S.O.S. Program, we are only beginning to uncover the many problems of our Senior citizens, and this is only because they have learned to trust us. No one is naive enough to think that this program is a panacea to all the problems, but it is a good sound beginning.

All too often, we find when we are beginning to make stride, we have come to a complete halt. Senior citizens are a very cautious, and do not present their trust lightly.

The minor dent we have made in the nutritional problem of Senior citizens, is just that, "A Minor Dent". We have a long way to go and there is much more needed information to be sought out, demonstrative need to be brought to the forefront for solving problems, the removal of isolation and loneliness which constantly chips away at health, the delivery of health services and many more.

The most prominent and important discovery on the part of Senior citizens, is the want to be needed and the need to be wanted by each other and by the community at large.

ITEM 3. REPORT OF THE SENIOR OPPORTUNITIES AND SERVICES PROGRAM OPERATED BY SOCIAL PROGRESS ACTION CORPORATION

Prepared by: Rebecca Doss, S.O.S. Program Director, June 11, 1971

The Gay 90's Diners Club as Viewed Through the Eyes of the Program Director

The Office of Senior Opportunities and Services, under the auspices of Social Progress Action Corporation came into being in October 1970. By mid-October, we were settled into our office in the Kennedy Building, one of Woonsocket's Housing for the Elderly. On our first day there, news began to spread through the building that we had a brand new program for the city's elderly residents. Inquiries began to come into the office even before our phone was connected or my staff was hired. I remember one man in particular who stopped by my office out of curosity. He and his wife had moved into the manor several months before. His wife passed away 1 week after the move and he freely admitted he had become a hermit and that he was really curious why I would want to work for the "old people". He felt I should teach Kindergarten! Today, this gentleman is one of S.O.S.'s most active volunteers. He now appears years younger, no longer the drawn looking man who existed on beer and sandwiches. He has realized his problems are minor compared to some we see. He now has a new life to live.

The Gay 90's Diners Clubs we sponsor, four in all consisting of 200 members each, has given us one of the greatest opportunities of helping people possible. To be eligible for membership, 55 years of age is a minimum and a low income is a must—that is easily found in our community. We have stressed to our people that they are all individuals—yet, they are all equal when they walk into our dining hall. I've found this relieves a great deal of tension on the part of my people.

We had a difficult time convincing them that the U.S. Government was going to give them something terrific for free. The free part I didn't worry about, but, I had butterflies about it being terrific in their eyes. We began to ask questions about what they'd like to have. The first to speak up was a little lady without any teeth, who said turkey and hen! Our first meal was turkey and hen and she was there. She passed away two weeks later. I think of her often, but, I feel she really enjoyed herself at our first meal.

Every member of the Gay 90's has had something to contribute in their own way. I've spoken to over 900 prospective members individually and by asking a couple of questions, I find I can sit back and listen for a good ½ hour. As a group, some are shy or bashful about talking about their inner feelings, but, in their homes, my office or by phone, they are as open and honest as the day is long.

My people are proud to be U.S. Citizens, but many would rather see Medicare add eyeglasses and false teeth to their list of services, than see a space ship go to the moon. They are thankful for Welfare supplements and Social Security checks, even if the money is promised to the landlord, the gas or electric company, but, most of all they are thankful for the freedom of choosing their own food products with their Food Stamps. These are really necessary items, food, clothing, shelter, but what happens to the mind when it sits idle? We've found that many of our people were not prepared for older age. Many were forced to retire due to illness, many due to age limit in factories, and suddenly they had a full 24 hour day in which to do nothing, other than what they wished to do, and what they wished to do they could not afford. These are not people who belonged to Social Clubs, Garden Clubs, the Y's, Bowling Leagues, or who held library cards, where do they go and what do they do? As of Nov. 25th, 800 of them have

been coming to the Gay 90's Diners Clubs. Those who have no transportation, we sent the S.P.A.C. Mini-bus for.

Although we started out basically as a nutritional program we have been able to use this premise as a focal point and work in our social aspects. We have conducted shopping tours, budget and menu planning sessions and have helped a number of members to actually eat nourishing meals on less money than before. It takes time to convince a person that there is a better way to shop without hurting their feelings. We have tried to show them how a combination of inexpensive products can be used in different menus to ensure proper nutrition. With the help of the New England Dairy Council we distributed pamphlets on proper diet, nutrition, and even easy recipes for 1 or 2 people. By conducting these discussions in groups, no one person felt that he was being made the focal point. It was just a friendly group discussing ways of saving money.

I feel that since our program is of nutritional origin, 2 door prizes of food should be given away by S.O.S. at each meeting. We began with 3 lb. canned hams, 1 for a lady, 1 for a gentleman. The first day the hams were spotted, it sounded as though a hive of bees had entered the room. This was hard for many to believe—we were actually going to give away hams! I must admit, I began to worry when I realized we only had 2 hams and 200 people. Before our program ended and our winners were drawn, bits of conversation began to drift up to the Head table. One gentleman who was attending for the first time since the death of his wife, announced to the members around him, that should he win the ham, the "party" would start at 6 p.m. in his apartment! Pretty soon, the word spread around that whoever won the ham was having a party. Before it all ended, I'd been invited to 7 different parties! I'm really not sure who had the parties or who attended, but, I do know there have been groups who left our meals to regather later at one of the apartments for an evening. It's really quite an experience to watch 2 grammar school classmates suddenly rediscover each other, and leave arm in arm. We have even had relatives meet after a period of years, to realize they really do like each other after all.

The older years seem to bring about an honest need for companionship. We found one lady, seriously ill with Parkinson Disease and mental depression, after a few weeks of visiting her, she felt she would like to come to the Diners Club, just once before she died. She was too proud to accept our transportation and instead rode a city bus down, arriving at 9:00 A.M. one Wednesday. Her excuse for being 2½ hours early was she wanted to watch some activity. Believe me, Wednesday, A.M., Kennedy Manor is full of activity. Her 1st visit was 3½ months ago. Three weeks ago, she bought herself a girdle, a pants suit and had a permanent! And is quick to say, she's not about to kick the bucket, not after finding this much life!

The tragedy and reward of our programs is becoming personally involved with our members. We have a group of people who are so much in need of friends, it would be hard to avoid becoming aroused by their feelings. As an example, I've told our members that we (the staff) will help them at anytime in any manner we are capable of. One of our members, called me early one morning to whisper into the phone that someone was talking inside her head, she was quite serious! After a lengthly discussion on the phone to calm her down. I paid her a visit to find she really believed what she said. I then contacted the other Social Service Agencies for help, and after 3 weeks time she was admitted to the hospital for psychiatric care. Today, she is recovering from her mental breakdown and is looking forward to returning to the Diners Club. It is rather nerve shattering to have members in their 70's and 80's call to say good-bye before they kill themselves. This has happen to me 3 times now, and I'm happy to report I haven't gotten a speeding ticket yet, but I do still have those 3 members!

We found one of our members unconscious on the floor only after being called to check on her because no one had seen her in a couple of days. A quick trip to the hospital and expert care there brought her back to us a couple of months ago. She decided she should wear some makeup and look for a husband to keep her company, why not? She's only 83! Unfortunately, many of our members have not been found in time to save their lives. We have lost 34 members since December 1970 through death. The majority of these people lived alone with no relations in town or close friends to keep check on them. We formed a club we call the Phone-Buddies. Anyone living alone who wishes a daily phone call now receives

it from another member who volunteered to make the call. They all now feel a need to help one another. We've even adopted a small poem:

No one has so little,
That they don't have something to share,
Smile and say "Hi".
It's a good feeling to go to bed at night and say, gee!
My jaws hurt—guess I smiled a lot today.

Anyway, it takes fewer muscles to smile than it does to frown.

Some of our members have come to the office with really unique problems. One lady, 78, came in crying, but smiling. It was a very snowy, cold day and after a cup of hot coffee she began her story. She came by bus from Staten Island to Woonsocket on a job, only to find the job was no longer available when she arrived. She did find herself a room, got to the Welfare Office to seek help, then to the D & S Office without much hope because of her age, then to us. She said she heard about us on the radio and thought we might be of some help. With a few phone calls we found her a temporary home and through a co-ordinated effort, with another SPAC Program, we found her a permanent home as a Housekeeper companion. I still receive cards from her. She's quite happy and always thanks SPAC for its help.

Many of our members' problems are quite simple but perplexing to them. I've been asked to explain simple forms, for insurance, medicare, income tax, housing regulations, letters from doctors, lawyers and even read letters when the hand writing was almost impossible. I've told the members regardless of their problems, even if it seems silly, we'll try to help. One lady called me to say she had a "silly" problem and would like a good laugh, anytime! It seems that a stray cat had been crying outside her window for a couple of nights and she wasn't able to sleep. She needed a solution and unfortunately I didn't have one that was humane, except to take the cat in. The following day she called back to say she'd solved her problem. She decided that the cat was lonely, thus he whimpered. She was also lonely, so she took the cat in. They are now living happily together.

We do have some members I worry about when I see them, such as the man who had a cathart operation. Was released from the hospital on Tuesday and came to the Gay 90's on Wednesday. His wife protested, but he insisted it was his week to come and he wasn't going to miss out. Or the man who was released from the hospital after a heart attack and came directly to the Diners Club. Just as a lady had done a few weeks before. We must be doing something right because we haven't had a relapse yet!

We have several members who have adopted the Gay 90's as their personal crusade. After we began to give away the hams, this group began to bring in small items, mostly hand made to be raffled off. Now we find some Wednesdays we have so many gifts brought in, we must put some aside for the following week. Three of our members are very artistic and have taken over all our decorating. Each Wednesday we find decorations on the walls, flowers on each table, flowers for our waiters and waitresses, even Easter bonnets, and Mother's Day tiaras! This really adds a festive, party mood for all of our members. During the four weeks of our Easter meals, we played a couple of games for a change of pace from guest speakers. The men really surprised me. They are really a group of good sports and great teasers. They became the life of the party and those weeks everyone's jaws hurt from laughing. One man, who chose a necklace in the raffle, for his sister (?) put it on, combed his hair over his eyes, popped a stick of gum in his mouth, grabbed a broom and serenaded us in his best hard rock voice. I've even been taught the "swim" by a delightful lady confined to a wheelchair, and have seen a lady on crutches do what she called a Hi-Land fling! We just can't seem to find any modern up-to-date sheet music for our pianist. She is a delightful lady who offered her services to us during our first week in the Kennedy Manor. She is practicing to play "upbeat" music and has even offered to teach boogie-woogie!

One of my main concerns at the start of the program was the manner in which our members would be served. We felt that due to age and handicaps it would be best to serve them all seated. Our first serving was with volunteers that I practically shanghied from other SPAC programs. All it took was one announcement that we were in need of volunteers to help set up, serve and clean up. The second week 10 volunteers from our 1st group showed up early Wednesday A.M. to help out. This group has grown and now each week we average 14 volunteers

without anyone being overworked. This has given this group of men and women some useful purpose in giving of themselves to help others. They are extremely cheerful, efficient and of untold value to our program.

I felt that since my program is for the people, I should strive to give them what they wanted. I asked for volunteers to form a Gay 90's council to advise me on program formats. We had so many replies, we had to limit each group to a representation of 7 people. We now hold monthly meetings that are very informal but informative to my office. I admit this was another sneaky way of involving my people. Even though I have five Senior Citizens on my staff, I can use my younger age as an excuse, for getting my senior members involved in activities. No one knows better than the members just what is important to them. Out of our council meetings, we've received requests for professional speakers on Medicare, Social Security, Welfare Eligibility, Food Stamps and Health Care Programs. We have supplied all of these speakers to our groups now, with much success. We've all learned something new. Many of our members have learned they are eligible for benefits they did not realize existed. We've also had requests for speakers who were less formal. I rounded up a professional song writer who is a part-time comedian! He's been invited back, we all really enjoyed him. One of our local radio stations sent their mobile unit down and taped a show with the members, all as stars. It was quite a thrill for them to hear themselves on the radio that evening. It seemed they had done something really important. I'm sure the members who performed will never forget that day.

Between the age and income bracket, I work with, most of my thoughts are given to providing purpose and future to the members lives. I find that planning a special event for a few weeks ahead gives the members something to look forward to. The S.O.S. Advisory Committee, composed of 16 City residents from all walks of life, is really full of great ideas, from a picnic at the beach, coming up July 21st, to a Ham and Bean supper, fishing trips, bowling leagues this summer, sewing bees, wood working for our men, card games, rides in the country. It seems that once we got our groups of members together and they became acquainted, it was easy to find six men who liked to fish. It was a simple problem of getting them together, bringing up the subject, and having one say, I have a car, be ready at 5:00 A.M. tomorrow.

We have accomplished a great deal in relieving loneliness among our lower income seniors. Everyone has a friend now, someone to share life with. We have one lady who brought her neighbor to join our club. They said they'd lived next door to each other for years and never spoke, until the one member felt her neighbor may be eligible for membership. They are now looking for an apartment they can share. They've found they have a great deal in common and enjoy each others company.

The ministers and Priests of Woonsocket have given a great deal of strength to our clubs and members. Each week we have at least two in attendance. The people enjoy talking socially with the clergy and the clergymen always come up with a cute story that results in a good laugh for all of us.

Word of good work S.O.S. is doing in Woonsocket has spread throughout the state of R.I., into Massachusetts, and as far south as North Carolina. I've received numerous inquiries on how to get a S.O.S. Program started in other communities, and I never turn down a chance to address a group on my program. I continue to say my program because to me it isn't just a job, its a way of life. I don't know of anyone, short of Billy Graham, who receives as much satisfaction from their work as I do.

When we first began to door knock to seek out members, we had approximately 20 people helping us. The SPAC Community Organizer knew the areas where the majority of the lower income seniors lived. For six weeks we wore out our knuckles and our shoes. Now, our present members are bringing in new applicants so fast, we have cut our door to door campaign staff to 2 people. We anticipate having to start a waiting list, which will have to be held until September and our refunding. The only disappointment is every day someone becomes 55 in our city and we'll have to say wait. May the good Lord grant them the delay.

Due to requests from many of our members for home nursing care, in order to save money on hospital care, the Woonsocket branch of the American Red Cross has agreed to teach a 5 week course, free of charge, to all of our members who wish to enroll. The program will include the changing of bed linen with a patient remaining in bed, also the correct procedure for bathing a patient in

bed. We have a large group of women with time on their hands, and with the aid of this course, they will find themselves in a useful position in their neighborhoods and with their families and friends who are bedridden. They will have a useful purpose to their lives. So many of our people say that time on their hands is their worst enemy. At least we've gotten them out of their rocking chairs and have them thinking of others, not just themselves.

Some of our men have expressed an interest in the Big Brothers of America. They've decided maybe they're not too old to be of value to a fatherless boy. They are quick to say they move slowly and are not well educated, but, they're willing to be a friend to a young boy. The Executive Director of Big Brothers of Rhode Island agrees with the men and will address them as a group in June.

Among our summer activities, two men who are on the S.O.S. Advisory Committee will conduct tennis classes each Sunday. Somehow they are being supplied with tennis rackets and balls. We even have a cheering section forming to root us on.

The office of S.O.S., through the Gay 90's Diners Club has indeed uncovered some interesting facts about our Seniors. Even though they have little money, there's still a spark of life in each one. It just takes a group of interested people to pull it out. Each member is involved in one or more of our activities, has something to look forward to in the future, and has at present 799 friends ready to lend them a helping hand.

ITEM 4. GOVERNMENT SURVEY OF THE FOOD LIFT INFORMATION PROGRAM

(Please fill out and mail back as soon as possible)

(Answer yes or no)

1. Are you still on the program? Been on only since June 1st, 1971.
2. Do you know anyone you think should be receiving Food Stamps and are not? No.
3. Are you having any problem in the Food Stamp Program. Explain why. Very satisfactory as of now—thank you.
4. Do you have any suggestion for our program FLIP. Very grateful it has helped me in getting extra food that I could not afford with only S.S.S.I. check.
5. Has this program improved your eating standards? I can get more food with the allotment of stamps, which it has helped me.
6. Would you be interested in attending a program where you could learn to eat better for less money? I have diet to follow. Thanks for your kind thoughts.
7. Did you know that you might be eligible for the Food Stamps before FLIP contacts you? I thought that only the welfare members were the only one entitled to it.
8. Do you think its best to maintain the FLIP Program? Or to go down to the Welfare Department to apply? I rather go to you people than the Welfare. I feel more at ease with the workers just like kinfolk.
9. Did you appreciate being taken in by appointments? Or rather just to walk in?
10. Do you prefer Food Stamps to Commodities? I do not know about commodities never had any. Food stamps are satisfactory so far. Any Comments? Food Stamps were a blessing to me. With them I can get better grade of meat than I could with only SSSI. Thank you. Very grateful. Keep them going.

Thank you for your participation in our program and answering these questions.

MRS. IDA WHEELER,
Director of FLIP.

PUBLIC SERVICE ANNOUNCEMENT

Eleanor F. Slater, Coordinator of the Division of Aging wishes to make all persons aware of a vicious flimflam being worked on the elderly.

A young women claiming to represent a nutritional agency of a ficticious department of "Community Relations" on Promenade Street, appears at a persons door saying she will take her food stamp money and voucher and pick-up her stamps for her at the redemption center.

The women promises to return in two or three hours but never returns.

In another variation one or two women claiming to represent Progress for Providence promise to pick-up the food stamps.

If a person comes to your door promising to purchase food stamps, ask them to show identification, get her name, then ask her to return later.

Call the agency she claims to represent to see if she is what she claims to be.

Do not give money to anyone you do not know.

The only agency that performs this service is the University of Rhode Island Cooperative Extension Service or a representative from F.L.I.P. or a representative from S.O.S. They do this as a courtesy to their regular clients.

ELEANOR F. SLATER,
Division on Aging, Department of Community Affairs, 289 Promenade Street, Providence, R.I.

F.L.I.P.—Mrs. Ida Wheeler Tel. 766–3040.

S.O.S.—Mrs. Rebecca Doss Tel. 766–3734.

Appendix 2

IMPROVEMENTS IN BENEFITS FOR SENIOR CITIZENS SUPPORTED BY SENATOR CLAIBORNE PELL

1. *Cost of Living Increases*

S. 1767 introduced by Senator Pell would provide for automatic increases in Social Security benefits as the cost of living increased.

2. *Create Allowance for Outside Earnings*

S. 1768 introduced by Senator Pell would allow a Social Security Beneficiary to earn $2,700 without reductions in Social Security Benefits.

3. *Increase Benefits and Coverage*

S. 923 cosponsored by Senator Pell would provide for:

—eliminate the Part B Physicians Premium of $5.60 Medicare.
—coverage of out-of-hospital prescription drugs under Medicare.
—15 percent raise in Social Security benefits retroactive to January, 1971.
—15 percent raise in Social Security benefits for 1972.
—increase in minimum monthly benefits from $64 a month to $100 a month in 1971 and to $120 a month in 1972.

4. *Employment for Senior Citizens*

S. 1307 cosponsored by Senator Pell would provide a public service employment program for middle-aged and older workers.

5. *Nutrition for Elderly*

S. 1163 cosponsored by Senator Pell would provide for programs of hot meals for the elderly to be served in community centers and non-profit institutions.*

6. *Household Aides*

S. 882 cosponsored by Senator Pell would provide for the services of a household aide to be covered by the Medicare Program.

7. *Transportation*

S. 1124 cosponsored by Senator Pell would establish a Federal program to plan and demonstrate improved transportation services for the elderly.

S. 1554 cosponsored by Senator Pell would provide for reduced air fares for senior citizens.

S. 1541 cosponsored by Senator Pell would provide for half fare for senior citizens on transportation services supported by Federal funds.

8. *Senior Centers*

S. 1588 cosponsored by Senator Pell would provide for the construction and maintenance of multi-purpose community centers for senior citizens.

9. *Nursing Homes*

S. 1589 cosponsored by Senator Pell would create a rehabilitation program for patients in long-term care homes.

S. 1582 cosponsored by Senator Pell would provide for the training of nurses aides, orderlies, and medical assistants for nursing homes.

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*See p. 203.

92D CONGRESS
1ST SESSION

S. 1163

IN THE SENATE OF THE UNITED STATES

MARCH 10, 1971

Mr. KENNEDY (for himself, Mr. WILLIAMS, Mr. EAGLETON, Mr. BIBLE, Mr. CHURCH, Mr. CRANSTON, Mr. HARRIS, Mr. HOLLINGS, Mr. HUGHES, Mr. INOUYE, Mr. MOSS, Mr. PASTORE, Mr. PELL, Mr. PERCY, and Mr. TUNNEY) introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To amend the Older Americans Act of 1965 to provide grants to States for the establishment, maintenance, operation, and expansion of low-cost meal programs, nutrition training and education programs, opportunity for social contacts, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. Title VII of the Older Americans Act of 1965 is redesignated as title VIII, and sections 701 through 705 of that Act are respectively redesignated as sections 801 through 805.

SEC. 2. The Older Americans Act of 1965 is amended by inserting the following new title immediately after title VI thereof:

"TITLE VII—NUTRITION PROGRAM FOR THE ELDERLY

"FINDINGS AND PURPOSE

"SEC. 701. (a) The Congress finds that the research and development grants, title IV, Older Americans Act, nutrition program has demonstrated the effectiveness of and the need for permanent nationwide programs to provide the nutritional and social needs of millions of persons aged sixty-five or older who are unable to overcome the complex and intertwining problems of inadequate diets. Many of these elderly persons do not eat adequately because they cannot afford to do so, while others, who are economically better off, do not eat well because they lack the skills to select and prepare nourishing and well-balanced meals, have limited mobility which may impair their capacity to shop and cook for themselves, and have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, psychological, social, and economic changes that occur with aging result in a pattern of living, which causes malnutrition and further physical and mental deterioration.

"(b) In addition to the food stamp program, commodity distribution systems and old-age income benefits, there is an acute need for a national policy aimed at providing the elderly with low cost, nutritionally sound meals served in

strategically located centers such as community centers, senior citizen centers, schools, and other public or private nonprofit institutions suited to such use and through other means toward this purpose. Besides promoting better health among the older segment of our population through improved nutrition, such a program, implemented through the use of a variety of community resources, would be a means of promoting greater opportunity for social contact ending the isolation of old age, increasing participants' knowledge of nutrition and health in general, and promoting positive mental health and independence through the encouragement of greater physical and mental activities.

"ADMINISTRATION

"SEC. 702. (a) In order to effectively carry out the purposes of this title, the Secretary shall—

"(1) administer the program through the Administration on Aging; and

"(2) consult with the Secretary of Agriculture and make full utilization of the Federal Extension Service, the Food and Nutrition Service, and other existing services of the Department of Agriculture.

"(b) In carrying out the provisions of this title, the Secretary is authorized to request the technical assistance and cooperation of the Department of Labor, the Office of Economic Opportunity, the Department of Housing and

Urban Development, the Department of Transportation, and such other departments and agencies of the Federal Government as may be appropriate.

"(c) The Secretary is authorized to use, with their consent, the services, equipment, personnel, and facilities of Federal and other agencies with or without reimbursement, and on a similar basis to cooperate with other public and private agencies and instrumentalities in the use of services, equipment, personnel, and facilities.

"(d) In carrying out the purposes of this title, the Secretary is authorized to provide consultative services and technical assistance to any public or private nonprofit institution or organization, agency, or political subdivision of a State; to provide short-term training and technical instruction; and to collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this title.

"ALLOTMENT OF FUNDS

"SEC. 703. (a) (1) From the sum appropriated for a fiscal year under section 708(A) the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands, shall each be allotted an amount equal to one-fourth of 1 per centum of such sum and (B) each other State shall be allotted an amount equal to one-half of 1 per centum of such sum,

"(2) From the remainder of the sum so appropriated for a fiscal year each State shall be allotted an additional amount which bears the same ratio to such remainder as the population aged sixty-five or over in such State bears to the population aged sixty-five or over in all of the States as determined by the Secretary on the basis of the most recent satisfactory data available to him.

"(3) A State's allotment for a fiscal year under this title shall be equal to the sum of the amount allotted to it under paragraphs (1) and (2).

"(b) The amount of any State's allotment under subsection (a) for any fiscal year which the Secretary determines will not be required for that year shall be available for reallotment, from time to time and on such dates during such year as the Secretary may fix, to other States in proportion to the original allotments to such States under subsection (a) for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use for such year; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Such reallotments shall be made on the basis of the State plan so approved, after taking into consideration the population aged sixty-five or over. Any amount reallotted to a State under

this subsection during a year shall be deemed part of its allotment under subsection (a) for that year.

"(c) The allotment of any State under subsection (a) for any fiscal year shall be available for grants to pay up to 90 per centum of the costs of projects in such State described in section 705 and approved by such State in accordance with its State plan approved under section 705. Such allotment to any State in any fiscal year shall be made upon the condition that the Federal allotment will be matched during each fiscal year by 10 per centum, or more, as the case may be, from funds within the State.

"(d) If, in any State, the State agency is not permitted by law to disburse the funds paid to it under this title in the State, or is not permitted by law to match Federal funds made available for use by such public or private nonprofit institution or organization, agency, or political subdivision of a State, the Secretary shall withhold the allotment of funds to such State referred to in subsection (a). The Secretary shall disburse the funds so withheld directly to any public or private nonprofit institution or organization, agency, or political subdivision of such State in accordance with the provisions of this title, including the requirement that any such payment or payments shall be matched in the proportion specified in subsection (c) for such State, by funds from sources within the State.

"PAYMENTS TO STATES

"SEC. 704. (a) Funds allotted to any State pursuant to section 703 during a fiscal year shall be available for payment to such State for disbursement by the State agency in accordance with such agreements not inconsistent with the provisions of this title as may be entered into by the Secretary and such State agency, for the purposes of carrying out the provisions of this title, during such fiscal year in supplying—

"(1) agriculture commodities and other foods for consumption by persons aged sixty-five or over, and

"(2) nonfood assistance in furtherance of the programs authorized under this title.

"(b) The Secretary shall certify to the Secretary of the Treasury from time to time the amounts to be paid to any State under this section and the time or times such amounts are to be paid to any State under this section and the time or times such amounts are to be paid; and the Secretary of the Treasury shall pay to the State at the time or times fixed by the Secretary the amounts so certified.

"STATE PLANS

"SEC. 705. (a) Any State which desires to receive allotments under this title shall submit to the Secretary for approval a State plan for purposes of this title which—

"(1) establishes or designates a single State agency

as the sole agency for administering or supervising the administration of the plan, which agency shall be the agency primarily responsible for coordination of State programs and activities related to the purposes of this title;

"(2) sets forth such policies and procedures as will provide satisfactory assurance that allotments paid to the State under the provisions of this title will be expended—

"(A) to make grants in cash or in kind to any public or private nonprofit institution or organization, agency, or political subdivision of a State (hereinafter referred to as 'recipient of a grant or contract')—

"(i) to carry out the program as described in section 706.

"(ii) to provide up to 90 per centum of the costs of the purchase and preparation of the food; delivery of the meals; and such other reasonable expenses as may be incurred in providing nutrition services to persons aged sixty-five or over. Recipients of grants or contracts may charge participating individuals for meals furnished but such charge shall not exceed a per meal limit to be established by each State

agency, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the recipients of a grant or a contract.

"(iii) to provide up to 90 per centum of the costs of such supporting services as may be absolutely necessary such as the costs of social services and local public transportation to and from the residences of participating individuals to the extent such costs are not provided by grants for these services from the Department of Transportation, Office of Economic Opportunity, or other Federal agency.

"(B) to provide for the proper and efficient administration of the State plan: *Provided,* That the amount expended for such administration and planning shall not exceed a sum which shall be agreed upon between the Secretary and the State agency—

"(i) in making report, in such form and containing such information, as the Secretary may require to carry out his functions under this title, including reports of the objective measurements required by section 706, and

keeping such records and for affording such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports and proper disbursement of Federal funds under this title, and

"(ii) in providing satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid by the State to the recipient of a grant or contract.

"(3) provides such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Secretary shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are necessary for the proper and efficient operation of the plan.

"(b) The Secretary shall approve any State plan which he determines meets the requirements and purposes of this section.

"(c) Whenever the Secretary, after reasonable notice and opportunity for hearing to such State agency, finds (1)

that the State plan has been so changed that it no longer complies with the provisions of this title, or (2) that in the administration of the plan there is a failure to comply substantially with any such provision or with any requirements set forth in the application of a recipient of a grant or contract approved pursuant to such plan, the Secretary shall notify such State agency that further payments will not be made to the State under the provisions of this title (or in his discretion, that further payments to the State will be limited to programs or projects under the State plan, or portions thereof, not affected by the failure, or that the State agency shall not make further payments under this part to specified local agencies affected by the failure) until he is satisfied that there is no longer any such failure to comply. Until he is so satisfied, the Secretary shall make no further payments to the State under this title, or shall limit payments to recipients of grants or contracts under, or parts of, the State plan not affected by the failure or payments to the State agency under this part shall be limited to recipients of grants or contracts not affected by the failure, as the case may be.

"(d) (1) If any State is dissatisfied with the Secretary's final action with respect to the approval of its State plan submitted under subsection (c), such State may, within sixty days after notice of such action, file with the United States

court of appeals for the circuit in which such State is located a petition for review of that action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Secretary. The Secretary thereupon shall file in the court the record of the proceeding on which he based his action, as provided in section 2112 of title 28, United States Code.

"(2) The findings of fact by the Secretary, if supported by substantial evidence, shall be conclusive; but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of fact and may modify his previous action, and shall certify to the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence.

"(3) The court shall have jurisdiction to affirm the action of the Secretary or to set it aside, in whole or in part. The judgment of the court shall be subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code.

"NUTRITION AND OTHER PROGRAM REQUIREMENTS

"SEC. 706. Funds allotted to any State during any fiscal year pursuant to section 703 shall be disbursed by the State agency to recipients of grants or contracts who agree—

"(1) to establish a program (hereinafter referred

to as a 'nutrition program') which, five or more days per week, provides at least one hot meal per day and any additional meals, hot or cold, each of which assures a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council;

"(2) to provide such nutrition program for individuals aged sixty-five or over (hereinafter referred to as 'eligible individuals');

"(3) to furnish a site for such nutrition program in as close proximity to the majority of eligible individuals' residences as feasible, and, preferably within walking distance;

"(4) to utilize methods of administration including outreach which will assure that the maximum number of eligible individuals may have an opportunity to participate in such nutrition program;

"(5) to provide a setting conducive to expanding the nutritional program to include recreational activities, informational, health and welfare counseling and referral services;

"(6) to include such training as may be necessary to enable the personnel to carry out the provisions of this title;

"(7) to establish and administer the nutritional

program with the advice of persons competent in the field of service in which the nutrition program is being provided, and of persons who are knowledgeable with regard to the needs of elderly persons;

"(8) to provide an opportunity to evaluate the effectiveness, feasibility and cost of each particular type of such program; and

"(9) to give preference to persons aged sixty-five or over for any staff positions, full- or part-time, for which such persons qualify.

"SURPLUS COMMODITIES

"SEC. 707. Each recipient of a grant or contract shall, insofar as practicable, utilize in its nutrition program commodities designated from time to time by the Secretary of Agricuture as being in abundance, either nationally or in the local area, or commodities donated by the Secretary of Agriculture. Commodities purchased under the authority of section 32 of the act of August 24, 1935 (49 Stat. 774), as amended, may be donated by the Secretary of Agriculture to the recipient of a grant or contract, in accordance with the needs as determined by the recipient of a grant or contract, for utilization in the nutritional program under this title. The Secretary of Agriculture is authorized to prescribe terms and conditions respecting the use of commodities donated under section 32, as will maximize the nutritional and

financial contributions of such donated commodities in such public or private nonprofit institutions or organizations, agencies, or political subdivisions of a State.

"APPROPRIATIONS AUTHORIZED

"SEC. 708. (a) The Secretary of Agriculture may utilize the programs authorized under this title in carrying out the provisions of clause (2) of section 32 of the Act approved August 24, 1935, as amended (49 Stat. 774, 7 U.S.C. 614c).

"(b) In addition to any other funds which may be available, there are authorized to be appropriated such sums as may be necessary to carry out the purposes of this title.

"PROGRAM EXPENDITURES

"SEC. 709. Of the sums appropriated for any fiscal year pursuant to the authorization contained in section 708 of this title, not to exceed $50,000,000 shall be made available for the fiscal year ending June 30, 1972, not to exceed $100,000,000 for the fiscal year ending June 30, 1973, not to exceed $150,000,000 for the fiscal year ending June 30, 1974, for grants-in-aid pursuant to the provisions of this title, less—

"(1) not to exceed 3½ per centum thereof which per centum is hereby made available to the Secretary for his administrative expenses under this title;

"(2) direct expenditures by the Secretary for agri-

cultural commodities and other foods to be distributed among the States and such public or private nonprofit institutions or organizations, agencies, or political subdivisions of a State, participating in the nutrition program under this title.

"RELATIONSHIP TO OTHER LAWS

"SEC. 710. No part of the cost of any program under this title may be treated as income or benefits to any eligible individual for the purpose of any other program or provision of State or Federal law.

"MISCELLANEOUS

"SEC. 711. None of the provisions of this title shall be construed to prevent a recipient of a grant or a contract from entering into an agreement with a profitmaking organization to carry out the provisions and purposes of this title."

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

If there had been time for everyone to speak at the hearing on "Problems with Medicare and Medicaid Coverage," in Woonsocket, Rhode Island, on June 14, 1971, I would have said:

The following replies were received:

CLARENCE R. NEWLANDER, WOONSOCKET

I have read about the Federal Government wanting the elderly to become interested in physical fitness. What can we do to get them interested? In my opinion the playing of shuffleboard is one sport that the aged can enjoy and get exercise. Also it is a competitive sport and requires a bit on concentration. This certainly is good therapy and medicine to the brain no matter how old one may be. Now my question is how do we proceed in trying to have a shuffleboard court constructed with the assistance of the Government? Once the court is built and equipped, the cost of playing the game is nill. One only has to tour the State of Florida to be convinced that shuffleboard is the sport of the aged. Even when they reach to be some 80 odd years of their lives. A good healthy sport for both women and men.

The following appeared in the Providence Journal of June 18, 1971. According to Todays Health, an unnamed physician regards horseshoe pitching as better exercise than golf or bowling. Having played two games last weekend I fully agree. Each shoe weighs 2½ pounds. It must be picked up, aimed and thrown to a stake 40 feet away. All of this brings into play the muscle of the hand, wrist, arm, shoulder, back and leg. A competitor in tournament play walks five miles between stakes and bends down at least 500 times. He lifts and throws more than a ton of metal.

In your flier I see that you are a co-sponser of S–1588 a bill that would provide for the construction and maintenance of multi-purpose community center for senior citizen. It is my sincere hope that if this bill is passed by both Houses of Congress and signed by the President, that included would be provisions for the construction of several shuffleboard courts and horseshoe courts. What could be a better builder of health than enjoying the good old sunshine?

In regards to malnutrition of the aged let me suggest that when speakers bring up the subject of malnutrition to older people, they should tell these people why they should try and eat all of the basic foods, whereby their bodies will be getting all of the minerals needed for the proper functioning of body muscles, organs, and cells. When the body is robbed of these essential minerals certain physiological and psychological reactions occur.

Many of the older people do not realize that the human body needs these minerals, and they should be told about them, and how the lack of the body not receiving them can affect one's health.

I am 67 years old and upon retiring took up the hobby of studying rocks and minerals. I do a little lecturing to school children and at times to adult groups, at no cost, because I enjoy doing it and it keeps me occupied. That is the reason

I mentioned the fact that speakers should inform the aged why minerals are needed by the human body. The study of nutrition and certainly that about minerals is indeed quite fascinating and educational.

ISRAEL NADEAU, WOONSOCKET

That you and your colleagues should support the bills to give more to education, health, lunches and transportation for the elderly so they can go to Doctors and for shopping for what they need for food and survival. Many have no transportation of any kind and live out of the way and also I would suggest to keep the hot lunches going and even increase the lunches twice a week.

MRS. MARIA FREDETTE, WOONSOCKET

Why don't we have help from Medicaid, when we have to go over the optometrist, lenses cost so much.

I am due to go for my eyes, but I haven't got the money I have to wait. Thank you.

BERTHE BROUILLARD, WOONSOCKET

I don't know how to write English very much but I do my best. The problem of the Nursing Home will be finished if only the government or the State had a very large Nursing Home in Woonsocket and close. The individual Nursing Home which they don't treat the patient right in some Nursing Homes they have cats and dogs that go in the patient's rooms—afraid or not the dog and cat come first. I know how they feel cause I am afraid of cats myself.

There is one in Pascoag, R.I. controlled by the State and they have good food and good care and I think that's what they deserve they have such a short time to live.

LOUIS P. HUBERT, SR., NORTH SMITHFIELD

We urge you to support and fight for legislation and passage in Medicare to include prescription drugs, glasses and dental care, we are pensioners who are self-supporting in the sense that we have a home, able to help each other for our needs, but the cost of prescription drugs for the wife who has a heart condition, and according to welfare we are receiving pensions from private sources not much, but we cannot get Medicaid, and that is why we are asking your support. We noticed in the different bills you are advocating that the majority of them concern the elderly, I wish to thank you again for the programs you are presenting.

LEO AND DELLA BRISSETTE, WOONSOCKET

First of all when it come time to all of you peoples to get increases there are no delay whatsoever. When we had lately 10 percent increase, it took so long to get it, food has climbed every week to make up for it, and more. It seem so the articles the Old folk need goes up skyhigh, So the increase of Blue Cross and Federal increase, by July, We will be in the Red, with that little 10 percent, So I would say it again, after 65 years old we should not pay anytime 1 red cent for those benefit. Thanks Mr. Senator Pell.

LAURA D. GOSSELIN, WOONSOCKET

My deepest appreciation for what you have already done for the Aged, and I hope you will keep up the good work.

Is it a fact that anyone who has had eye surgery for Glaucoma, or cataracts may now have their eyes tested and glasses made without charge to the Patient? I had surgery on both eyes in 1966, for Glaucoma.

Only those who need reading and also glasses for general wear knows what a Blessing this could be: I am 76 years old.

Thanks again for the wonderful help you have been to the aged. Gratefully yours.

EVA PARADIS, WOONSOCKET

My worse problem is transportation. It costs me $3.60 for a visit to the doctor. I live in the North end where there are no buses at all. I used to walk down town to get a bus to Social, but now my legs are bad and I cannot do so any more.

I have no car, so I have to depend on cabs for everything. In years past, we did all our business on Main Street.—Pay bills, see the Doctor, the Dentist, go to the bank, and do our shopping, all in one trip. But we cannot do this anymore since most of the stores are closed because the merchants have moved away. The Drs. are on the outskirt of the city (most of them), and the shopping centers are at the 4 corners of the city also. Either I walk to Main Street, (a 30 minute walk which I cannot do now) to get a bus to and from Walnut Hill, a shopping center or take a cab and pay over $4.00 to get there and back, you have to make sure that you need something.

Coming from my last visit to the doctor at Park Square I took a bus to Main Street, It was an old dilapidated one and the smell of gas was enough to make you sick. We went all over Fairmount before reaching Main Street. I don't think fumes like these are sanitary for anyone. Then it cost me another dollar in a cab to get home.

Except at Beaupre's where we can wait inside, and it is the bus stop for Social and Walnut Hill we have to wait and stand outside on the other street corners for Prov. Pascoag, remaining buses and for cabs; no place to sit and outside, weather it is hot, cold or rainy. Now they are talking of taking away the Providence buses. I know there are fewer riders, but there are still some who work in Providence or go to school there. I have relatives in Providence, Pawtucket and West Warwick, and the only way I can visit them is by bus. I called Mr. St Germain recently and he told me that the people do not want to pay. Well, the working already have ⅓ of their pay and maybe more taken off in taxes for different things, already.

Not long ago, I wrote to the President about too many imports coming in the country from all parts of the Globe. Most everything is made outside the U.S. and outside of R.I.

I also mentioned the transportation problem. He transferred my letter to the Transportation Dept. in Washington. They sent me a lot of leaflets showing that the Urban Transportation has been helped in Cincinnati, Cleveland, Detroit and many other large cities in the country and that they (The Transp. Dept.) were working on a system that would come into effect in 1982, and that over $3 billion are allowed for transportation improvements.

I want to thank you for your interest to the older people. It is a comfort to us. Anything that will be done for the elderlies will be most welcome and greatly appreciated I am sure.

NANCY J. BOWDEN, RIVERSIDE

As a nutritionist and teacher of nutritionists at Framingham State College, I feel there is a need to request that amendments be made to Medicare to authorize home health agencies to be paid for home visits by dietitians and nutritionists and to stipulate qualifications and duties of nutrition consultants in the regulations of home health agencies.

Back when I was working for the Heart Disease Control Program, one of the nutritionists in the Washington office used to delight in telling the tale of how former Treasury Secretary Dillon's folks sent a limousine for her one day to take her to his mother's home to help them out with a sodium restricted diet, one of the most difficult to implement. So it seems reasonable to me that those who depend upon Medicare for health services might also need the services of a nutritionist to help a family implement a diet which may be the main treatment to alleviate symptoms, as a sodium restricted diet sometimes is in the case of a congestive heart failure patient.

At the same time, the qualifications of persons who can be paid to render such service must be rigidly specified.

Thank you for considering this matter.

ELLA TALL, CRANSTON

DEAR SENATOR PELL: I am writing as a concerned citizen. My request is that you work for (a) an amendment to Medicare to permit home health agencies to obtain reimbursement for home visits of nutritionists and (b) a revision in the Medicare regulations to set forth minimum qualifications for nutritionists and dietitians employed by home health agencies.

Secondly, concerning the food stamp program, I hope that you will work to have the 92d Congress reconsider the amendments made in January on the food stamp act of 1964 (HR 18582). I object to the reduction of maximums set for eligibility for food stamps because it especially hurts senior citizens. And, as a nutritionist, I strongly object to the future elimination of the food stamp program.

MABEL B. GOSHIDIGIAN, R.D., UNIVERSITY OF RHODE ISLAND, KINGSTON

I am writing you as a member of the American Dietetic Association and a concerned dietitian to urge you to consider (1) an amendment to Medicare to permit home health agencies to obtain reimbursement for home visits of nutritionists and (2) a revision in Medicare regulations to set forth minimum qualifications for nutritionists and dietitians employed by home health agencies.

I am certain you are aware of the importance of nutrition in health programs; it is also most urgent that nutrition consultants carry the proper qualifications. Our association has, in the past, urged the Secretary of HEW to recognize the urgency of this problem. Since home visits made by dietitians and nutritionists employed by health agencies are not reimbursable under Medicare, the optimum utilization of nutrition personnel is hampered.

I respectfully request that you give this matter your immediate attention since nutrition should be recognized as basic to health and as an integral part of preventive medicine.

RHODE ISLAND ASSOCIATION OF FACILITIES FOR AGED, EAST PROVIDENCE

The Rhode Island Association of Facilities for Aged is a voluntary organization of not-for-profit extended care facilities, skilled nursing homes, convalescent homes, rest homes, retirement residences and feeding programs for the aged. We are organizations of church, state, and voluntary groups.

All of us are concerned with care for the aged, from medical through supportive. We are an independent organization, not affiliated as a local chapter with any national organization.

The undersigned Administrators of these facilities extend to you our sincere congratulations on your appointment to the Senate Committee on Aging. We are pleased. We also are ready to demonstrate our supportive responsibilities to you by offering our experiences, judgments, or whatever we can do in this regard, both for existing programs or any that may be under consideration in which not-for-profit facilities for the aged are, or could be, involved.

As Administrators employed by governing Boards, we speak here only as individuals who stand to personally profit nothing from expansion of federal programs for the aging. Nor are we seeking additional clients, for not-for-profit facilities normally operate at capacity with an unfulfilled need still remaining. But as concerned citizens and professionals in the care-for-the-aging field, we consider it our duty to advise you of our firm beliefs regarding present programs, or programs under consideration, as follows:

1. We endorse the principles of Medicare as originally set, but fluctuating administrative interpretations as to what is "covered care" have created great confusion on the part of prospective beneficiaries and service providers. Firm guiding rules still do not exist. The program was instituted before it was administratively ready, and failure to provide precise information to eligible beneficiaries has resulted in financial hardship for the aged, because many cancelled existing insurance on the belief that all hospital and nursing home care would be covered.

2. We believe the public assistance program needs re-evaluation and revision. Presently, reimbursement rates do not cover costs in most if not all of the Rhode Island nursing facilities. The not-for-profit facilities must seek

charitable contributions, raise rates for the full paying patients or use endowment funds to meet the difference between actual costs and reimbursement rates. Providers of service should be reimbursed on governmentally sponsored patients, at cost, by the sponsor.

3. We are opposed at this time to the so-called "Universal Medical Care Program", since neither facilities nor personnel are available to make it work.

4. We do, however, endorse the "Catastrophic Illness" principle, regardless of the age of the beneficiary, if the program specifically defines what care will be covered prior to implementation.

5. Provision for long term chronic care must, at long last, enter the care for the aged scope of coverage.

6. We do not endorse any one of the twelve or so proposals, now under legislative consideration, to revise or supersede the Medicare and/or the Medicaid programs. Rather, we believe the best elements of the plans will be amalgamated by the appropriate legislative committees. We take no stand on the reimbursement mechanism (governmental vs non-governmental insurance companies) but feel any program must be geared so that providers of service are assured of cost recovery.

7. We recognize that the area of critical bed shortage, at least in Rhode Island, is in the *Intermediate Care* category. Skilled nursing beds could be vacated if adequate intermediate care beds were available to which some patients could be transferred. We feel that a federal grant program for construction of intermediate care beds, perhaps an extension of the Hill-Burton program, should be considered, so that this category of critically needed beds, locally, could be made adequate.

8. We recommend that the following be used as evaluation principles for any revisions of present programs or new programs:

a. Are physical facilities and trained personnel available to meet the program needs.

b. Have the specifics of coverage been furnished to prospective beneficiaries and service providers in advance of implementation.

c. Is there assurance that providers will recover the costs of furnishing services.

d. Has sufficient time been allowed to develop administrative details before the scheduled date for program implementation.

Our organization does not meet formally during the summer months but will resume its monthly meeting schedule in September. We meet at 2:00 P.M. on the third Thursday of each month at one of the member facilities. It would be our pleasure if you could be with us at one of our fall meetings, should your schedule permit. We do stand ready at any time you desire to have a representative group meet with you in this regard on any visit back to your native State. Our interests are objective—our concern is for the aged American in need of help.

Respectfully and sincerely,

ALBERT V. LEES,
President and Administrator, United Methodist Retirement Center.
(MRS.) MYRTLE WITHAM,
Treasurer and Superintendent, Bethany Home of Rhode Island.
(MRS.) BEVERLIE WOULFE,
Vice President and Director, Scandinavian Home for the Aged.
(MRS.) CLARICE MASON,
Secretary and Superintendent, Elizabeth Higginson Weeden Home.

Joseph N. Brown, Director, Nursing Home Administrators Institute, U.R.I.
Richard J. Holden, Administrator, Hallworth House, 66 Benefit St., Providence, R.I.
Oscar K. Swanson, Adm., St. Elizabeth Home, Providence, R.I.
Hope E. Parkin, O.E.S. Home of R.I
JoAnn Allison, Exec. Director, Bannister House, Providence, R.I.
Sr. Estelle Lamathe, Hospice St. Antoine, N. Smithfield.
Joyce L. LaRocque, Asst. Adm. Scalabrini Villa, N. Kingston.
Rev. Carl M. Helgerom, Admin., Home for the Aged in Providence—02907.
Rosemary B. O'Neil, Mgr. Bradford House, Providence, R.I. 02903.
Mininova E. King, R.N., Hattie Ide Chaffee Home, Riverside, R.I.

JEANNE G. DUBE, WOONSOCKET

I wish to express my own viewpoint on how Rhode Island Medicaid for the aged has proven a blessing to my elderly parents.

My father who has fairly good health has been caring for mother who is an invalid. These two people are *very close* and dread the day they may be separated.

Without the care of the Woonsocket Visiting Nurses who come in three times a week to bathe mother and check for any change in condition and then report anything unusual to her physician, they could not remain together. Needless to say their financial position could not allow these services nor, may God forbid, an expensive nursing home which would mean uprooting their many years of togetherness and cause much anxiety to both of them. Rhode Island Medicaid has met many of their needs—also all medication and physician care when his services were required. Dad has some glaucoma and this also is tended to.

When two people who have spent a lifetime together and try so hard to hold on to each other as long as possible, can society allow medicaid to be discontinued or curtail its many services? This happens to be my parents' case, how about all the other needy people with different situations?

Figures for Visiting Nurses' Visit, July 1970–May 31, 1971

Medicare paid approximate	$2,085.65
R.I. Medicaid approximate	1,628.50
Balance	457.15

Sincerely,

JEANNE G. DUBE
(For Davies and Laura Girouard).

LAURA MORIN, WOONSOCKET

With the high cost of living each senior should receive $100.00 monthly. I had to quit work when I was only 65 years old on account of illness, had to wait 6 yrs. before I could collect, so I don't receive much monthly, so I believe we should have at least $100.00 monthly. I also would have ask that something be done for transportation, markets are in the outskirts of the city, and Doctor's office also far off so, it cost a couple dollars to go to the office, and $8.00 for a visit. $10.00 out of your check just for that is quite expensive. No transportation for pleasure is too expensive, so the old folks must stay close in. Thanking you for trying to help us.

MARJORIE BERRY, WOONSOCKET

Please look into Coverage for the elderly not covered by any present bill. Example: If you were born before Dec. 31st, 1896 you were covered even if neither you or your husband ever had Social Security Cards. However, I know there must be many people here in Rhode Island like my own Mother who was born 9 days too late. January 9, 1897. She is entitled to nothing. I don't think this is at all fair.

Thank you, Respectfully.

P.S. Thank you for coming and showing an interest in Woonsocket.

MRS. EDWIN JEDRZYIC, WEST WARWICK

I believe your hypothesis that society (e.g. children of aged parents) is unwilling to care for aged parents is untrue and unsupported. I believe you base your line of reasoning on false assumptions. For example. our social is an urban one. In 1900, we were rural Nation. In fact, 70% of the population lived on farms, etc. The reverse, in 1970, is now true. Over 70% of our population live in urban areas. Urban life-size of home, economics, etc.—does not support the idea of the extended family as *we* knew it in our developing younger years. If you apprise yourself of current sociological and economic studies you might change your conclusion. All segments of society are affected by this change. Nursing home care does not imply—inhuman care.

However, I promote the idea that maybe our society, in general, continues to place more value on those that *can become* productive and self-reliant and less on those who are dependent on others for the maintenance of *their life* and We should consider the *total life* of an individual and not only certain aspects of his life at a given time and under certain circumstances. I believe that Panel II revealed that this is now the tragedy of the aged-ill.

BIENTA MCELREANY, R.N., WOONSOCKET

There should be "socialized medicine" for all over 60. *We can't question the need* nor conscientiously turn our backs on people who can't help themselves because of age and/or disease. It's unbelievable that this problem exists in the affluent U.S.A.

Foster homes for the aged should be pushed—they like a home atmosphere, and only a small number of those in the nursing homes are ill enough to need this care.

VNS Home visits from the hospital would help keep people out of the nursing homes.

The State should run or closely watch nursing homes as they often exploit the elderly, and Medicaid, and the people aren't happy there.

MORIN HEIGHTS SENIOR ASSOCIATION

The 200 members of the Morin Heights Senior Association present their suggestions to be included in the new Medicare and Medicaid, bill-allowances should include financial help for the following:

1. Eye Glasses.
2. Dental, extractions and plates (new teeth).
3. Hearing Aids.

We are resident of Low Income Project, R.I. 3–1, Morin Heights, Woonsocket, Rhode Island.

PATRICIA K. ADAMS, R.D., WARWICK

I am writing because I, like many other Rhode Island dietitians and nutritionists, am concerned that nutrition has not been given adequate recognition in such major health programs as Medicare and Medicaid. I would like to request (a) an amendment to Medicare to permit home health agencies to obtain reimbursement for home visits of nutritionists and (b) a revision in the Medicare regulations to set forth minimum qualifications for nutritionists and dietitians employed by home health agencies.

The reason for this request is that home visits by nutritionists employed by health agencies are *not* reimbursable expenses under Medicare, whereas home visits by nurses and physical therapists *are* reimbursable expenses, Where there is a complicated dietary problem, a home visit by the nutritionist will not only greatly benefit the patient, but can also serve as a teaching demonstration to the nurse or home health aide.

I hope you will help nutrition gain recognitions a basic component of preventive medicine by introducing the necessary legislation in the Senate.

Another cause which I feel is most worthy of support is the expansion of low-cost meal programs to the aging as proposed by H.R. 5520 (Representative Pepper) or S. 1163 (Senator Kennedy).

Thank you for the consideration of these matters and for your sincere interest and support in the past regarding concern for better nutrition for all Americans.

RACHEL JONES, R.D., CRANSTON

As a trained public health nutritionist, I am very aware of the need in our State for teaching our community members how to make wise food choices.

Often, the people who need this service most are those who are home-bound. Unfortunately, neither in Rhode Island nor any other state are home visits by a nutritionist or dietitian reimbursable under Medicare.

I know how strongly you believe in preventive medicine and hope you will be able to influence Congress to enact needed revisions for an amendment to Medicare that will permit home health agencies to obtain reimbursement for home visits for qualified nutritionists. Services of nurses and physical therapists are reimbursible. However, these people cannot give the detailed and intense instruction that a well-qualified nutritionist would be able to supply.

It would also be of great benefit to our citizens if Medicare regulations are revised to include minimum qualifications for nutritionists and dietitians employed by home health agencies.

NATILIE I. GIGLIO, CHIEF DIET COUNSELOR, NUTRITION COUNCIL OF RHODE ISLAND, INC.

More than a year ago, the American Dietetic Association wrote the Secretary of Health, Education and Welfare urging adequate recognition to the importance of nutrition to health in such major health programs as Medicare and Medicaid. The Association further urged that the qualifications and duties of nutrition consultants be included in the regulations of home health agencies.

Since the Department has failed to respond to the request for the American Dietetic Association, I am personally appealing to you as Senator to urge the Congress that nutrition be recognized as basic to health and as a component of preventive medicine.

I am requesting (a) an amendment to Medicare to permit home health agencies to obtain reimbursement for home visits of nutritionists and (b) a revision in the Medicare regulations to set forth minimum qualifications for nutritionists and dietitians employed by home health agencies.

I appreciate your consideration and time that will be given to this important issue.

ROSALIND LOXOM, R.D., NUTRITION CONSULTANT, THE PROVIDENCE DISTRICT NURSING ASSOCIATION

I respectfully request that you consider the following proposals by the American Dietetic Association.

(1) An amendment to Medicare to permit home health agencies to obtain reimbursement for home visits of dietitians and nutritionists and

(2) a revision in the Medicare regulations to set forth minimum qualifications for nutritionists and dietitians employed by home health agences.

As a registered dietitian working as a nutrition consultant for the Providence District Nursing Association I can see the benefit of such legislation. At present home visits by nurses and physical therapists are a reimburable expene under Medicare. Optimum utilization of nutrition personnel is restricted because home visits are not reimbursable.

A home health agency is designed to provide continuity of care in line with the patient's need. However, very often we come to a dead end because not enough importance is placed on nutrition and diet therapy. Medicare encourages hospitalization by depriving its recipients of adequate home care.

The trend towards shorter periods of hospitalization increases the demands of a home health agency. A dietitian or nutritionist must have the knowledge and skills required to provide interaction with the physician, nurse, social worker and other health personnel to adequately provide for the patient and his family in the home. Minimum qualifications for a dietitian or nutritionist working in a home health agency are therefore essential.

Thank you for your interest.

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