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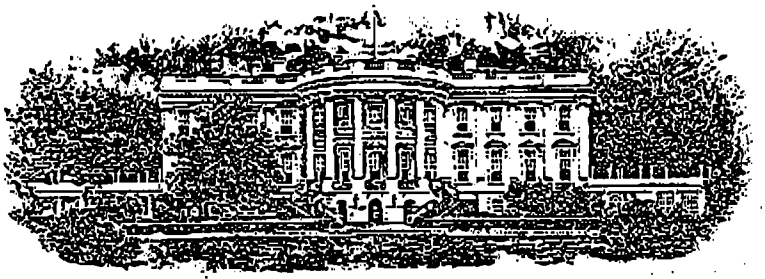

1995 WHITE HOUSE CONFERENCE ON AGING
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COMMENTS:

1995 White House Conference on Aging

DRAFT RESOLUTIONS

Comprehensive Summary

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Overriding Themes

I. Intergenerational emphasis.

II. Individual responsibility to plan for life changes, and personal autonomy to make those decisions.

III. Sensitivity towards the needs of special populations (e.g. persons with disabilities, Native Americans).

IV. Role of Federal government.

A. Safety net for the neediest.

B. Assisting State and local governments.

C. Ensuring health and safety.

Comprehensive Health Care, Including Long-Term Care

I. Federal government responsibilities

A. Measure quality in federally funded programs by performance-based outcomes.

B. Include family caregivers for aging relatives in the Family and Medical Leave Act.

C. Protect consumers by devising long-term care insurance regulations, which should standardize private policies.

D. Grant Native American health programs full access to federal programs affecting long-term care.

E. Allocate research funding towards:

1. outcomes-based research on the treatment of chronic diseases and independent living for older people with disabilities;
2. mental health, Alzheimer's disease, and other dementias; and
3. biomedical, clinical, behavioral/social, and bioethics studies, without sacrificing present clinical research.

F. Increase federal funding for schools and programs to teach geriatrics and gerontology, including long-term primary care medicine.

G. Establish more VA residency programs, particularly at non-affiliated rural sites.

H. Amend tax policy to address long-term care needs:

1. expand the dependent care assistance credit to encompass the cost of care for an older relative who is neither a part of the household nor totally dependent;
2. change the requirement for the dependent care assistance credit from mandating that a person aged 65+ be dependent and "physically or mentally unable to care for oneself," to one who "needs assistance with activities of daily living."
3. increase the age for beginning IRA mandatory distributions to 75.

I. Provide financing to assist older Americans and their families to choose creative alternatives to institutional care, including programs such as geriatric foster care, adult day care, congregate housing, assisted living, respite care, and group homes.

II. Federal and/or State responsibilities

A. Encourage preventive health care and health promotion through regulations and financial incentives.
B. Pilot a community-based long-term care, managed care project.

III. Community responsibilities
A. Enhance independence and assist family member caregivers through community-based care and support.
1. Service providers can facilitate home and community-based care through the Older Americans Act (OAA).
2. Community-based organizations can provide information and referral services under Medicaid, Medicare, and the OAA.
B. Develop and implement comprehensive and coordinated community wellness models that rely on and promote cooperative agreements between agencies.
C. Consider medical, social, and cultural concerns in nutrition/meals programs (e.g. proper food for diabetics, low-fat and low-salt diets, and kosher meals).

IV. Private sector responsibilities
A. Medical profession should enhance geriatric/gerontology training of health care providers.
B. Insurance coverage should include preventive care and consider alternative health care methods.
C. Care managers should monitor quality client health care services.
D. Quality review panels of managed care organizations should include consumers representing all ages as well as providers.
E. Insurance companies should explore possibilities of private long-term care insurance, placing special emphasis on eliminating institutional biases and including home care and community-based services.
F. Employers can offer long-term care insurance as an employee benefit.
G. Medical and institutional facilities should improve salary and benefit packages for certified nursing assistants and other direct service providers to reduce staff turnover and increase continuity of care.
H. Long-term care should standardize private policies. to encompass home and community-based services as well as institutional care.

V. Education/Information dispersal
A. Improve education/access to information to increase the effectiveness of individuals in addressing their health needs and finding appropriate care.
1. Provide consumers with information and referral services, care management, decision counseling, peer support, and independent living training.
2. A public educated about the current and future funding alternative for long-term care can financially prepare to meet the needs of their families.
B. Emphasize prevention: encourage health promotion/prevention programs.
C. Inform/educate those who are homebound.

D. Improve communication among health care providers and between these providers and older individuals, in areas ranging from prevention to long-term care.
E. Provide continuing and in-service education for health care personnel, including nurses, physician assistants, and other caregivers.

VI. Research considerations
A. Promote clinical epidemiology and health services research, such as preventive care research, malnutrition and nutrition screening, and incontinence.
B. Apply quality of care and cost-effectiveness standards to long-term care research and training.
C. Include women and ethnic minorities as subjects in clinical research studies.

VII. Unspecified responsibilities
A. Guard individual choice in physician selection.
B. Include advocacy, evaluation, accountability, consumer feedback, and utilization of the communication highway in health care quality assurance measures.
C. Enhance access to care, particularly in undeserved areas, by providing incentives to medical providers to move to rural communities and expanding medical-related transportation services.
D. Provide primary care through nurse practitioners, physician assistants, and other medical professionals and para-professionals, including those in managed care settings.
E. Implement demonstration projects that satisfy consumers and reduce nursing home utilization effectively while maintaining or increasing quality of care.
F. Prepare long-term care staff to work with demented and behaviorally difficult patients.
G. Promote geriatric and gerontology fellowship programs in mental retardation and developmental disabilities.
H. Offer scholarships with "forgiven" clauses and other incentives to study geriatrics and gerontology and/or prepare for primary care with expertise in long-term care medicine.
I. Link aging with disabilities when considering health policy.
J. Fund personal assistance services in the home and community.

VIII. Cost issues
A. Explore affordable health care coverage for older Americans, including managed care, HMOs, and other plans that encourage private sector participation and risk-sharing.
B. Personal financial responsibility and planning for one's own long-term needs is essential.
C. Volunteers and revenue-neutral support groups can assist intergenerational family caregivers.
D. Obtain funding for long-term and respite care.

E. Family caregivers for long-term care patients are especially vulnerable to financial demands, including grandparents raising grandchildren.
F. Prevention is an important cost cutting measure: consider immunizations, annual Pap smears, mammograms, nutrition screening.

IX. System-wide health care reform is necessary: grant Americans of all ages health security, including affordable health care and long-term care. (IRDS 2.4)

Mental Health

I. Federal
   A. Mandate a level of services equal to that required under the Community Mental Health Services Act of 1963.
   B. Reimburse mental health services through Medicare.

II. Federal and State
   A. Amend Medicaid to include provisions that ensure the availability of home and community-based mental health services.

III. Community
   A. Coordinate mental health services with aging network services.
   B. Distribute culturally sensitive information about accessing community-based mental health services.

IV. Research
   A. Expedite a mental health and aging research agenda and ensure wide dissemination of findings.

V. Unspecified
   A. Establish standards for collaborative service provision to meet consumer mental health needs
   B. Emphasize early identification of high risk individuals.

Medicare/Medicaid

I. Medicare
   A. Broad National Goals
      1. Maintain and strengthen the program's structure and purpose, its fiscal solvency, and widespread public support.
      2. Encourage open and bipartisan debate of critical issues and divergent views in regard to proposed changes and demographic shifts.
      3. Safeguard the viability of the Medicare trust fund.
   B. Financial issues
      1. Increase cost-effectiveness: Savings can offset the cost of expanded coverage, including long-term care.
      2. Analyze the full range of options for new financial revenues, as well as creative lower cost options for providing care and restructuring benefits.
   C. Fine-tuning the details

1. Aim for greater consistency in the interpretation of national coverage policies by Medicare carriers.
2. Support community rating and eliminate pre-existing conditions so that older Americans can buy private health insurance.
3. Cover prescription drugs.
4. Achieve greater equity in Medicare provider payments.

II. Medicaid

A. Emphasize personal assistance services, day care for adults and children, and home and community-based services as an alternative to institutional care to cost-effectively broaden long-term care benefits.

B. Preserve qualified Medicare and specified low-income Medicare beneficiary programs.

C. Explore options to expand the pool of Medicaid providers.

D. Prevent the impoverishment of caregiving spouses of Medicaid beneficiaries who receive home and community-based services

III. Both Medicare and Medicaid

A. Focus on basic health and long-term care coverage for all vulnerable populations.

1. Preventive medicine (e.g. immunizations, annual check-ups) should be covered.
2. Prescriptions, vision and hearing aids, mental health services, and dental health care should be covered.

B. Provide home and community-based long-term care to Native Americans through Medicare and Medicaid by utilizing the Indian Health Service as well as tribal and urban Indian health programs.

C. Disseminate information regarding medical providers of Medicare and Medicaid.

D. Include alternative health care methods in Medicaid and Medicare.

E. Provide assistive devices, home modifications and other assistance through Medicare/Medicaid to enable older and disabled Americans to age in place.

F. Review differentials in payments to providers and corresponding effects on access to care, cost-shifting, and intergenerational conflicts.

G. Funding guidelines under Medicare and Medicaid should reflect a consumer-centered approach to health and long-term care services.

The Older Americans Act (OAA) Recommendations

I. Funding

A. Grant more flexibility to states and localities to develop intrastate funding formulas that address unique demographic factors.

B. Appropriate funding for the OAA at a level that represents the continued growth of the older population.

C. Expand funding for Title V, which focuses on employment opportunities for low income older persons.

D. Encourage Congress to fund OAA programs on crime, fraud, and abuse for which funding has been authorized.

II. Services

A. Improve targeting on all levels to serve those with the greatest economic and social needs.

B. Focus on community-based services (e.g. home delivered and congregate meals, personal care, information and referral, transportation, senior centers, and assisted home care).

C. Expand the ombudsman program

D. Strengthen consumer and caregiver involvement in service delivery

E. Maintain the Act's emphasis on self-directed care, encouraging independence and autonomy.

F. Revise and reauthorize Title III to create a more comprehensive service system.

G. Preserve the OAA section on Vulnerable Elder Rights Protection Activities (Title VII) to develop comprehensive advocacy systems.

Economic Security: Employment, Training, and Retirement Issues

I. Federal responsibilities

A. Expand funding for Title V of the OAA, which provides community service employment opportunities for low income older persons.

B. Provide financial incentives to industry and tax credits to individuals to reward the upgrading of worker skills.

C. Make IRA options available for nonworking spouses.

D. Amend the tax code so that the IRA is made tax deductible based on the pension status of the IRA owner and not his or her spouse.

E. Require survivor provisions be applied to public pension, retirement savings accounts such as 401(K) plans, Simplified Employee Pensions (SEPS), and IRAs.

F. Amend the ADEA to permit unnamed members of a plaintiff class to participate in a class action law suit.

G. Encourage the EEOC to actively prosecute discrimination cases and interpret ADEA regulations to better protect its intended beneficiaries.

H. Amend the Civil Rights Act of 1991 to include older people as a protected class.

II. Community responsibilities

A. Develop workshops and seminars to educate the public on the importance and "how to" of financial planning and management.

1. Public/private partnerships could aid in this implementation, especially to populations most at risk.
2. Seminars may be especially helpful to retirees.

III. Private sector

A. Employers should provide information and assistance regarding financial and retirement planning to employees as well as retirees.
B. Business and industry should develop educational programs that challenge negative stereotypes and attitudes management and supervisors often hold towards older workers.
C. Employers should encourage flexible work schedules for older workers.
D. Businesses should examine the role, function, and value of older workers when downsizing and restructuring.
E. Employers and labor unions should inform employees of their rights under ADEA.

IV. Other responsibilities
A. Labor organizations should be encouraged to support members in life-long skill development and training.
B. Labor and industry can work together to develop flexible approaches and incentives to keep older workers in the labor force.
C. Post-secondary educational institutions should be encouraged to preserve and expand programs for continuing education and training for workers of all ages and throughout their careers.
D. The insurance risk pool should be broadened to reflect the general community (as opposed to a specific company) so that additional health insurance and Workers' Compensation to older workers and their employers is minimized.

V. Unspecified responsibilities
A. Senior service programs can assist older persons with financial management and planning.
B. Older persons skilled in financial management and planning should be encouraged to assist charitable and non-profit groups in teaching others how to implement sound personal financial strategies.

VI. Education/Information/Public Awareness
A. School curriculums, K-12, should include information on the aging process, the aging population, and the importance of financial management and planning across the lifespan.
B. Emphasize the value of older persons in the workplace.
C. Minorities, midlife, and older workers should be encouraged to seek greater education and training.

Economic Security: Social Security

I. Maintaining the broad goals and purposes of Social Security

A. The statutory Advisory Council of the Social Security Administration, which is responsible for assuring the program's long range solvency, should develop recommendations for long-term financing that maintain the program's basic structure and purpose.

B. The SSA should launch a national education campaign to inform the public of Social Security's impact on the Federal deficit, its long-term solvency, its origin and underlying principles, and importance to all Americans.

II. Refining the details

A. Social Security's role in protecting families and survivors of beneficiaries who become disabled or die should be maintained.

B. More outreach to women and members of minority groups is necessary.

C. The SSA or Department of Labor should commission a study to determine the demographics of caregivers and their financial arrangements.

D. Amend the Social Security Act so that:

1. an individual's cash benefit level will not drop below the poverty level upon reaching age 80;

2. each year that a person cares for a disabled child, spouse, parent, or other close family member his or her Social Security record is credited; and

3. caregivers of disabled spouses under age 62 may receive benefits similar to beneficiaries caring for an adult disabled child.

Economic Security: Pensions

I. Public sector responsibilities

A. Strengthen voluntary pension plans for full time workers and create flexible, portable, private retirement programs for other employees that do not depend on employer participation.

B. Establish a network of voluntary, tax-favored retirement savings plans based on occupation rather than employer

C. Grant pension fiduciary protection to government workers.

D. Tighten all anti-discrimination rules to ensure low wage workers receive adequate benefits.

II. Private sector responsibilities

A. Employers who offer pension plans should provide adequate information about benefits, options, and other important aspects of the plans.

B. Employers who offer pension plans should consider reducing the number of years required for vestment.

C. Employers should provide a minimum pension to all workers.

III. Community responsibilities

A. Senior service organizations and community service organizations should assist individuals and businesses with retirement asset management.

Economic Security: Poverty and Hunger

I. Federal responsibilities

A. Uphold the importance of the OAA in providing meals while also encouraging voluntary contributions.

B. Changes needed with SSI:

1. increase the asset limit test to $5,000 for individuals and $7,500 for couples and adjust limits annually;
2. Raise SSI cash benefits to a level where payments with additional income would meet 120% of the poverty level;
3. Improve outreach to eligible recipients;
4. Modify regulations to allow recipients to receive gifts valued up to $2,000 annually before decreasing benefits;
5. Remove the penalty imposed on cash benefits for recipients living with relatives or others as part of a household;
6. Strengthen efforts to curb fraud and misuse; and
7. Strengthen management of the SSI disability program and require rehabilitation as appropriate.

C. Assure school nutrition programs for all students, K-12.

II. Federal and State responsibilities

A. Increase funds to support research and development projects that address malnutrition.

B. Relax federal and state regulations to increase the flexibility of localities in developing demonstration projects designed to address malnutrition.

III. Joint private/public partnerships

A. Implement food and nutrition programs.

IV. Community responsibilities

A. Providers of social and health care services should use nutrition screening tools developed by the Nutrition Screening Initiative.

B. Expand nutrition programs to all age groups through cooperatives composed of public and private agencies, enabling bulk purchases and economies of scale.

C. Strengthen links between community nutrition programs and health care providers.

V. Unspecified responsibilities

A. Continue congregate meal sites and increase resources for home delivered meals.

B. Include nutrition assessment as a standard component of geriatric assessments in health and aging services settings.

Housing and Transportation

I. Federal responsibilities

A. Establish the Federal Housing Administration's Home Equity Conversion Mortgage Insurance demonstration program on a permanent basis.

B. Guard programs, such as Section 202, that have a proven track record of performance.

C. Maintain the low-income housing tax credit and increase its allocation

D. Assist low-income households with burdensome home energy costs.

E. Provide tax credits and other incentives to the private sector to assist low and moderate income older persons in finding appropriate living environments.

II. Federal, State and local responsibilities

A. Grant greater flexibility to all levels of government in approving and financing innovative, safe, and affordable housing for older people.

B. Encourage the revision of life safety codes, zoning restrictions and regulations, underwriting standards, design guidelines, and program requirements to increase alternative living options.

C. Create government incentives to increase housing opportunities for older people that also ensure civil and tenancy rights of residents and provide quality living environments while being sensitive to cultural and ethnic needs.

D. Maintain the option of age-specific housing, while also supporting housing opportunities for younger people with disabilities as an alternative to placement in subsidized elderly housing.

E. Use creative mechanisms, including deregulation and waivers, to combine housing and care services effectively and humanely.

F. Special low-income housing concerns:

1. Target resources for senior housing where there is a shortage.
2. Provide incentives to private industry to address this shortage.
3. Increase efforts to ensure that low-income people can obtain affordable housing in the private market.

G. Preserve and expand tax and financing incentives for lenders, developers, and providers of housing for older people.

H. Increase the capacity of State and local Agencies on Aging to provide leadership for community planning and coordinate service delivery and housing programs.

I. Link housing and support services through statutory and regulatory reforms.

J. Provide state and federal grants to local governments for transportation programs designed to meet the needs of older persons, especially those with disabilities.

K. Area Agencies on Aging should fund transportation services in compliance with OAA access services requirements and assist community religious and civic organizations in providing volunteer drivers.

III. Community responsibilities

A. Recognize the physical and social needs of older people in local zoning and housing planning.

B. Encourage the co-location of housing and related community-based support facilities, including grocery stores, pharmacies, banks, senior centers, libraries, and health care facilities.

C. Appoint knowledgeable older individuals to local housing and transportation boards.

D. Promote independence of older persons in their homes through the provisions of services such as transportation, in-home care, home repair, homemaker assistance, meal delivery, and adult day care.

E. Provide technical assistance and consultation to groups responsible for planning and developing policies affecting residential communities and living environments.

F. Area Agencies on Aging and local housing and planning agencies should coordinate efforts to educate the public about housing opportunities for older persons and services for which they may be eligible.

G. Train volunteers, including older people, to educate others about housing options in the area.

H. Coordinate transportation services to increase efficiency and availability.

IV. Private sector

A. Encourage greater activity by the private sector, including the financial community, architects, interior designers, home builders, and their corresponding associations, to design housing and facilitate modification of existing housing to meet the lifespan needs of older people.

B. Financial institutions should create innovative funding mechanisms to finance home improvements, maintenance, repairs, and modifications.

C. Financial institutions should increase the availability of low-interest renovation loans and assistance grants to weatherize houses.

V. Public/Private partnerships

A. Expand the pool of affordable housing.

B. Replicate innovative approaches such as bank community development corporations, city-wide housing partnership, community loan funds/revolving loan funds, and housing trust fund/linkage programs which offer promise.

C. Expand safe, affordable, and accessible transportation options, including the development of safer vehicles and roads, to provide seniors with greater access to the community.

VI. Responsibilities of senior organizations

A. Inform older people of how to make changes in their homes or apartments and identify funding sources.

B. Educate older persons about housing options, services, and community planning so that they are empowered to take action.

VII. Unspecified responsibilities

A. Establish dispute resolution mechanisms to facilitate solutions to conflicts involving planning, housing, and service options for older people.

B. Provide affordable mixed-income rental housing options for older persons.

C. Encourage credits and discounts on utility bills that enable older people to remain in their homes.

VIII. Education/Information

A. Educational campaigns are needed to help people plan ahead for their housing needs as they age in light of the increased prevalence of disabilities and often corresponding isolation.

Quality of Life Issues

I. Utilizing technology

A. Government

1. Department of Education should initiate a policy on life-long learning, including those that recognize the interests of older persons in technology.
2. Encourage the use of federal funds for telephone reassurance programs.
3. Establish community response centers similar to the British Citizen Advice Bureaus in each Congressional District, utilizing modern technology to act as a clearing house, listing community and emergency in-home help services.

B. Education/Information

1. Familiarize older persons with the Internet system, including Senior Net.
2. Use current telecommunications and electronics technology to improve consumer access to eldercare information and services.

II. Preventing crime, abuse, and fraud against older persons

A. Federal responsibilities

1. Strengthen current federal legislation and designate a single agency to coordinate programs that respond to the needs of victims of elder abuse, exploitation, and neglect.
2. Increase the authority and resources for the Long-Term Care Ombudsman Program.
3. Encourage Congress to fund OAA programs regarding crime, fraud, and abuse for which funding has been authorized.
4. Enforce legislation that prevents mail and telemarketing fraud as well as other scams to which older persons are especially vulnerable.

5. Establish a national consumer data bank of providers, products, and information regarding con artists and scams.
6. Continue federally funded assistance on health insurance matters, such as HCFA sponsored Health Insurance Benefits Counseling program in each state.
7. Preserve the OAA section on Vulnerable Elder Rights Protection Activities (Title VII) to develop comprehensive advocacy systems.
8. Develop a uniform reporting system and designate a corresponding federal entity to coordinate demographic data of crime victims.

B. State responsibilities
1. State's attorneys offices can implement consumer education programs for older persons.

C. Community responsibilities
1. Develop programs such as Triad and Neighborhood Watch, funded by government and private entities, to allay fear of crime and enhance quality of life.
2. Encourage mentoring programs, fundraising, and community clean up programs that bring people of all ages together and improve communities.
3. Strengthen the role of senior centers in providing consumer education.

D. Public/Private partnerships
1. Initiate a national education campaign focused on empowering older persons to avoid becoming crime victims;
2. Develop research studies on elder abuse, document the number of elder abuse cases, and collect demographic data that identifies the age, gender, and race of abuse victims.
3. Initiate a national education campaign so that the general public may recognize and report symptoms of abuse and advocate for freedom from abuse.

E. Education/training
1. Develop training programs to educate and sensitize police, social service representatives, and district attorneys in their work with older crime victims.
2. Develop counseling programs for crime victims and perpetrators, including the use of peer counselors.

F. Research
1. Encourage research to provide current information about crime, victim demographics and the basis of fear of crime in older persons.

III. Spiritual well-being, ethics, values, and roles

Spiritual needs are an essential component of health and well-being. Involvement of older individuals in this realm should be strongly encouraged by religious organizations and the community.

IV. Promoting positive images of aging

The media should take an active role in highlighting the positive contributions of older Americans and staying clear of negative stereotypes. Research should be done on trends of negative depictions, and national aging organizations should work with the media to reverse these trends.

V. Supporting cooperation across the generations

A. Intergenerational coalition building across all levels of government and throughout communities can reinforce the notion of life as a continuum of generations. Formal linkages should be created, present regulatory barriers inhibiting this interaction should be removed, and agency collaboration should be required as a prerequisite for receiving federal funds.

B. Advocating for Children: Older persons can form coalitions and use their political power to benefit children, especially poor children. They can also serve as mentors in the formal educational system, with at-risk youth, and in day care settings.

C. Grandparents are assuming the primary responsibility for raising children with increasing frequency. They require financial, social, and legal support, including:

1. legal surrogate decision-making authority;
2. information and referral services;
3. public and private health insurance for these children;
4. access to AFDC, food stamps, and other safety net programs;
5. programs that include respite and day care, legal assistance, mental health and advocacy services, and substance abuse treatment.

VI. Community Involvement

A. Older Persons as Volunteers

1. Charge the Corporation for National Service with the goal of enrolling one million older volunteers by the year 2000.
2. Create greater incentives for older volunteers to get involved.
3. Facilitate collaboration of senior volunteer organizations at the national, state, and local levels, especially in regard to intergenerational involvement.
4. Develop federal partnerships for additional resources to support senior volunteers.
5. Reauthorize the National and Community Service Trust Act as a means of reaffirming the National Senior Service Corps Programs (e.g. Foster Grandparents, Senior Companions, and RSVP).

B. Enhancing community participation

1. Develop public/private partnerships to link older persons with their communities through such programs as friendly visitors, telephone reassurance, and computer networking.
2. Expand senior center programming to include social support and outreach programs for older persons and caregivers.
3. Develop transportation services to meet the needs of seniors who seek involvement.
4. Support shared resources and remove regulatory barriers at the federal, state, and local levels to encourage partnerships.
5. Encourage communities to involve seniors, and seniors to become more involved in their communities.

VII. Legal Issues

A. Americans with Disabilities Act

The ADA can be used as an enforcement and technical assistance mechanism to remove barriers and help access programs and services -- but only to the extent that eligible parties are informed. The disabled population and OAA service providers should be aware of the value of the ADA. Centrally located information dispersal points on the state and local level should be established to educate interested and/or eligible parties on ADA rules and list facilities that comply with these rules.

B. Guardianship/Advance Directives

1. Responsibilities of the judiciary
   a. Ensure procedural due process protection in guardianship decisions.
   b. Establish court programs that ensure accountability of guardians in financial transactions and personal decisions.
   c. Utilize laws and court procedures to promote and encourage the least restrictive level of guardianship.
   d. Guard a physician's obligation to honor patient or family directives without exposure of liability.
2. Other government responsibilities
   a. Develop systems to provide guardians of last resort for needy persons.
   b. Encourage states to adopt the Uniform Health Care Decision Act and include this document as permanent part of a patient's health record.
   c. In the absence of an advance directive, states should promulgate guidelines that designate a proxy or guardian to advance the patient's wishes.
3. Education
   a. Educate judges, guardians, and the general public about state guidelines and options.

b. Educate all age groups on the purpose and role of advance directives.

c. Provide general information on living wills and advance directives.

4. Other

a. Emphasize a functional determination of incapacity rather than a strict medical diagnosis to identify specific areas of personal and property management in which people may require assistance.

b. Public and private institutions should develop clinical practice guidelines for health care providers when faced with end-of-life decisions.

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1995 WHITE HOUSE
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MAY 2-5, 1995
WASHINGTON, D.C.