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Testimony

Testimony on Long Term Care Options: PACE and S/HMO by
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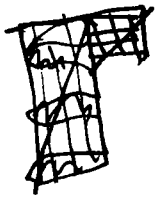
Health **Care** Financing Administration
U.S. Department of Health and Human Services

Before the House Ways and Means, Subcommittee on Health
April 18, 1996

INTRODUCTION

Mr. Chairman and Members of the Subcommittee, it is a pleasure to appear before you today to discuss an issue close to my heart: the development of new models of comprehensive **care** for the frail elderly. Specifically, I have been asked to talk about two important demonstration projects in which HCFA has invested years of thought and effort: the Program of All-inclusive **Care** for the Elderly (PACE) and the Social Health Maintenance Organization (S/HMO) projects. These two projects provide, we believe, important initial building blocks in our effort to develop high quality, locally sensitive, customer- oriented, community-based services for those in need of **long-term care**.



It is important to begin by talking for just a moment about community-based **long-term care**. Both PACE and S/HMO emphasize home and community-based services. Most beneficiaries and their families greatly prefer home and community-based **care** to institutional **care**, and we want to continue to explore how to best serve their needs. We have come a **long** way since the early 1970s, when home and community- based **care** was a fairly new idea and was considered largely as a way to reduce the length of hospital stays or as an alternative to institutionalization in a nursing home.

Today, Medicare and Medicaid each provide substantial amounts of home and community-based **care**. More than 250,000 people receive **long- term care** services in a home or community setting under Medicaid's home and community services waiver program alone. More than 2.5 million beneficiaries annually receive services through Medicare's home health benefit. Because of the breadth of services and the capitated payment approaches of the PACE and S/HMO programs, these programs differ from standard home health benefits of Medicare and Medicaid. Both PACE and S/HMO emphasize reducing the burden on informal **care**-givers, improving social and psychological well-being, improving health status and

functional independence, and increasing longevity. Our experiences with the PACE and S/HMO programs are providing us with important information about how best to provide integrated acute and **long-term care**.

INTEGRATION

Integration of services is very important for the estimated five to six million individuals who are eligible for both Medicare and Medicaid. Many of these "dual eligibles" have multidimensional, interdependent and chronic health **care** needs. However, as currently structured, the Medicare and Medicaid programs are not sufficiently coordinated to serve many of these complex health needs.

Because the financing, administration, and delivery systems are fragmented, services are often duplicated and access to **care** can be limited. Further, since **care** is financed from different funding sources, there are insufficient incentives to integrate services. For example, increased emphasis on rehabilitation in the acute setting might reduce **long-term care** spending, but Medicare providers do not have appropriate incentives to invest resources that could save Medicaid money.

Integrating acute and **long-term care** involves coordinating and integrating the Medicare and Medicaid benefits. Integration and coordination should address both financing and service delivery. Integration of financing involves the pooling of funding from Medicare and Medicaid into a single funding stream. Current managed **care** models attempt to integrate services using capitated payments to providers, which gives managed **care** organizations flexibility to tailor benefits to the distinct needs of each beneficiary. However, integration of funding sources alone does not ensure integration of services. Today, various managed **care** plans coordinate the delivery of acute and **long-term care** services to differing degrees. Some plans simply facilitate patient transitions between the acute and **long-term care** settings. Others, such as the PACE demonstration, employ a multi-disciplinary team of professionals who work together to manage both medical and social services across the acute and **long-term care** settings.

The goal of the PACE and the S/HMO projects is to reduce fragmentation of services, contain costs, and effectively integrate acute and **long-term care** into a single, seamless system. Funds are combined into a common pool from which providers pay health **care** expenses. In S/HMOs, providers receive funds mostly from Medicare, although they also receive some Medicaid and private insurance funds. In PACE, providers receive funding from Medicare, Medicaid, and private insurance.

OVERVIEW OF PACE

In 1979, HCFA funded a three-year grant to On Lok, a program based in San Francisco, California, which provides health, nutritional, and recreational services to frail older adults in a day- **care** setting. On Lok also integrates the provision and financing of medical and **long-term care** services. Since the initial grant award, HCFA has supported On Lok through waivers for the past 16 years. On Lok is unique because it accepts only

[redacted]

those ill enough to be eligible for nursing home **care**. Medicare and Medicaid pay all of the costs of **care**, and participants are assigned to an interdisciplinary team that meets regularly to assess their needs and assure that they receive the full range of needed services. This might include anything from housing to medical supplies to a microwave oven for someone who can no longer use a gas oven safety.

PACE is an outgrowth of On Lok. It was authorized by Congress in the Omnibus Budget Reconciliation Act of 1986. PACE was established partly as a result of the success of the On Lok program, but the PACE program is separate from On Lok. Each of the current ten nationwide PACE sites is reviewed at least annually. PACE sites continue to operate under the Secretary's discretionary authority.

PACE specifically targets frail elderly persons eligible for nursing home **care**, but who are living in the community. PACE seeks to help individuals continue to five at home and not in a nursing home facility. PACE integrates social and medical services through adult day health **care**. It uses a multidisciplinary team approach, with **care** provided by physicians, nurses, social workers, nutritionists, occupational and speech therapists, and health and transportation workers. Through preventative and rehabilitative services, participants' chronic conditions can be stabilized and medical complications prevented. Community living is usually the overwhelming choice of participants. However, should nursing home placement become necessary, PACE also provides that service. PACE enrollees receive all health services through PACE, including physician services, hospitalization, therapies, pharmaceuticals, and equipment.

Currently, there are approximately 2,700 enrollees who participate in the ten PACE sites and On Lok. As many as 48 additional organizations are in various stages of developing PACE sites. The ten operating PACE sites are in the following locations.

- East Boston, Massachusetts;

- Portland, Oregon;

- Columbia, South Carolina;

- Milwaukee, Wisconsin;

- Denver, Colorado;

- El Paso, Texas;

- Bronx, New York;

- Rochester, New York;

- Oakland, California; and

- Sacramento, California.

An additional noteworthy characteristic of PACE is the way in which it has responded to the diversity of populations in need of

services. The ethnic and racial distribution of beneficiaries served reflects the communities from which PACE draws its participants. From January 1993 through December 1993, of the beneficiaries served in the PACE program:

38 percent were Caucasian,

28 percent were African-American,

20 percent were Hispanic-American, and 13 percent were Asian-American.

PACE FINANCING

PACE providers receive a fixed monthly fee for each participant. This fee is set to account for the frailty of PACE enrollees, but it does not vary based on the degree of frailty or the services used by the individual participant. PACE providers receive most of their financial support from Medicaid and are paid on a capitation basis. The Medicaid capitation rate is determined by the rate-setting methodology of the state in which PACE operates.

Medicare, Medicaid and private insurance funds are pooled to achieve maximum efficiency and flexibility in the use of resources. The Adjusted Average Per Capita Cost (AAPCC) methodology used by Medicare to pay for at-risk health maintenance organizations is modified for Medicare capitation payments in PACE. The basic AAPCC rate is multiplied by a "frailty adjustment" of 2.39 to reflect the costs Medicare would bear in caring for the frail elderly in the fee- for-service system.

In order to protect against unanticipated costs, unanticipated dis-enrollment rates, and the unavailability of stop-loss insurance coverage, PACE demonstration sites share risk with Medicare and Medicaid. During the first three years of operation, sites assume progressively increasing risk, and at the start of the fourth year assume full risk. Currently, special demonstration waivers permit the integration of Medicare and Medicaid funds.

PERFORMANCE OF PACE

A preliminary evaluation of PACE should be available later this year. State participation in PACE is voluntary, and continued states have shown a great deal of interest in continuing their participation. Based on enrollees' low dis-enrollment rates, enrollees appear satisfied with PACE: the combined rate of voluntary and involuntary dis-enrollment from PACE is considerably lower than the voluntary rate of dis-enrollment from other Medicare risk-based health plans. Other states are interested in developing their own demonstration sites.

PACE SHOULD BE MADE PERMANENT

Based on our current knowledge of the success of PACE, we recommend that PACE be shifted from a demonstration project to a permanent program. We support legislation, such as the PACE

provision included in the President's Balanced Budget Initiative for Fiscal 1997, to accomplish this goal. Under the President's plan, providers would be monitored closely, while progressively assuming full risk. The President's plan permits the Secretary to continue to set Medicare payments to ensure budget neutrality. We recommend that the budget neutrality language be retained. The President's proposal is supported by both On Lok and the National PACE Association.

OVERVIEW OF S/HMOs

HCFA's Social Health Maintenance Organization demonstrations were established by Congress in 1984 to test whether investing in some **long-term care** benefits for Medicare HMO enrollees could save money through coordinating **care** and providing services that might prevent more costly medical complications. The S/HMO demonstrations have provided standard HMO benefits, such as hospital, physician, skilled nursing home, and home health services, together with limited **long- term care** benefits to Medicare beneficiaries who voluntarily enroll. In addition, expanded benefits, such as eye glasses and prescription drugs, are available. S/HMOs enroll a cross-section of the elderly living in the community. S/HMOs' services range from community-based **care** to institutional nursing home **care**. Services provided include personal **care** aides, homemakers, medical transportation, adult day health **care**, respite **care**, and case management in a community setting.

The S/HMOs program provides more limited **long-term care** benefits than PACE. S/HMO have a yearly dollar cap for the **long-term care** benefit, whereas PACE does not have such a cap. Financing is through prepaid capitation, by pooling funds from Medicare, Medicaid, and member premiums and copayments. The level of the beneficiary premium payments vary by site. Benefits and capitation payments vary by state; S/HMOs negotiate independently with respective states to determine financing and benefits.

In 1985, S/HMO projects became operational at the following four sites:

- Kaiser Permanente Northwest established Medicare Plus II in Portland, Oregon;

- Group Health and Ebenezer Society established Seniors Plus in Minneapolis-St. Paul, Minnesota;

- Metropolitan Jewish Geriatric Center established Elderplan in Brooklyn, New York; and

- Senior Health Action Network established SCAN Health Plan in **Long** Beach, California.

However, in January 1995, the Minneapolis site withdrew its participation because it believed the S/HMO was too costly to administer. Currently, nearly 20,000 Medicare beneficiaries are enrolled in the three remaining demonstration sites. Overall, the Medicare beneficiaries enrolled in S/HMOs were healthier than the average beneficiary.

PERFORMANCE OF S/HMO I

In 1996, HCFA prepared a status report, now pending final approval, on the implementation and evaluation of the S/HMO demonstrations. This report found that the S/HMO projects had lower levels of dis-enrollment than Medicare's risk contract HMOs. Healthy S/HMO enrollees also expressed overall satisfaction with their participation in the program.

Frail S/HMO enrollees were compared to frail fee-for-service enrollees, based on access to **care**, interpersonal relationships with their physician, cost and benefits of **care**, quality or competence of **care**, and an overall measure of satisfaction. Evidence that the S/HMOs were less costly than fee-for-service were mixed; only some sites demonstrated savings. Also, relative to fee-for-service, no improvements in mortality or active life expectancy were demonstrated. Moreover, frail S/HMO enrollees were more satisfied than their fee- for-service counterparts in only one category, cost and benefits of **care**.

DEVELOPMENT OF S/HMO II

In 1990, Congress authorized an extension of the demonstrations and established the second generation of the S/HMO demonstrations, known as S/HMO II. One purpose of S/HMO II is to test the effects of linking chronic **care** case management services and acute **care** providers. The primary components of the S/HMO II projects include:

1. An expanded case management system, with acute and **long-term care** linkages;

2. A **long-term care** benefit package; and

3. A risk-adjusted payment methodology.

S/HMO II will continue to provide many of the expanded benefits offered in S/HMO I. We also expect S/HMO II projects to address some additional goals. S/HMO II is designed to refine the financing methodologies and the benefit design of S/HMOs. The criteria used to target **long-term care** benefits will also be refined. S/HMO II will target enrollment to special populations such as minorities, beneficiaries eligible for both Medicare and Medicaid, and residents living in rural areas. In 1993, Congress mandated that one of the S/HMO II projects examine the feasibility of serving beneficiaries with end-stage renal disease (ESRD).

IMPLEMENTATION OF S/HMO II

In January 1995, HCFA awarded developmental grants to the following six S/HMO H project sites:

1. CAC-United HealthCare Plans of Florida in Coral Gables,Florida;

2. Contra Costa Health Plan, in Martinez California;

3. Fallon Community Health Plan in Worcester, Massachusetts;

4. Health Plan of Nevada, Inc. in Las Vegas, Nevada;

5. Richland Memorial Hospital in Columbia, South Carolina; and

6. Rocky Mountain HMO in Grand Junction, Colorado.

We expect the Nevada and Florida sites to begin implementing the S/HMO II programs in the summer of 1996. The remaining four sites should begin operation by January 1997.

S/HMO (I and II DEMONSTRATIONS SHOULD BE EXTENDED

The second generation of S/HMOs are building upon what we learned from the first generation. However, we need to learn more about the capitation payment structure and providing integrated services to the acute and **long-term** population. To assure that the S/HMO program is cost effective, we recommend that both generations of the S/HMO projects be extended until December 31, 2000, but not expanded. Authorization for both the first and second generation S/HMOs is now set to expire on December 31, 1997. An extension of the S/HMOs program would provide additional time necessary to establish a comparative study and to assess its performance potential.

OTHER INTEGRATED SERVICE MODELS

HCFA is also testing other approaches to achieve integration. The projects differ in how funding is integrated, the way in which **care** is coordinated, and in the use of case management or other program elements. Among these projects are the following examples that vary approaches to **care** delivery.

EverCare is a demonstration designed to study the effectiveness of managing acute **care** needs of nursing home residents by pairing physicians and geriatric nurse practitioners, who function as primary medical caregivers and case managers. EverCare seeks to reduce hospital **care** when patients can be managed safely in nursing homes if they receive appropriate services. Three sites are operational in Georgia, Maryland, and Massachusetts.

The Wisconsin Special **Care** Initiative is designed to provide Medicaid-covered medical services and additional social services such as respite **care**, family training, **long-term** planning, referral and medication services to up to 3,000 Medicaid eligible SSI recipients in Milwaukee County. About 75 percent of projected enrollees are between 21 and 64 years of age, most are unemployed, and many receive some form of adult day **care** services. This model includes a physician panel of experienced providers, case management services provided by a multidisciplinary teams and specialized clinics. Enrollment in the three-year demonstration began in July 1994.

Other projects target particular populations:

The Project for Non-Elderly Disabled is a demonstration to develop integrated **care** models primarily for non-elderly persons with disabilities. HCFA is supporting this initiative in conjunction with the Pew Charitable Trusts, Robert Wood Johnson Foundation, and the Medicaid Working Group. All participants are eligible for Medicaid, 40 percent of whom are dually entitled.

Initiatives in Wisconsin, Missouri, New York, and Ohio are in various stages of development.

MAINE-NET emphasizes **care** to rural populations by promoting the development of regional service delivery networks or health plans. These networks will be responsible for the management, coordination and integration of services, including multidisciplinary approaches to **care** planning and service delivery. Maine-Net includes a comprehensive package of primary, acute and **long-term care** services as part of a prepaid capitated health plan. Maine plans to implement the program in January 1997.

CONCLUSION

Our primary goal in PACE, S/HMO, and the other integrated service projects being tested by HCFA is to find the best approaches to coordinating acute and **long-term care** services. We need to Facilitate and advance a beneficiary-centered continuum of **care** for people who need **long-term care**, recognizing that people in **long-term care** have significant acute **care** needs, as well as chronic **care** needs. Since Medicaid and Medicare represent over half of all **long-term care** spending, we recognize the central role our programs must play in developing a more beneficiary-centered system. What we have already seen of PACE warrants shifting PACE from a demonstration to a permanent program. We look forward to working with Congress on legislation which makes this a reality.

We also think there is much to be learned from the S/HMO projects. Because of the importance of implementing an effective managed **care** program for the chronically-ill and elderly in need of **long-term care**, we recommend an extension of the S/HMO demonstrations authority.

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July 27, 2000, Thursday, Final Edition

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HEADLINE: At Last, Long-Term Care Legislation Is Nearing the Finish Line

BYLINE: Stephen Barr , Washington Post Staff Writer

BODY:

The House could act by tomorrow on legislation to provide long-term care insurance to federal employees, military personnel and retirees, according to Republican and Democratic aides.

The Senate approved the legislation Tuesday evening and returned it to the House for a final review. Yesterday, congressional aides said House leaders hope to move the bill to the White House before Congress leaves town for its August vacation and election campaigns.

Once the legislation is signed by President Clinton, the Office of Personnel Management will start negotiations with insurance companies to determine what options will be offered to employees and retirees. Officials hope to get the program started in 2002.

OPM expects the program to offer long-term care insurance at group rates 15 percent to 20 percent below market rates. The full premiums would be paid by participants.

Administration officials plan to ask employees to fill out a short form on their health history to determine eligibility. Employees' spouses and parents, retirees and some others deemed eligible probably would receive greater scrutiny, OPM officials said.

Enactment of long-term care legislation has been eagerly awaited by numerous employees and retirees. Research by the American Council of Life Insurers, a trade group, shows that the cost of most long-term care services--nursing home care, assisted-living care, adult day care and home care--will quadruple over the next three decades.

Congress has shown interest in long-term care insurance for federal employees for

at least a decade, when California Republican Pete Wilson was in the Senate. More recently, Rep. John L. Mica (R-Fla.) proposed creating such a benefit. In the Clinton administration, OPM Director Janice R. Lachance made it one of her priorities.

Washington area members of Congress have strongly supported long-term care insurance for employees and retirees. They include Rep. Elijah E. Cummings (D-Md.) and Sen. Barbara A. Mikulski (D-Md.), who introduced bills reflecting the administration's approach, and Rep. Constance A. Morella (R-Md.), who proposed including the armed forces in the legislation.

Others who played key roles were Rep. Joe Scarborough (R-Fla.), Rep. Henry A. Waxman (D-Calif.), Sen. Charles E. Grassley (R-Iowa) and Sen. Thad Cochran (R-Miss.).

The Senate's bill includes a provision to help federal employees who, through no fault of their own, were placed in the wrong retirement program. As a result, many of those employees could end up with less retirement income than they expected.

Most of the foul-ups were made by federal agencies in the mid-1980s, when Congress revamped the federal pension system. The bill essentially allows employees and former employees placed in the wrong retirement programs to choose the pension plan that would best meet their needs.

Recruiting Plans

Clinton administration officials believe federal agencies will be able to meet the president's goal of hiring 100,000 people with disabilities over the next five years.

Current hiring trends show federal agencies on track to hire 62,500 people with disabilities during the five-year period, so the new goal should be reached if hiring patterns hold and agencies step up their recruiting efforts, officials said.

Clinton announced the hiring requirement yesterday at ceremonies marking the 10th anniversary of the Americans With Disabilities Act. As part of the initiative, agencies will submit to OPM for approval their strategies for recruiting people with disabilities. The agency plans are due at OPM by Sept. 25.

An OPM official said more than 122,000 federal employees--7.2 percent of the work force-- describe themselves as disabled. More than 20,000 of those employees report having severe disabilities.

Welfare to Work

The decision to hire more disabled Americans comes almost three years after the White House asked agencies to participate in a welfare-to-work initiative. In 1997, Clinton directed the government to hire 10,000 welfare recipients by 2000.

OPM reports the goal was met and counts 41,470 former welfare recipients on the federal payroll. The bulk--nearly 30,000--have been hired by the Commerce Department for the 2000 Census.

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HEADLINE: The Best Care for Your Parents; choosing the level of care for elderly parents

BYLINE: CUTTER, JOHN

BODY:

Mom and Dad can't quite make it on their own. What to do? Here, a special report on the alternatives--from home health aides to nursing homes--and what's likely to work for your family.

CARE AT HOME

What is it? Assistance from you and other family members, from paid caregivers who come in to help, or from a combination--either in your parent's home or in yours.

What will my parent get? Depends on what she needs. You might stop by each morning to help Mom get dressed; or you might come by in the evening to prepare a meal, help her bathe, or prepare her for bed. She may need you to drive her to doctors' appointments and handle household chores, such as cleaning and mowing the lawn. Some adult children also balance a parent's checkbook and pay bills.

A few government programs provide personal-care and home health aides to low-income seniors or those most at risk of needing nursing-home care (see "Where to Find Help").

Will it work for my family? Caregiving at home is obviously a challenge for an adult child, especially if you're faced with demands from your own children, spouse, and job. But it can work, especially if you tap into community resources. Local agencies will deliver free or low-cost meals to seniors, through programs such as Meals on Wheels--usually a hot lunch each weekday, and sometimes a frozen meal or two for weekends. Adult day-care centers (average cost: about $ 50 a day, though some are much more expensive and some much less) can provide a place for frail elders to spend time when they can't be home alone, or when caregivers need relief. Some elders go only once or twice a week. The centers offer supervised activities, and help with some medical services (reminders to take medications, for example), and supply at least one meal a day. Some include transportation. A number of churches and synagogues also provide free senior services.

How much will it cost? If you provide most of the care, it might cost nothing more than your time and energy. Home health aides usually get the prevailing hourly rate for semiskilled workers in your area (about $ 7 to $ 10 an hour).

It will be more expensive if you hire through an agency than if you find someone on your own and negotiate a rate. Many insurance companies are marketing new **long-term-care** insurance policies that provide coverage for at-home care if needed.

What's new? The **Clinton** administration is proposing a tax credit of up to $ 3,000 for family caregivers. The administration also wants to make it easier for states to use money from Medicaid, the government program for low-income people, to pay for services in the home for elders with incomes up to $ 15,000.

Some advocacy groups for seniors are lobbying for direct stipends to families to help them care for their parents at home. The stipend could be tied to family income or need and used either to compensate the caregiver or to hire help. Proponents contend that this plan would ultimately save money by keeping elders out of nursing homes, where they often end up on the government's tab.

ASSISTED LIVING

What is it? Senior residences, ranging from single-family homes that serve a handful of people in private or shared bedrooms to large communities for a hundred or more elders living in their own apartments or studios.

What will my parent get? There's a variety of services for older adults who are either too frail to care completely for themselves or who would rather not live in their own homes. These usually include meals in a communal dining room, transportation to doctors' appointments and shopping, regular laundry service and housekeeping, and social activities. In addition, the staff may offer assistance with dressing, bathing, and walking, as well as limited health-related services--dispensing medications, for example, or reminding residents to take them.

Some of the larger assisted-living facilities, however, are billed as independent-living communities, which means the assistance is basic; generally, no personal care--such as help with bathing or walking--is provided. Residents live in apartments with their own kitchens. Still, some of these communities do include a wing or a floor for people who need special care.

Another increasingly popular option--somewhere between assisted living and nursing homes--is board and care. Also referred to as personal-care homes or residential-care facilities, these are often single-family homes, located in quiet, residential neighborhoods, that serve fewer than ten residents each. The caregivers--usually two per home--are health-care aides, as opposed to registered nurses. Certain board-and-care facilities provide hands-on, 24-hour care for very frail seniors who don't need ongoing medical attention but might otherwise end up in nursing homes. Ideally, residents feel part of a family, taking their meals in a small dining room and enjoying social activities in a den or living room.

Will it work for my family? Assisted living is the fastest-growing segment of the senior housing market, because people are looking for alternatives to nursing homes. There are various types of facilities, so you often can find one that suits your parent's needs. The downside is the wide variation in licensing and regulation. In some states, assisted-living residences receive little oversight from government officials. This situation has led to abuses, such as poor care and unsanitary conditions.

Another problem is that your parent might have to move if she becomes too frail and needs the kind of advanced medical care available only in nursing homes. It is important to check what circumstances could lead the facility to discharge your parent.

How much will it cost? Prices can range from under $ 1,000 per month for board-and-care homes or independent-living communities to $ 3,000 per month for newer facilities that provide all levels of assisted-living services. At least 39 states provide some financial assistance to help seniors in assisted-living facilities. But many of the programs are small and experimental, serving primarily low-income residents. Because this means different things in different states, you must find out if your parent qualifies. (See The Eldercare Locator in "Where to Find Help.") A handful of states, such as Oregon, Washington, and North Carolina, have more extensive programs.

What's new? Many assisted-living residences now specialize in caring for people with Alzheimer's disease. There may be special buildings, wings, or floors for Alzheimer's residents. All the typical

assisted-living services are offered, but the buildings and programs are designed with Alzheimer's residents in mind. For example, visual cues such as family photos are used to mark rooms instead of just numbers. Corridors and gardens might be set up to allow Alzheimer's patients to wander safely. And staff members get special training to deal with residents who have the disease.

CONTINUING-CARE RETIREMENT COMMUNITY (CCRC)

What is it? These communities provide "life care"; in one building or group of buildings, there are apartments for those who can live independently, for those who need some assistance, and for those who require the advanced care of a nursing home.

What will my parent get? At first, he will live in a studio, or a one- or two-bedroom apartment. Independent residents can make their own meals or take some or all of their meals in a dining room. They can use their own car or use buses or vans for shopping and doctors' appointments.

If your parent needs more care, he can move to the next care level: assisted living. The move might be temporary--after an illness or accident--or permanent if more constant care is needed. If his condition worsens or if he needs serious rehabilitation after an illness or accident, he can move into the community's nursing home.

Will it work for my family? Continuing-care retirement communities can provide peace of mind, because you and your parent know that his needs will be met, no matter what health problems arise. Transitions from one level of care to another tend to be easier, too, because the move is only to another floor or wing rather than to a new facility across town. And for elderly couples with different needs--for example, a husband who needs assisted living and a wife who can live on her own--the communities provide an appropriate place for them to live and still be close to each other.

How much will it cost? The expense is the downside. Because the idea is to provide "life care," the communities charge an up-front, one time fee that can range from under $ 50,000 to several hundred thousand dollars, depending on how luxurious the accommodations are. There is also a monthly maintenance fee, which can be $ 1,000 or more. However, many of these communities do have special rules that allow some of the up-front fee to be refunded to the family if an elder dies shortly after moving into the facility.

NURSING HOME

What is it? Nursing homes provide 24-hour skilled nursing care and many rehabilitative services. They are places for intense, hands-on medical care.

What will my parent get? Basically, everything: all meals and health services (from medications to advanced treatments such as ventilators) and help with dressing, bathing, going to the bathroom, and moving around. Most people in nursing homes require constant care and supervision.

Will it work for my family? The decision to move a loved one into a nursing home can be very painful. Many parents who've heard horror stories about intolerable conditions fear nursing homes; they might even urge their adult children to promise "never to send me to a nursing home."

But since government regulations were passed in the late 1980s, the quality of nursing-home care has improved, and the facilities are highly regulated. They are regularly inspected now and are required to provide detailed reports on patient care. On the downside: Some nursing homes, faced with lower reimbursement rates from government programs such as Medicare and Medicaid--and increased competition from assisted-living facilities--are facing financial difficulties. And the strong job market has led to high turnover among staff members. A good source for advice and information is your state's **long-term-care** ombudsman, an independent advocate for elders in nursing homes and in some assisted-living facilities (see The Eldercare Locator in "Where to Find Help").

What will it cost? Nursing homes cost $ 100 to $ 150 per day, up to $ 100,000 a year in some areas.

Medicare covers only limited stays for rehabilitation after surgery. **Long-term-care** insurance policies can pick up some of the cost. Eventually, after exhausting most of their assets, many residents end up on Medicaid.

What's new? Many nursing homes are trying to become more like homes than institutions, creating gardens for residents, bringing in pets, and encouraging more visits from children. A leading advocate for such change is William Thomas, M.D., who started the Eden Alternative, an organization that promotes the idea that nursing homes should be "habitats for human beings rather than institutions for the frail and elderly." (Information about the Eden Alternative can be found at www.eden alternative.com or in Thomas's book, Life Worth Living: How Someone You Love Can Still Enjoy Lip in a Nursing Home.)

RELATED ARTICLE: NICK, ARTHUR & ETHELINN BLOCK: LOVE AND RESPECT

In 1996, Ethelinn Block's father, Arthur, began to seem lost. At first, Ethelinn thought it was because her mother had recently died. As time went on, though, the 73-year-old began to forget where he'd parked his car and when it was time to pay bills. His photography business in Mesa, Arizona, faltered, and when Ethelinn's son, Nick (now 20), went to visit his grandfather, the pantry was usually bare.

A divorced schoolteacher, Ethelinn got Arthur to move in with her in May 1997. Soon after, doctors gave her the news that every grown child dreads: Her father had early-stage Alzheimer's disease.

Knowing he'd need her more each day, Ethelinn pitched in as much as she could. But looking after him and supervising a changing cast of health-care aides was exhausting, and Ethelinn developed stress-related health problems.

"One day," Ethelinn says, "I just decided I couldn't take it anymore. I was feeling so isolated." Her solution: "I sold my house and moved down the block from my brother Brian." That made all the difference. Brian and his wife provided additional help, and Arthur began to spend more time with their two teenagers. A reliable in-home aide also eased Ethelinn's burden. "I found an angel," she reports. "She's rejuvenated my father."

Today, Ethelinn manages her father's medications, toasts his bagels, and comforts him when he can't sleep. And Arthur stays busy with chores and family activities.

Although she knows Alzheimer's will eventually take him away, Ethelinn is convinced that caring for Arthur has enriched her life ... and his. "My father feels loved and respected. Dad was there for me in college, through my divorce, and he's always been there for my son. This is the least I can do."

--Beth Witrogen McLeod

RELATED ARTICLE: BOB & MARIANNA MURRAY: A WHOLE NEW LIFE

When Bob Murray's father died in 1985, Bob never imagined how hard it would be to help his 73-year-old mother, Marianna. Severely depressed, she would doze all day and then complain to her son that she couldn't sleep at night.

Two years ago, Bob moved Marianna to his home in a Louisville, Kentucky, suburb--hoping that he and his wife, Alice, could buoy her spirits. No luck: "She was mad at the world," says the retired police officer, now 69.

Marianna pleaded to return to the home she'd shared with her husband of 56 years; finally, Bob agreed. She soldiered on alone until 1999, when she fell and broke a hip--the first of a series of injuries that convinced her son that it was time for a drastic change.

After touring several assisted-living facilities, Bob asked the director of one to visit Marianna. The

personal touch did the trick: "Mother had been completely resistant to the idea," he says, "but in fifteen minutes she did a complete turnaround."

When she moved into Atria of Stonybrook, Marianna announced that she was going home at the end of the month. She kept postponing her departure, though, and eventually decided that a long-term stay might help her recover. "Now, she loves being served her meals and going to parties," says Bob. "She says it's like a nice hotel. And at eighty-eight, she has a whole new life."

--B.W.M.

RELATED ARTICLE: FRIEDA BASSIN & BETH JOHNSON: SIMPLE PLEASURES

In 1990, Beth Johnson's mother, Frieda Bassin, began suffering mini strokes that impaired her sense of balance, leaving her vulnerable to falls and injuries. In July 1998, Frieda broke her shoulder and was confined to a wheelchair. At the nursing home where Frieda went to recover, the staff told Beth that her mother was so frail that she would probably die within two months.

Determined to prove them wrong, Beth, 44, moved her mother back into her old apartment in Southfield, Michigan, and became her primary caregiver--a job that included fielding frantic phone calls when Frieda fell out of bed in the middle of the night.

Two years later, Beth--an only child with a husband and two young children--was forced to admit that her mother would be safer and happier in a nursing home. "I cried," she says, "but I knew it was time."

Bassin's move to Menorah House wasn't easy, and in the beginning she called frequently to say she felt betrayed. In time, however, she found comfort in the routines and began looking forward to social activities and religious services. Beth, a part-time administrative assistant, now visits her mom on her days off and takes comfort in their long, cozy chats.

"This is a new beginning," says Beth. "It's a chance to be together when I'm not stressed from taking care of her." Even when she's alone, Frieda savors simple pleasures: "Today," Beth says, "I walked in and found my mother reading a book. I haven't seen her do that for years."

--B.W.M.

RELATED ARTICLE: WHERE TO FIND HELP

The Eldecare Locator This service of the U.S. Administration on Aging (AoA) and the National Association of Area Agencies on Aging is a good first place to turn for state and local information on home care, assisted-living programs, and nursing homes. 800-677-1116; www.aoa.dhhs.gov/elderpage/locator.html

Older Americans Act This federal program provides a variety of social services designed to help seniors remain independent. You can find information about the act and many other senior services on the AoA's Web site (www.aoa.gov) or by contacting the AoA's National Aging Information Center, 330 Independence Avenue SW, Room 4656, Washington, DC 20201; 202-619-7501.

AARP The organization formerly known as the American Association of Retired Persons maintains a large database of caregiver resources. Check your local AARP office, or contact the national office at AARP, 601 E Street NW, Washington, DC 20049; 800-424-3410; www.aarp.org.

National Alliance for Caregiving A leading organization dedicated to caregiving. Lots of helpful information, including a "CareWizard" program under development on its Web site designed to get caregivers started. Also provides good Internet links for caregivers. 4720 Montgomery Lane, Suite 642, Bethesda, MD 20814; www.caregiving.org

National Association for Home Care Trade organization for home-care agencies, hospices, and home-care aide organizations. Publishes "How to Choose a Home Care Provider," which also is available on its Web site. 228 Seventh Street SE, Washington, DC 20003; 202-547-7424; www.nahc.org

American Association of Homes and Services for the Aging The trade group for nonprofit organizations that serve the elderly. Maintains a searchable database of members on its Web site. 901 E Street NW, Suite 500, Washington, DC 20004-2011; 800-675-9253; www.aahsa.org

Assisted Living Federation of America The industry's trade organization. Searchable directory of members online. 10300 Eaton Place, Suite 400, Fairfax, VA 22030; 703-691-8100; www.alfa.org

National Citizens' Coalition for Nursing Home Reform A leading advocacy group for nursing-home residents and their families. Publications include "Nursing Homes: Getting Good Care There." 1424 Sixteenth Street NW, Suite 202, Washington, DC 20036; 202-332-2275; www.nccnhr.org

LANGUAGE: ENGLISH

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THE ORANGE COUNTY REGISTER January 19, 2000 Wednesday

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THE ORANGE COUNTY REGISTER

January 19, 2000 Wednesday MORNING EDITION

SECTION: NEWS; Pg. A09

LENGTH: 374 words

HEADLINE: CAPITAL BRIEFLY;
Clinton to revive **long-term care** tax-credit plan

BYLINE: From Register news services

BODY:

President Clinton, resurrecting an initiative that died in Congress last year, will propose up to $ 3,000 in tax credits to help 2 million Americans struggling to provide long-term care for elderly or disabled relatives, aides said.

The tax credit would be triple the size of last year's failed proposal and would cost $ 28 billion over 10 years. It will be announced today as part of Clinton's buildup to his Jan. 27 State of the Union address.

The president also will propose spending $ 1.25 billion over 10 years for local agencies that support family caregivers with counseling, training and care techniques. The money would be awarded to state and local "agencies on aging," created by the 1965 Older Americans Act.

White House officials believe they have a better chance of passing the plan this year because health care has become a hot issue in the presidential campaign.

White House to try
to shut more bases

The Clinton administration's 2001 budget proposal will ask Congress for authority to close more military bases, starting in 2003, Deputy Defense Secretary John Hamre said Tuesday.

Lawmakers are seen as unlikely to go along in an election year.

"We're going to ask for permission to do base closures again," Hamre said in an interview. "We still have excess infrastructure. "

In each of the past three years, Defense Secretary William Cohen pressed for more base closings, and each time Congress said no.

Also

House Speaker Dennis Hastert intends to announce today that House Republicans will develop a long-term economic plan in the next

several weeks that envisions paying off the public debt by 2015, GOP aides said.

Attorneys for former government scientist Wen Ho Lee asked a federal appeals court Tuesday to grant him bail. The defense contends that U.S. Magistrate Don Svet and U.S. District Judge James Parker denied bail based on "far-fetched hypotheticals" by FBI counterintelligence agent Robert Messemer. The agent suggested that Lee, who is charged with breaching security at Los Alamos National Laboratory by moving classified material to unsecure computers and computer tapes, might still have seven computer tapes he swore he destroyed.

LANGUAGE: ENGLISH

LOAD-DATE: January 22, 2000

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The Houston Chronicle January 05, 1999, Tuesday

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The Houston Chronicle

January 05, 1999, Tuesday 3 STAR EDITION

SECTION: A; Pg. 2

LENGTH: 768 words

HEADLINE: Clinton unveils first of '99 legislative aims: **long-term care** plan

SOURCE: Staff

BYLINE: NANCY MATHIS, Houston Chronicle Washington Bureau

DATELINE: WASHINGTON

BODY:

WASHINGTON - With the holidays over and an impeachment trial pending, President Clinton returned to work Monday by announcing a legislative proposal to help people in need of long-term health care.

It was the first of many likely announcements this month as the White House prepares its 1999 agenda.

Clinton is keeping with his tradition of using January to offer glimpses of legislative priorities that will be in his State of the Union address and in his budget proposal - in this case, for the fiscal year 2000.

The Senate, meanwhile, remained in a quandary over how to proceed on a trial for Clinton, who was impeached by the House in December.

"You know, this new year gives us all a sense of making a fresh start, a sense of being able to think anew. It should also give us a sense of rededication," Clinton said at the unveiling of a five-year, $ 6.5 billion plan to give $ 1,000 tax credits to either long-term health-care patients or their caregivers.

Almost every day leading up to the Jan. 19 State of the Union speech, Clinton will make some program announcement. He will release his budget Feb. 1.

The positive feel of the White House proposals will contrast with the pall of some Republicans' efforts to remove Clinton from office with a Senate trial on charges of perjury and obstruction of justice.

The health-care plan Clinton announced calls for either the patient or a family caregiver to receive a $ 1,000 tax credit to help ease the burden of long-term care.

It would create a national network for family caregiver support that would help those tending to patients access community resources. It also would provide for a national educational campaign for Medicare beneficiaries - to help them learn their long-term care options.

And it would make the federal government the largest employer to offer long-term health care insurance to its employees.

"There's no single solution to the challenges of care giving, but together these initiatives represent a powerful first step to force the kind of challenges we need in our society," Clinton said.

Clinton was joined in the White House's Grand Foyer by first lady Hillary Rodham Clinton and several members of Congress. Vice President Al Gore and his wife, Tipper, appeared by satellite to trumpet the proposal.

"The reason why the president is at 70 percent (approval rating) and the Congress is at 30 percent is that he is the only one who is not talking about impeachment," said Rep. James Moran, D-Va.

"That's (health care is) what people care about. This proposal is going to address that. I think it does have a chance in Congress, and I do think it represents the reason why the president is faring a heck of a lot better than the Congress is," Moran said.

Republican Sen. Arlen Specter of Pennsylvania complimented Clinton for keeping his eye on legislative priorities. "I think that it's very important that we conduct business as usual. I was with him, as you know, when he went to Israel, and I think he did a good job there. And he's moving ahead with the business of the country," Specter said.

Specter said he differed with Republican colleagues who have suggested that Clinton postpone his State of the Union address to a joint session of Congress if an impeachment trial is under way. "I think we ought to keep the business of the country going," he said.

White House spokesman Joe Lockhart said Clinton has every intention of delivering the speech on Jan. 19.

"The president has important work that he's doing, and he looks forward to presenting it to the country," Lockhart said.

Lockhart also said that the daily White House announcements are not intended to try to shift attention away from the impeachment process.

"I think all you have to do is go back to the stories you did this time last year and the year before, and you'll find that we traditionally use this time to try to generate public support for some of the ideas that the president will have in his State of the Union and the budget," Lockhart said.

"I don't think that we could have been smart enough a year ago December to have worked out a strategy to help deal with the Monica Lewinsky issue," he said.

Meanwhile, the White House continued to talk privately to members of the Senate about how a trial might proceed. The second trial of a president in the nation's history could begin as early as next week.

There is a dispute among Republicans over whether it should be short and whether the Senate should hear from witnesses.

Lockhart said Clinton's attorneys would be ready to proceed with a trial as early as Monday.

LANGUAGE: ENGLISH

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USA TODAY, January 5, 1999

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USA TODAY

January 5, 1999, Tuesday, FINAL EDITION

SECTION: NEWS; Pg. 7A

LENGTH: 447 words

HEADLINE: GOP praises **Clinton** plan on **long-term care,** and claims it

BYLINE: Susan Page

DATELINE: WASHINGTON

BODY:

WASHINGTON -- President Clinton's proposal for a five-year, $ 6.2 billion program to help long-term-care patients and their families drew a rare reaction Monday from congressional Republicans: praise.

The plan includes a $ 1,000 annual tax credit for the disabled or their families. Republicans claimed the plan as their own as it is similar to a $ 500 tax credit in the GOP's 1994 "Contract With America."

"This GOP initiative the president has adopted can make a difference," said Rep. Bill Thomas, R-Calif., chairman of the House Ways and Means subcommittee on health. Sen. Charles Grassley, R-Iowa, chairman of the Senate Special Committee on Aging, said Clinton's plan included "small but helpful steps" in the right direction.

"This is an idea that has bipartisan support," said Senate Finance Chairman William Roth, R-Del.

The friendly reception, relatively unusual at a time White House-Congress relations are focused on impeachment, improves the prospect that the proposal unveiled with fanfare at the White House might be enacted into law.

But there were divisions over how the program would be financed. Officials said the costs of the tax credit alone, estimated at $ 5.5 billion over five years, would be offset by changes in the tax code to tighten "loopholes" and target "corporate welfare." But the White House refused to provide details, and some Republicans warned the details might amount to tax increases.

Key elements of the Clinton plan:

-- $ 625 million in grants over five years to state and local agencies to set up information and counseling programs for families providing long-term care. The programs would include adult day care centers and others types of "respite care" to give a break to those caring for relatives with Alzheimer's disease and other chronic ailments.

-- A campaign to notify the nation's 39 million Medicare beneficiaries that the federal health program for the elderly generally doesn't cover long-term care. Most nursing-home residents are covered by Medicaid, the health program for the poor.

-- Authorization for the federal government, the nation's largest employer, to negotiate model long-term care coverage to be offered to federal workers. About 300,000 would participate.

An estimated 2 million Americans are expected to claim the tax credit, including 1.2 million elderly and 250,000 disabled children. The credit couldn't be used by those with so little income that they don't pay federal taxes, or with so much income they exceeded guidelines. The credit would start to phase out for individuals making $ 75,000 a year or couples making $ 110,000.

LANGUAGE: ENGLISH

LOAD-DATE: January 05, 1999

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PRESIDENT WILLIAM J. CLINTON

REMARKS ON LONG-TERM CARE

THE WHITE HOUSE

January 4, 1999

cc: Josh Gotheimer

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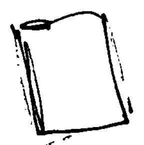
1-4-99

Acknowledgments: the First Lady; the VP and Mrs. Gore (via satellite from California); Secs. Rubin and Shalala; Janice LaChance, OPM; ~~Sen. Chafee~~; Reps. Moran and Cummings; Patricia Darlak

The ~~Another~~ new year is upon us --a time for celebration, and~~, perhaps, a time to feel a little bit older~~. ~~If we do, we are not alone~~. America is ~~may be~~ young in spirit; ~~our nation may have all the energy and intensity and ambition of youth, but~~ But our people are aging. On the verge of the new century, ~~we are undergoing a profound, seismic demographic shift~~.



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~~Today I want to talk about the ways we are going~~ to ~~meet the challenges of this new America~~.

Simply put: The baby boom will soon become the senior boom. And, like the baby boom did in decades past, the senior boom will change the face of America. During the next 30 years, 76 million baby boomers will join --and greatly expand --the ranks of the retired. The number of elderly Americans will double by 2030. By the middle of the next century, the average American will live to 82, six years longer than today.

THE PRESIDENT HAS SEEN
1-4-99

~~These changes are underway. Already~~, longer lives are also stronger, healthier lives, thanks to medical science. ~~Already~~, older Americans are redefining retirement.

~~They are~~ proving that, rather than an ending, it can be a new beginning: a time to learn new ideas, start a new business, travel to new and distant lands.

Still, aging is inevitable; and so today are the infirmities of age. Nearly half the people over 85 --one of the fastest-growing segments of the American population --need help with everyday tasks. Eating. Dressing. Going to the doctor.

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We cannot expect all or even most older Americans to fend for themselves. We cannot expect it and we would never wish it. The real question is what sort of care is best in each individual case.

Millions require the kind of care only a nursing home can provide, but millions more choose to remain at home, close to family and friends.

Indeed, the elderly ~~and people with disabilities~~ are remaining at home in record numbers, cared for by those who care the very most. Today, millions of households are caring for elderly relatives and even neighbors.

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1-4-99

They represent the best of America --fulfilling, each and every day, ~~the pledge to our parents' generation~~ a family obligation that is not often spoken, but resonates deeply in the American character.

Providing long-term care at home is, more and more often, a common choice, but it is rarely an easy one. Since this kind of care is rarely covered by private insurance or Medicare, out-of-pocket expenses can be high. So, too, are the professional costs. Caregivers who hold jobs outside the home --and that is a vast majority --may have to take unpaid leave or work fewer hours to fulfill all their responsibilities.

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1-4-99

Caregiving is, in countless ways, vital, meaningful work; but it can also be stressful work.

The First Lady just told you what we've been doing to ease the burdens on these families: by improving nursing homes, strengthening Medicare, and making Medicaid more flexible. But in 21st-Century America, more will be asked of us, and so there is more work to be done.

Today, I am announcing a critical new initiative to give care to the caregivers --to help Americans provide long-term care for aging, and ailing loved ones. The size of the senior boom demands it. The length of our lives makes it more important than ever.

THE PRESIDENT HAS SEEN
1-4-99

And so does the sacrifice of American families --millions of households putting the well-being of relatives ~~or neighbors~~ above their own.

This is a complicated challenge; it requires a range of responses. Therefore, to improve long-term care in America, to give it the priority and support these families deserve, there are four things we must do. First, I am proposing a long-term care tax credit --$1,000 for people with long-term care needs or for the families that shelter them. It is far better to devote this money to help keep the elderly and disabled at home than to spend the same amount to have them live away from home.

THE PRESIDENT HAS SEEN
1-4-99

And if this makes it possible for more people to stay at home, it may be cheaper, too. Our parents worked and saved and sacrificed to care for us in our youth.

Adult children are working and saving and sacrificing to care for their parents in old age. It is the cycle of life --a vital and sacred compact among generations --and one we should recognize and reward as a nation.

This targeted tax cut of $1,000, paid for in our balanced budget, would help meet the individual needs of individual families --supplementing the care they already provide, empowering them to decide and to do what is best.

It would help offset the direct costs of long-term care, like home health visits and adult day care, as well as the indirect costs, like the unpaid leave some caregivers take from work. The care they provide is invaluable; but we can show we value it very much indeed.

Second, we should create a Family Caregiver Support Program --a new national network to support people caring for older Americans. In decades past, families could do little for ailing relatives but give them shelter and love. Today, due to advances in science, caregivers tend to everything from dialysis to depression, preparing intravenous meals and insulin injections.

This initiative enables states to create "one-stop shops" --places caregivers can access the resources of the community, find technical guidance, and obtain respite and adult day care services. This is especially important for those families who are thousands of miles away from their loved ones but still want to help. These families want to provide the best possible care; we want do everything in our power to help them.

That is why, third, we must educate Medicare beneficiaries about long-term care options. Medicare does not cover most kinds of long-term care, so it is important that beneficiaries understand their alternatives.

This initiative helps answer essential questions efficiently: What are my choices? What should I look for in a private long-term care insurance policy? By launching a national educational campaign, we can help ensure that people in need get the answers --and the quality care --they deserve.

Fourth, I am proposing that the federal government use its power as the nation's largest employer, use its market leverage, to set a national example --offering private long-term care insurance to federal employees.

By promoting high-quality, affordable care, we can encourage more people and more companies to invest in long-term care coverage. We can help more employees --in every part of our economy --prepare for the future.

There is no single solution to the challenges of caregiving. But together, these initiatives represent a powerful force for positive change. To fulfill our fundamental obligation to older Americans and people with disabilities, we, too, must act together --members of both parties, of two branches of government, putting progress above partisanship for the sake of our people.

That means taking these important steps, and I call on Congress to do so. It also means strengthening Medicare; and, as I have said many times in the past year, it means saving Social Security for the 21st Century --for Social Security, too, is a sacred trust between generations. We now have a remarkable opportunity to strengthen it for the future; we must make the most of it.

The senior boom is one of the central challenges of the coming century. If we face these challenges together and make them our top priorities, if we make the efforts I have described today, then we can prove what no generation in history has had the opportunity to prove --that the infirmities of age need not be the indignities of age.

THE PRESIDENT HAS SEEN

1-4-99

I have asked the Vice President, who will speak to us shortly, to conduct a series of forums around the nation in coming months on this initiative. We will hear from the people of this nation about how we can help them meet the long-term care needs of their loved ones.

[*You will introduce the Vice President and Mrs. Gore,* Story about our new Family Caregiving Program *who will be speaking via satellite from California. They will be accompanied by Sen. Feinstein and* ~~Rep. [redacted]~~. *After the Vice President speaks, you will ask him a question, to be provided. Then, after he concludes, you conclude the event.*]

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Suggested question from the President: I am so glad that the Vice President has agreed to lead some discussions around the nation to raise awareness about the need to support family caregivers and promote long-term care options. He and Mrs. Gore have been leading these types of dialogues at family conferences in Nashville for years. How do our new proposals respond to what you have learned from your family conferences?

THE PRESIDENT HAS SEEN
1-4-99

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Suggested question from the President: Mr. Vice President you were a strong advocate of our new proposed National Family Caregiving Program. What parts of the California model program do you believe are most critical to families?

THE PRESIDENT HAS SEEN
1-4-99

'99 JAN 4 AM10:11

Los Angeles Times January 4, 1999, Monday,

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Los Angeles Times

January 4, 1999, Monday, Home Edition

SECTION: Part A; Page 1; National Desk

LENGTH: 1026 words

HEADLINE: CLINTON TO URGE TAX CREDIT FOR **LONG-TERM CARE**

BYLINE: ALISSA J. RUBIN, TIMES STAFF WRITER

DATELINE: WASHINGTON

BODY:

President Clinton will ask Congress to create a $1,000-a-year tax credit to help families cover the cost of home-based care for elderly parents, disabled spouses or children, White House officials said Sunday.

If enacted, it would represent the first significant effort by the federal government to help offset the costs of long-term care for the disabled. Clinton administration officials said it would help 2 million families, the majority of whom are caring for elderly relatives.

The plan will be included in the fiscal year 2000 budget being drafted by the White House. It would cost an estimated $ 6.2 billion over five years, making it the biggest new health initiative in the president's budget. White House officials said Clinton will ask Congress to offset the expense by closing unspecified tax loopholes.

Vice President Al Gore will officially unveil the proposed tax credit today in Sacramento at the Del Oro Caregiver Resource Center, which assists those who care for adults with brain impairment from stroke, cancer or disease, such as Alzheimer's and Parkinson's.

Although a $ 1,000-a-year tax credit is likely to cover only a fraction of the cost of caring for a disabled parent, child or spouse, the measure won immediate praise from advocacy groups. They noted that it would reward family members who care for their relatives at home rather than institutionalizing them. In many cases, caregivers have left paying jobs to keep a family member out of a nursing home.

"It's not a complete answer, but it does begin to address the problem of caregiving for very seriously disabled folks," said John Rother, legislative director for the American Assn. of Retired Persons in Washington. "We have unprecedented prosperity and wealth, yet to date we haven't done much to help people who are facing these enormous burdens just to support their own family."

The cost of nursing home care averages $ 45,000 to $ 50,000 a year. The only federal program that pays for nursing home care is Medicaid, which serves the poor and disabled. In many cases, elderly people must spend all their savings and impoverish themselves to qualify for assistance.

Medicare, the primary government health insurance program for the elderly, does not cover long-term care. Members of the national commission set up to overhaul Medicare have signaled that they will not attempt to change the program to address the long-term care needs of the

elderly.

"This recognizes that you shouldn't have to impoverish yourself in order to get some public support," said Judy Feder, dean of policy studies at Georgetown University.

Advocates lauded the administration for encouraging families to keep the elderly and disabled at home.

"People would rather stay home," said Feder. "To provide enough resources to enable somebody to stay home--that's hard; it's a lot of money. But a little assistance can make life easier for families who are struggling to take care of people at home."

Still, experts and advocates acknowledged that the costs of caring for a disabled child, spouse or parent dwarf Clinton's proposed $ 1,000 credit.

"We're very positive on it," Rother said. "But we don't want people to think this is the answer to the problems they face, because the problems are likely to be so much larger in magnitude."

The cost of hiring an unskilled home health aide for a few hours a day can hit $ 5,000 a year. The proposed tax credit offsets only 20% of that. Social Security, on average, provides only about $ 10,000 a year to a retiree, according to the Treasury Department.

Still, the credit could make a difference, said Stephen McConnell, vice president of the Chicago-based Alzheimer's Assn.

More than two-thirds of the estimated 4 million people with some degree of Alzheimer's disease are cared for by their families, McConnell said. New Alzheimer's medication, which is not covered by most health insurance plans, can cost as much as $ 100 a month. The tax credit, he noted, would cover almost all of that expense.

In addition, the credit could help pay for the one thing that a caregiving family probably needs most: a little time off.

"Caring for someone with Alzheimer's is a 24-hour experience," McConnell said. "They don't sleep well, they wander, you have to have someone come in to give you a break. That's where the tax credit would be helpful because you're paying out-of-pocket for someone to come in."

Despite its cost, the proposal is likely to receive serious consideration on Capitol Hill. Republicans generally favor social initiatives that rely on tax credits rather than new government programs.

GOP lawmakers already have proposed a tax break to help Americans purchase long-term-care insurance. But it would primarily affect upper-income families, since middle- and lower-income taxpayers often cannot afford the premiums. Moreover, the GOP proposal does little to help families already caring for a relative.

Another Republican proposal, advanced by Rep. William M. Thomas (R-Bakersfield), co-chairman of the Medicare Commission, entails providing new incentives for families to save money for their long-term care needs.

White House officials said the tax credit is one of several key budgetary proposals aimed at helping at-home caregivers. The package contains four basic elements:

* The $ 1,000 tax credit, which would be available to the disabled or their caregivers with incomes of $ 75,000 or less if they are single and $ 110,000 or less for a couple.

* A $ 125-million matching grant program to help states set up respite care networks for caregivers and "one-stop" offices to dispense information about caring for disabled family

members. California is one of four states whose model programs are being highlighted by the White House.

* A program to educate the elderly about the limitations of Medicare coverage, since many do not realize it will not help them if they fall ill with a disease that leaves them disabled.

* A model program to help employers assess long-term health care insurance plans. The program would be run by the Federal Employee Health Benefit Program.

LANGUAGE: English

LOAD-DATE: January 4, 1999

Source: All Sources : / . . . / : **Major Newspapers**
Terms: **headline (long term care) and headline (clinton) and date(geq (1/1/99) and leq (6/1/00))** (Edit Search)
View: Full
Date/Time: Wednesday, September 13, 2000 - 6:59 PM EDT

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Quotes

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The moral test of a society is how that society treats those who are in the dawn of life – the children; those who are in the twilight of life – the elderly; and those who are in the shadow of life --the sick, the needy, and the handicapped.

--Hubert H. Humphrey

A Proud and resourceful nation can no longer ask its older people to live in constant fear of a serious illness for which adequate funds are not available. We owe them the right of dignity in sickness as well as in health.

--John F. Kennedy, Class of 1940

The health of our nation is a key to its future – to its economic vitality, to the morale and efficiency of its citizens, to our success in achieving our own goals and demonstrating to others the benefits of a free society.

--John F. Kennedy, February 9, 1961

The health of the American people must ever be safeguarded; it must ever be improved.

--John F. Kennedy, February 9, 1961

On the basis of his study of the world's great civilizations, the historian Toynbee concluded a society's quality and durability can best be measured 'by the respect and care given its elderly citizens.

--John F. Kennedy, February 21, 1963

The increase in the life span and in the number of our senior citizens presents this Nation with increased opportunities: the opportunity to draw upon their skill and sagacity – and the opportunity to provide the respect and recognition they have earned. It is not enough for a great nation merely to have added new years to life – our objective must also be to add new life to those years.

--John F. Kennedy, February 21, 1963

Good health for all our people is a continuing goal. In a democratic society where every human life is precious, we can aspire to no less. Healthy people build a stronger nation, and make a maximum contribution to its growth and development.

--John F. Kennedy

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Older Americans Act

Divider Title: _____

Final 04/28/00 3pm
Josh Gottheimer

PRESIDENT WILLIAM J. CLINTON

RADIO ADDRESS ON PATIENTS BILL OF RIGHTS AND PRESCRIPTION DRUGS

THE WHITE HOUSE

April 28, 2000

Good morning. Next week, when the full Congress returns from its Easter recess, they will have less than 75 working days left to make this a year of real progress for the American people. There is no more important critical piece of unfinished business than our need to ensure that every American -- young and old -- has adequate, affordable health care. Today, I want to again urge the Congress to step up to this challenge by making the passage of a strong patients bill of rights and the provision of a voluntary Medicare prescription drug benefit top priorities when they get back to Washington. This critical health care legislation is long overdue.

The more than 190 million Americans who use managed care or other insurance plans have waited too long for a strong, enforceable patients' bill of rights. They deserve the right to see a specialist; the right to emergency room care whenever and wherever they need it; and the right to hold health care plans accountable for harmful decisions.

Last year, in an overwhelmingly bipartisan vote, the House passed a strong patients' bill of rights that provides the right protections all Americans need and deserve. And it's a bill that I would sign. But more than six months later, the bill is still languishing in Congress.

Despite their pledge to complete a real bill, the Republican majority has not only delayed action, it's actually considering legislation that would leave tens of millions of Americans without federal protections. A right that cannot be enforced isn't a right at all – it's just a request. We need a strong bill that protects all Americans, in all plans -- not one that provides more cover for the special interests, than real coverage for patients.

Congress also has an obligation to strengthen Medicare and modernize it with a voluntary affordable prescription drug benefit.

No one creating a Medicare program today would even think of excluding coverage for prescription drugs. Yet more than three in five older Americans still lack affordable and dependable prescription drug coverage. Our seniors deserve better.

Just this week we saw further evidence of the unacceptable burden the growing cost of prescription drugs is placing on seniors Americans. According to a report by the non-profit group, Families USA, the price of the prescription drugs most often used by seniors has risen at double the rate of inflation for six years running.

That's a burden that falls hardest on seniors who lack drug coverage -- because they simply don't receive the price discounts that most insurers negotiate.

Seniors and people with disabilities living on fixed incomes simply cannot continue to cope with these kinds of price increases. That is why we must take action to help them -- not next year or the year after that, but this year. My budget includes a comprehensive plan to modernize Medicare, and provide for a long overdue prescription drug benefit for all beneficiaries.

I'm pleased that there is growing bipartisan support for tackling this challenge.

Earlier this month, Republican leaders in the House put forth the skeletal outline of a plan that offers, as a stated goal, access to affordable coverage for older Americans. Unfortunately, their plan falls short of meeting that goal. Instead, it would subsidize insurance companies to offer prescription-drug-only policies for middle-income seniors -- policies the insurance industry itself has already said it will not offer. And because the plan would provide direct support only to low-income seniors and disabled Americans, it would do nothing for those with modest, middle-class incomes between $15,000 and $50,000. Nearly half of all Medicare beneficiaries who lack prescription drug coverage fall into that category.

Conventional wisdom says that nothing substantive can get done in an election year. But if you're a member of a managed care plan or an older American who depends on life-saving drugs to keep you out of the hospital, you don't care about partisan politics. You just care about getting well and staying well.

So I say to Congress, when you get back to Washington next week, let's get back to work on a strong and enforceable patients bill of rights. Let's get back to work on a voluntary Medicare prescription drug benefit. The healthcare of Americans is too important to be sidetracked by partisan politics. The need is urgent, and the time to act is now.

Thanks for listening.

Public Papers of the Presidents

Public Papers of the Presidents

July 14, 1995

CITE: 31 Weekly Comp. Pres. Doc. 1241

LENGTH: 337 words

HEADLINE: Statement on the 30th Anniversary of the Older Americans Act

BODY:

Today I am pleased to mark the 30th anniversary of the Older Americans Act, an act which has allowed millions of elderly Americans to live with dignity, safety, and independence.

When President Johnson signed this bill into law 30 years ago, he characterized the best intentions of a Nation when he said:

"The Older Americans Act clearly affirms our Nation's sense of responsibility toward the well-being of all of our older citizens. But even more, the results of this act will help us to expand our opportunities for enriching the lives of all of our citizens in this country, now and in the years to come."

Indeed, we should be proud of our Nation's compact with older Americans and the public private partnership that is embodied in the Older Americans Act. This compact has included community-based services such as Meals on Wheels, transportation, ombudsman services, and other efforts to prevent abuse of the elderly.

As the Congress considers **reauthorization of the Older Americans Act** this year, my administration is committed to keeping the act whole and preserving the core principles which have guided its success-grassroots support, citizen input, bottom-up planning, and coordination of services. Programs like the Title V Senior Community Service Employment Program have been instrumental in helping us all benefit from the accumulated experience and judgment of older Americans. I will fight to keep these programs strong and to maintain the active role of the national aging network in assisting elderly Americans.

While we commemorate an important anniversary today, every American should be proud that we have greatly improved the way our people live their lives as they grow older, providing new hope for entire lifetimes of purpose and dignity. We must remember that with this kind of opportunity in a democracy goes continued responsibility. Our job today is to preserve this progress not only for our current seniors in their lifetimes but for all generations of Americans to come.

LANGUAGE: ENGLISH

LOAD-DATE: August 17, 1995

Source: All Sources : / . . . / : **Public Papers of the Presidents**
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Public Papers of the Presidents

Public Papers of the Presidents

July 2, 1996

CITE: 32 Weekly Comp. Pres. Doc. 1166

LENGTH: 5571 words

HEADLINE: Remarks to the Convention of the National Council of Senior Citizens in Chicago, Illinois

BODY:

The President. Thank you very much. Pretty rowdy group today. Thank you. I want to -- what's the problem over here on the right? [*Laughter*] Steve said, you know, he said, "This room is 285 feet long. It's like a giant bowling alley." [*Laughter*] There's kind of a wave that goes from right to left here.

Let me, first of all, thank Lois and Tom for their introductions. I want to thank your outgoing president, Gene Glover, for his years of outstanding service and wish your incoming president, Harry Gunther, well, and say that I hope this means that we have an even better chance of carrying Florida than we did before we started, Harry.

I thank all the distinguished labor leaders who are here, George Becker and Jay Mazur. And I see Doug Fraser there. You're looking great; I'm glad to see you, Doug. Thank you and God bless you, sir.

I want to say a special word of thanks to Steve Protulis. He has done a great job for you and a great job for me. Thank you, Steve. And I want to recognize one other person apart from the elected officials, and that is my great friend, Justin Dart, over there. Thank you for everything you have done, sir. I'm glad to see you.

When Tom was up there kind of being rough on the Congress I wanted to say, he didn't mean the Members of Congress who are here. [*Laughter*] He didn't mean Dick Durbin or Ed Pastor or Bobby Rush or Luis Gutierrez. We thank them for what they did in this Congress. They did a great job.

And, Mayor Daley, it's good to be in Chicago. And I'll be back before you know it. I thank you for having us all here.

I always love to come to Chicago, and I like to -- we flew in a helicopter down to Meigs Field, and we got to fly over some of the suburbs -- and I always reminisce when I do. But a lot of you know that Hillary was born in Chicago and grew up in Park Ridge. And I wish she were here today, but she is representing our country on a tour of nine Central and Eastern European nations. So I talked to her last night; she just finished a day in Romania. So I wish she were here, but she's over there talking about countries who love freedom. [*Applause*] Thank you.

I want to thank you for something else that I know you feel, and that is, it meant a lot to me when I took this recent trip to Europe to have the annual meeting of the seven largest industrial countries and then a meeting with those countries and Russia about political challenges facing the world to know that the people back home were not only outraged by the murder of our service people in Saudi Arabia but determined to stand against terrorism wherever it exists.

And I know you must have been proud this morning to read in the newspaper that our Federal law enforcement officials thwarted a planned attempt to blow up buildings in Arizona. I thank them for that, and I'm proud of them.

I can tell you this: In this open world of ours where we can all move around the world and ideas and information and money and technology can move around the world in a split second, we are more vulnerable to the organized forces of intolerance and hatred and terrorism. But we can also prevent a lot of these things. I have seen it work here in the United States in the last 3 years, where we've headed off a number of such incidences. I see it happen in the Middle East, where incidences not only occur but many more are headed off. And we're going to have to work at this, work it together, and other nations need to work with us, because this is our common security threat after the cold war. And we can whip this if we'll stay together and work together. And we have to do that.

The other thing I'd like to say is that I signed a proclamation late last night proclaiming this month as National Unity Month and asking all Americans to find ways in their places of worship or in other places to stand up against this terrible wave of church bombings and the desecration of other houses of worship that we are seeing across this country.

Just before I came to see you I announced that we reallocated a few million dollars to the 12 States that have seen the great bulk of these church burnings so that every county will receive some funds either to hire extra officers or to have people work overtime, or to help churches put up security equipment or lighting at night, to do something to try to prevent these things from occurring.

But we also need to change the atmosphere. If you've seen the profiles coming out on a lot of the people who have been charged with these church burnings, they seem to be no discernible conspiracy, but instead a lot of people who share common problems, peopie who have disappointments in their own lives, frustrations in their own lives, and somehow think instead of saying, "Well, what can I do to straighten myself out or who can I go to" -- whom can I go to -- "to ask for help," they say, "Well, I'm just going to be mad and burn a black church."

And you know, this is something that is sort of endemic to human nature. When you're in a crisis in your life, you can either say, "What can I do to fix it," or "how can I get some help," or you can look for somebody else to blame or say, "Well, no matter how bad off I am there is somebody that's even lower than I am, and I'm going to punish them." And we have to stand up against that. We have to change the atmosphere in the country.

Don't forget that -- don't forget, this country was founded on a belief in religious liberty. A lot of the first people who came to the shores of the United States came here because they wanted to come to a place where nobody would tell them how to worship God, and they could make their own mind up.

Don't forget that the first amendment to the Constitution not only protects the freedom of speech, the freedom of press, and the freedom of assembly, it protects the freedom of religion. It is the first amendment to the Constitution. And over our entire history we have displayed a fidelity to it that has kept our country strong. And we dare not allow this to continue without every American of conscience, without regard to their race, their region, or their political party, speaking up against it. It is wrong, and we must stand together.

For more than 30 years now, you have been fighting the good fight you were cheering about today, fighting first for Medicare and for Medicaid and for Social Security and then fighting to protect it. I am very proud that one of the things that happened last year with the leadership of Senator Moynihan primarily is that we finally made Social Security an independent agency, giving the autonomy it needs to fulfill its mission.

You know as well as I do that your fight for the well-being and the dignity of American seniors has never been more important than it is now. You know that the victories that we won through the veto pen in 1995 didn't solve the fundamental problem of securing the Medicare Trust Fund in a way that honors the dignity of the seniors of this country or protects our sense of fairness. I am proud to stand with you. But what you do from here forward is central to our mission as we move

into the 21st century.

When I ran for President, I said to all of you that I wanted to lead our country into the next century to ensure three things. I wanted the American dream to be a living reality to every person who is willing to work for it, without regard to their race, their gender, their region, or what they start out with in life. I wanted this country to be coming together around all of its ethnic and racial and religious diversity, instead of being torn apart the way so many countries around the world are. And I wanted this country to continue to be the world's strongest force for peace and freedom and prosperity.

At the end of the cold war, if the world is not going to be divided into the communist and non-communist world, and if we can force the nuclear threat to recede, we still have to have somebody out there standing up for human decency around the world and peace and freedom. You see that in Bosnia. You see it in Haiti. You see it in the fight against terrorism.

And it seemed to me that in order to accomplish these things we had to ask ourselves: Okay, the cold war is over. We're living in a new kind of world. All right, we're not dominated by large industrial bureaucracies and large government bureaucracies and mass production anymore. High technology and the information revolution has changed dramatically manufacturing and agriculture and every form of human endeavor. So we changed the way we work; we changed the way we live; we changed the way we are relating to the rest of the world -- big changes, 100-year changes. Now what?

And it seemed to me that we had to start by saying we have to meet these challenges in a way that protects our values. And one of the values that has made this country strong for over 200 years is recognizing that we are, none of us, in this alone. We have responsibilities to each other. That's really what alp these debates are about.

So if, for example, if you just take Medicare. If there's a problem with Medicare, solve the problem, but don't solve it by asking families to go back to the days when they had to choose between health care for the parents or college educations for the kids. That's not the answer to solve that problem.

This is about more than money. This is about what we are as a people. What are our obligation to our parents, and what are our parents' obligation to their grandchildren? How can we make these decisions in a way that allows America to grow but to grow together, to go forward together, so that we all feel like we're in this together and that we're growing stronger because we're holding hands and working together?

Now, that is what I believe we should be doing. And I don't think it's very complicated. I think we need a strategy which says our role is to create opportunity, not guarantees but opportunity for people to make the most of their own lives, to insist that our citizens act with personal responsibility, and to build a stronger sense of community, to recognize that we're all in this together, we do have certain obligations to one another, and we're all going to do better if everybody has a chance to do well, and that we can't lift up one group by keeping another down. We have to make these decisions together. That's the way to do it.

Take the economy. Four years ago our economy was drifting, unemployment was high, the deficit was out of control, we had the slowest job growth since the Great Depression. I wanted to chart a new course. And I said what we ought to do with this economy is to have a disciplined plan to move us into the 21st century with a growing economy that everybody had a chance to benefit from. Let's cut the deficit, get interest rates dow, get investment into creating jobs and homes up. Let's continue to invest in the education of our children, the education of adults, high technology, research, the things that will create good jobs. Let's have more trade, but let's make sure it's not only free trade but fair trade. Let's do these things, and it will work.

I also believe very strongly that we had to do more to help working families to succeed at work and

to succeed at home. You know, a lot of people talk about welfare. Well, one of the things that I figured out was we had a tax system that was punishing people at the low end of the wage scale who chose work over welfare. So we doubled -- we doubled the family tax credit, called the earned-income tax credit so we could say if you're working 40 hours a week and you've got a child in the home, we will not tax you into poverty. You should be out of poverty.

We will lift you out of poverty with the tax system. It was pro-family.

We fought for the family and medical leave law, which simply said if you have a sick parent or a newborn baby and you have to take some time off work, you won't lose your job. It was a good bill, and it was the right thing to do.

Now, when we passed this economic plan, I predicted that if it passed, we'd be able to cut the deficit in half in 4 years, and the American people would produce 8 million new jobs, even though we were going to reuce the size of the National Government.

Well, the Republicans in the Congress fought us tooth and nail. And I'll give them credit -- every one of them voted against it. [*Laughter*] They didn't fool around; they were united. [*Laughter*]

Speaker Gingrich, then the minority leader, said, "I believe this will lead to a recession next year." Now the majority leader, Mr. Armey, said of my economic plan, "Clearly this is a job-killer." [*Laughter*] Senator Gramm said, "We are buying a one-way ticket to a recession. The American economy is going to get weaker, not stronger, and 4 years from today the deficit will be higher than it is today and not lower." Senator Dole said, "President Clinton knows, and the American people know, the plan does not tackle the deficit." And John Kasich, the head of the Budget Committee, from Ohio, said --

Audience members. Boo-o-o!

The President. Wait, let me quote this. Here is what he said of our economic plan, quote, "This plan will not work. If it was to work then I'd have to become a Democrat." [*Laughter*] Well, I want to tell Mr. Kasich that Mayor Daley is saving a seat for him at the convention, because it works. It does.

I don't know how they define "work," but in 3 1/2 years the deficit, now we know, will be cut by more than half. We know the American people did not produce 8 million jobs in 4 years; they produced 9.7 million jobs in 3 1/2 years; 3.7 million new homeowners; an all-time high in the export of American products; a record number for 3 years in a row of new businesses starting up. And for the first time in 10 years, thank goodness, average hourly earnings for working families are starting to go up. The lowest combined rates of unemployment and inflation in almost 30 years. I think it's fair to say that based on the evidence, when it came to the economy, we were right, and they were wrong.

Of course, we have more to do. The minimum wage this year is going to drop to a 40-year low in what it will buy if we don't raise it. You can't raise a family on 4.25 an hour. And if this Congress really believes in work and family values, let them go back and raise the minimum wage like they ought to.

And we ought to pass the Kennedy-Kassebaum bill and pass it now, unadulterated. So people won't lose their health insurance when they change jobs or someone in their family has been sick. We also ought to make sure that we do a number of other things. I've sent a package of retirement legislation to the Congress to make it easier for self-employed people and small-business people to take out retirement plans and then to keep it even if they go through periods of unemployment, or when they change jobs. There are lots of other things we need to do. But the last thing we need to do is to reverse a course that is working.

I also believe that when people get to the end of their working lives, they shouldn't have to worry

about whether they can feed themselves when they retire. Nor, however, should they have to worry about whether Medicare will be there for them.

Now, I noticed when our friends on the other side debate Medicare in Washington, they never tell people that one of the important things that we did in our 1993 economic plan was to strengthen the Medicare Trust Fund, to add a few years to it. And they attacked us every step of the way for trying to do it, and in fact, in the '94 election promised to undo what we had done to strengthen the Medicare Trust Fund and protect the financial integrity, of Medicare. It's why we fought for the **reauthorization of the Older Americans Act,** so that seniors can get the nutrition and transportation and other services they need.

It's why I have worked so hard to pass and then to protect that crime bill. How many seniors would say that their number one concern over the last 5 years has been their personal safety? And again I would say, if you just look at the record this administration has worked on in the area of criminal justice and law enforcement -- we passed the Brady bill, requiring a waiting period before people can buy handguns; we passed the crime bill, which put 100,000 more police on the street over a period of 6 years. I can tell you this: We are ahead of schedule with those police officers and under budget. And they are making a difference to lower the crime rate in America.

We passed the ban on assault weapons. And again, the leadership of the other side fought us every step of the way. They said we shouldn't give the communities any money to try to help prevention programs, to spend money to keep kids working in the summertime or giving them some things to do after school, instead of to walk the streets. They said that this was a waste of money, even though police officers were screaming for it all over America, so that our young people could have something to say yes to, as well as something to say no to.

They said if we passed the assault weapons ban and the Brady bill, we were just going to take everybody's gun away from them. Well, I'll tell you something, we've now been through two deer seasons -- [*laughter*] -- and where I live, every last hunter that hadn't wanted to buy a new gun is still hunting with the same rifle they had when those guys were trying to scare them to death.

But there are some people who didn't get guns: 60,000 felons, fugitives, and stalkers didn't get guns because of the Brady bill. We were right, and they were wrong.

Ask Mayor Daley, a former prosecutor, about Chicago. Community policing, preventive strategies: the crime rate is down in virtually every major city in this country in every major category. Substantial drop in the murder rate, just from last year, right here in Chicago. So those people who fought the crime bill were wrong. They were wrong. The evidence is here. And that has to do with how senior citizens live.

We know that as we look to the future, we have to find a way to control medical infiation. Of course, we do. We have to find a way to try to bring inflation in health care down to the level of inflation in the country and keep it there. We know that as there's more seniors relative to workers in the population, we have to deal with that. We know that we have to have integrity in the Medicare trust fund. Can we do that without creating two classes of people under Medicare? Can we do it without destroying the guarantees of Medicaid to families with people with disabilities, to elderly people in nursing homes, to poor women and their infant children? You bet we can. We've done it before. We can do it again, and we will do it.

Medicaid, most people think, is a program for poor people. The truth is only about 30 percent of it goes to help poor families, pregnant women, and little children. Seventy percent of it goes to care for our senior citizens, most of whom come from middle class families, to enable their children to have stable lives and raise their children and educate them, and to go to help families with family members with disabilities, many of whom can live at home or independently because of Medicaid, many of whom are able to raise their children with serious disabilities at home without going into bankruptcy or having to give up their jobs because of Medicaid.

Now, can we do things to slow the rate of inflation there, to give the people on Medicaid more choices, to have more incentives to do all kinds of things? Yes, we can. Should we walk away from the guarantee we have given to try to help make people secure in their health care? No, we should not. No, we should not. Are there other strategies we can follow? You bet there are. What about preventive health care?

One of the things that I tried to do -- it's turned out to be very controversial and I now see why no previous President ever wanted to get into this -- is I believe that we should take strong action to stop the advertising, sales, and transference of cigarettes to children. I think it's wrong,

You talk about saving money. Three thousand children a day smoke -- start smoking -- begin. Three thousand children a day begin. One thousand of them will have their lives shortened because of it. And along the way society will pick up a significant part of the health care bill. Now, that's one way to save money.

Now, I have been amazed at the debate that's injected itself into the national campaign on this issue. I notice that Senator Dole questioned the other day whether or not tobacco was really addictive for everybody. [*Laughter*] And then, apparently, this morning, when it was -- he was asked about Dr. Koop, who was President Reagan's Surgeon General, a remarkable man, who may be a Republican for all I know -- President Reagan's Surgeon General, but he has been one of our most outspoken advocates of trying to stop smoking among young people -- and this morning Senator Dole suggested that maybe Dr. Koop had been brainwashed by the liberal media. [*Laughter*] Well, I imagine Dr. Koop was surprised to hear that. [*Laughter*]

I believe Dr. Koop knows more about the dangers of tobacco than the so-called liberal media or Senator Dole. He's out there fighting for our children, and that's what we need more people to do, fight for children and not play politics with this issue.

Medicaid today spends at least $ 10 billion in Federal and State funds to pay for treatment for smoking-related illnesses. Now, if we're going to get serious about cutting the costs, that's one way to do it without hurting families. It will help families, it will strengthen families.

And finally, let me say that this sort of partisan division has only made the Medicare Trust Fund problem worse. Let's face it, we have enough savings identified in both the Republican plan and my plan to take the Medicare Trust Fund out to a decade right now. And we don't know yet whether we won't be able to find more in the development of managed care, voluntary options for seniors, and other things that are happening in the marketplace right now.

Now, why don't we go ahead and do this? Why are we holding out? Why is the Congress holding out for an agreement that would essentially develop a two-class Medicare system, where the older and the poorer and the sicker you are, the more likely you are to be in yesterday's Medicare that's under-funded; and the younger and healthier and more well off you are, the more options you're given to walk away. That's not what made Medicare work. What made Medicare work is you say, we have obligations to each other, and we're going to fulfill them. We're going to do this and solve this together. I think that is the right thing to do.

But you need to understand, every health care program -- there is no such thing as a problem-free health care program. You have to manage this as it goes along. You have to deal with the population, what happens to people, what the costs are. But I'd just like for you to remember two things when all these people tell you how bad Medicare is, how it needs to be worked over and changed and, in effect, deconstructed. I'd just like for you to remember two things -- the same thing for Medicaid -- number one, Medicare has the smallest administrative overhead cost of any insurance program, public or private, in the entire United States of America, and number two -- number two and far more important, America's longevity, unfortunately, is not as high as some countries, but the main reason is, we have lamentably higher rates of violence among young people, we have higher rates of AIDS, which kills a lot of young people in this country, and our infant mortality rate in some places is still higher than it is in some countries.

But if you live to be 65 in the United States, you have the highest life expectancy of any group of seniors in the world. Medicare, Social Security, SSI, that's what did that. Now, I can't believe we can fix the problem of the financing in a way that preserves the fact that we have the seniors with the highest life expectancy in the world, with a program that already has the lowest administrative costs in the world. This is not rocket science. This is politics.

So I would say again, this is a great philosophical divide -- should we abandon Medicaid's guarantee to poor women and little children --

Audience members. No-o-o!

The President. -- to families with disabilities, to the seniors in the nursing homes?

Audience members. No-o-o!

The President. No. Should we create in Medicare -- we're not talking about saving money here; we're not talking about securing the trust fund for a decade. We're talking about whether we should create a two-class system of care.

Audience members. No-o-o!

The President. You know, if I stay healthy -- I don't know if I can the way things are in Washington -- [*laughter*] -- but if I stay healthy, I retire as President, and I have a nice pension, you know, I'll probably be fine. Their system might be great for me, I could walk away. But what about my responsibilities to everybody else? What about everybody else's -- what about our responsibilities?

So, again, I would say that the Senate has new leadership and we have -- we have identified the savings necessary to secure the Medicare Trust Fund. Why should we go into a work stoppage just because it's election season? Let's go ahead and secure the Medicare Trust Fund for another decade. You know how we're going to save the money and you said okay, and we can do that.

I know, you know, we've had a good time today, and I know that I'm here preaching to the saved -- [*laughter*] -- it makes it easier. But let me tell you, there is a serious issue here. We have serious questions to deal with. We all know that we're living longer and that the distribution of population is changing. We have the come to grips with these things. The only thing I'm saying is I believe the seniors of this country care about their children and grandchildren and their greatgrandchildren.

When I was the Governor of my State, I spent most of my time trying to improve the education of our children, and I got most of my support for it from people who were in their golden years, who were more than happy to come up and invest more money or do whatever it took to make sure that their grandchildren had a bright future.

I do not want to see the generations in this country pitted against each other. We can find a clearly nonpolitical, bipartisan, even-handed, sensible solution to any problem the generational changes are going to face this country with, as long as we don't use it as an excuse to divide this country one from another, and to be unfair to the seniors in their quest, legitimately, to have a good life. You know it, and I know it.

I want to just say two things in closing. While I think we have obligations to you, I am impressed by how many of you still think that you've got plenty of energy to exercise obligations to other people, and I thank you for that. I thank you for that. I thank you for becoming foster grandparents or working with troubled young people or becoming mentors and tutors. Those kids need people like you, and we need more kids with more seniors helping them one on one.

I thank those who have joined our National Senior Service Corps. I thank those who work with

other seniors who aren't as well off as they are either financially or physically. I thank you for your wisdom and your vigor. And I ask you to bring that wisdom and vigor not just to those who agree with you in the next 4 months, but to others as well.

We have here a very clear choice. And in a way that's a happy thing for America because you don't have to guess this time. You know, in lots of elections -- in lots of election there's a certain amount of guesswork. But you know what I will do. First of all, you know that we did what we said we'd do, or we got caught trying to do it. [*Applause*] Thank you.

Audience members. Four more years! Four more years! Four more years!

The President. Thank you. Thank you. And that the results have been good. Compared to 4 years ago, we're better off than we were on the economy. We're better off than we were when it comes to crime. We've proved that you can protect the environment and grow the economy. We have worked with the States to move people from welfare to work. And while others in Washington talked about it, we now have 1.3 million fewer people on welfare than we did the day I became President.

We've proved that you can shrink the size of the Federal Government without being cruel to the Federal employees or undermining the quality of Federal service. We have proved, in other words, that we could grow the economy with opportunity and responsibility and a stronger sense of community. That's the first thing.

The second thing is, there's lots more to do. Our country's transformation into the 21st century is far from complete. I proposed the other day that we amend the family and medical leave law to let people have a few hours off a year to go to regular conferences with their kids and make regular doctor's appointments with their parents if they need it, or their children if they need it. That's a good thing to do, a simple thing to do.

I proposed making 2 more years of education after high school universal for everyone through a system of tax credits that would let everybody go to their nearest community college. And there are lots of other things that we have to do.

And the third point I want to make is, on the you-don't-have-to-guess point is, you know where I stand, and you know where they stand. And if the American people want the budget that they passed in 1995 that I vetoed, they can get it. They can get it. But you need to talk to your friends and neighbors about this. Six months into 1997, if they had the White House and the Congress, that budget would be the law of the land. If you think it's a bad idea that we're putting 100,000 police on the street, and you want to remove that commitment and just throw money at the problem, you can get that. They did that once, but I stopped them.

If you think that I was wrong to take on this tobacco issue, or wrong to require the V-chip in the new television sets so that parents have some control over the things their young children watch, if you think I was wrong about the family leave law and you don't want it extended, you can have someone who agrees with you, who believes -- who led the fight -- who led the fight against everything I said.

TAudience members. No-o-o!

Audience member. We'll stand with you, Bill!

The President. But what I want you to do is not just stand with me, I want you to go home and explain it to everybody else. That's what I want you to do. I want you to explain it to everybody else. [*Applause*] Thank you. Thank you.

Now, let me say one other thing. Let me say one thing. I'm going to do my best in the next 4 months to give this country back to the people, just like I tried to do in 1992. I want this election

process to be in the hands of the American people, and I'm going to do everything I can to see that they get a chance to make these decisions based upon what will happen afterward that affects their lives, their children's lives, and the future of this country.

There is no nation in the world as wellpositioned for the next century as the United States -- no nation. All we have to do is to make sure that we give people the tools they need to make the most of their own lives, do everything we can to ensure responsibility from all of our citizens, and remind everybody that we are in this together. This is tile greatest country in the world today because, in wave after wave after wave after wave over 200 years, we have steadily built a bigger group of American success stories. I believe we're in this together. That is the choice the American people face.

And if you go out there and remind people of the example and the story of your own lives, you can look into the future for people who are younger than you are. You can help them to take their blinders off; you can help to make sure that they're not distracted. And you can ask them to stand up to the finest and best in this country. And that will ensure a good result, not just in November, but far more important for our children and our grandchildren.

Thank you, and God bless you.

NOTE: The President spoke at 2:10 p.m. in the Regency Ballroom at the West Tower of Chicago Hyatt Hotel. In his remarks, he referred to Steve Protulis, executive director, and Tom Buffenbarger, board member, National Council of Senior Citizens; Lois Wellington, president, Congress of California Seniors; George Becker, president, United Steelworkers of America; Jay Mazur, president, Union of Needletrades, Industrial and Textile Employees; Douglas Fraser, former president, United Auto Workers; Justin Dart, chairman, Justice for All; and Mayor Richard M. Daley of Chicago. A portion of these remarks could not be verified because the tape was incomplete.

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Public Papers of the Presidents

Public Papers of the Presidents

October 8, 1998

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HEADLINE: Letter to Senate Majority Leader Trent Lott Urging **Reauthorization of the Older Americans Act**

BODY:

Dear Senator Lott:

I am writing to urge you to pass legislation to reauthorize the Older Americans Act (OAA) before the Congress adjourns this year. Failure to do so will call into question our nation's commitment to the Act and the vital services it provides to millions of older Americans. Legislation to reauthorize the OAA has gained an impressive degree of bipartisan support. In fact, the legislation proposed by Senator McCain and Senator Mikulski is cosponsored by more than 60 Senators.

The OAA is receiving broad support because it has played such an important role in responding to the diverse needs of our nation's seniors. It provides more than 100 million meals to nearly one million vulnerable seniors each year through its meals-on-wheels program; it finances and supports an ombudsman program that helps resolve tens of thousands of problems, including abuse and neglect, affecting nursing home residents and other vulnerable populations; it provides job training for seniors who need or want to work; and, in many communities, it provides the type of adult day care that gives families a much needed respite from caregiving responsibilities.

These programs are essential to ensuring that our nation's seniors can maintain their independence. Sometimes a few basic services or programs, such as adult day care or adequate nutrition, are all that is necessary to allow seniors with limited resources to continue living in their homes and communities. Without the OAA, too many older Americans would have no choice but to turn to long-term care facilities to get the help they need. This harms those who would like to remain in their communities, significantly draining our nation's limited resources.

No political party gains -- and all Americans lose -- when we fail to work together to pass a bipartisan reauthorization of the OAA. I am committed to working with you to reauthorize this critically important legislation.
Sincerely,

William J. Clinton

NOTE: An original was not available for verification of the content of this letter.

LANGUAGE: ENGLISH

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