

"A diverse and constructive  
voice speaking to the  
challenges of an aging  
Maine"



# Maine Aging News & Information Update

Maine Gerontological Society

Issue 8  
Winter/Spring 2009

## MGS Co-Sponsored Geriatric Education Conferences Scheduled for May and June

Inside this issue:

### 19th Annual Rural Geriatric Conference - June 4-5, 2009

The Rural Geriatric conference scheduled for June 4-5, 2009 is the only one of its kind within the State of Maine. Offering professional, cutting edge topics affords professionals an opportunity to receive educational credits towards professional licenses as well as advancing one's knowledge on various topics. The conference does offer a discount to those who are paid members of MGS. Sponsors include: Acadia Health Education Coalition (a member of Penobscot Community Health Care, Bangor Area Health Education Center); the Maine Gerontological Society; DHHS Maine Center for Disease Control and Prevention, Office of Rural Health & Primary Care; and the University of New England College of Osteopathic Medicine.

Workshop topics this year include: Infectious Disease in Geriatric Populations; Maine's Physician Orders for Life-Sustaining Treatment; Providing Strategies and Support for Seniors; Preventing Harm in Geriatric Health Care; The Power of Advocacy to Create Change; Recognizing Sexual Assault and Undue Influence; The Use of Professional Ethics as a Guiding Principle for Decision Making When Working with Aging Individuals; Motivational Interviewing; Using Reflective Statements to

Foster Rapport and Enable Change - Implications of Visual Loss in the Elderly Population; and Supporting Evidence (or Lack of it) in Treating the 3D's.

In addition, plenary sessions broach: Quality Geriatric Care, Cultivating Meaningful Conversations to Guide Care; End of Life Care Planning in Dementia; Celebrate What is Right with the World, Motivational Interviewing; Developing a Competent Health Care Workforce to Care for Older Adults; Policy and Legislative Issues Affecting Maine's Elderly; and Meditation Practice.

The conference also provides opportunities for attendee self growth including informational booths and Tai Chi. Registration information is available at: <http://www.umaine.edu/mainecenteronaging/MGS2.htm>

### Hidden But Not Forgotten: Early Trauma and Later Life Colloquium—May 1, 2009

This year's University of Maine Clinical Colloquium will examine the challenges trauma survivors face in older age. Coping with past serious trauma can provide new difficulties to survivors as they reach the age of retirement and encounter increased physical limitations, memory problems, loss of peers, and other later-life stressors. This colloquium will address survivors of many kinds of trauma including:

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## From the President ...

This issue of the Maine Gerontological Society's *Maine Aging News & Information Update* highlights two educational programs that MGS members still have the opportunity to benefit from in terms of substantial discounts in registration fees. Taking advantage of the discounts offered at the May 1st Trauma and Aging Colloquium and the June 4th and 5th Annual Rural Geriatric Conference alone would more than offset the annual MGS membership fee. This opportunity to reduce your costs associated with attending quality in-state geriatric education programs is yet just one more example of the benefits of Society membership.

If you are already a member please tell your colleagues to consider joining the Maine Gerontological Society. If you are not a member, then I strongly encourage you to join today. Membership is a win-win situation. You will receive issues of our newsletter and Hot Topics and be eligible for the many discounted programs that MGS co-sponsors during the course of the year. At the same time, you will be supporting the efforts of an interdisciplinary network of aging practitioners, administrators, educators, and researchers throughout the state as they work to insure that aging-related issues and priorities are recognized and valued.

A new program that the Society is pleased to announce is the MGS Fellows Program. Fellows status is bestowed upon those individuals who are members of the Maine Gerontological Society that have evidenced outstanding achievement in such activities as service to community, MGS, health care practice, research, mentorship, education, and/or administration related to aging. Please plan on attending our annual MGS membership meeting on June 4th at the Annual Rural Geriatric Conference to learn more about the recently launched MGS Fellows Program. I look forward to seeing you there!

Lenard W. Kaye, DSW/PhD  
President



## Geriatric Education (Continued from page 1)

childhood physical and sexual abuse, combat experiences, natural disasters, and historical events.

Trauma experts from a variety of settings will address why this period of life can be more complicated for trauma survivors, how to assess the impact, and interventions, taking into consideration the differences in the availability of treatment services. Not recognizing the impact of past trauma on these clients has the potential for misdiagnosis and ineffective treatment.

MGS members receive a 25% discount to this all day colloquium which includes lunch and refreshment breaks. Registration information is available at: <http://www.umaine.edu/mainecenteronaging/documents/traumasurvivorsinoldageFINAL3-5-09.pdf>



### Treasurer's Report

Roberta Downey  
MGS Treasurer

This report covers the Maine Gerontological Society's finances for January 1 – March 31, 2009, the first quarter of MGS's fiscal year.

On January 1, 2009, MGS had assets totaling \$5,913.69 distributed between our Key Bank checking account of \$3323.12 and a Certificate of Deposit valued at \$2590.57.

First quarter revenue totaled \$927.00 - all from annual dues.

The State of Maine annual filing fee of \$35 was our only expense.

As of March 31, 2009, our checking account balance was \$4215.12. Adding the value of the CD (interest accrued through Feb 27) brings our total assets to \$6805.69, a net increase of \$ 892.00.

Cordially submitted,  
Roberta Downey





## **LEGISLATIVE UPDATE** **April 2009**

### **STATE BUDGET:**

**Budget Curtailment - November 19, 2008:** Governor John Baldacci ordered a budget curtailment of \$80 million. The Department of Health and Human Services will lose \$31 million under the budget curtailment. (The State will run a budget shortfall of \$146.4 million through June 2009. The Governor will submit a budget revision package in mid-December that will account for the remaining shortfall)

**Supplemental Budget (LD 45) - December 16, 2008:** Governor John Baldacci presented his Supplemental Budget. LD 45: "An Act to make Supplemental Appropriations and Allocations for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year ending June 30, 2009" offsets \$140 million in declining revenue with no new taxes, and it utilizes \$45 million in State reserves for FY 2009.

**Governor's Budget (LD 353) - January 9, 2009:** Governor John Baldacci presented lawmakers with a new \$6.1 billion budget for the two-year cycle 2010 - 2011 that begins July 1, 2009. (The current two-year budget for the state is: \$6.3 billion).

LD 353: "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2011"

proposes cuts to address a projected \$838 million revenue shortfall. The budget is \$200 million less than the previous two-year budget.

**The budget includes funding (\$2,400,000) for 7 Assisted Living projects.** The funds for Assisted Living would be used to cover items not covered by MaineCare in whatever new MaineCare funding mechanism is determined for the 7 projects. Note that the Governor had included \$1,541,667 in his Supplemental Budget (FY 2008-2009) to "ensure financially sustainable assisted living facilities."

It should be noted that the Governor's Budget anticipates at least \$98 million in federal stimulus funds for the State of Maine.

**Other items in the Governor's**

**Budget:** The budget eliminates 219 state positions, of which 139 are currently filled. That would bring the total number of state workers to 13,700. Higher education funding would be cut by 2.4%, while K-12 education would be funded at or near its present level. The budget does not increase sales or income taxes, but it does raise fees (The Department of Marine Resources would see a 15% across-the-board increase in all license fees). The budget also calls for sending 118 prisoners out of state, and requires state employees making more than \$50,000 a year to contribute to the cost of their health insurance.

More details about the Governor's Biennial Budget are available at <http://www.maine.gov/budget>

Policy Committees are currently reviewing the Governor's Budget.

## **THE 124<sup>th</sup> MAINE STATE LEGISLATURE:**

The 124<sup>th</sup> Maine State Legislature convened the First Regular Session on Wednesday, December 3, 2008 at 10:00 a.m. Statutory Adjournment for the First Regular Session is June 17, 2009.

### **KEY LEGISLATION:**

**LD 400: "An Act to Implement the Recommendations of the Blue Ribbon Commission to Study Long-Term Home-Based and Community-Based Care"**

**Sponsors:** Senator Margaret Craven (D-Androscoggin) and Majority Leader Phil Bartlett (D-Cumberland).

**Co-Sponsored by:** Speaker Hannah Pingree (D-North Haven), Minority Leader Kevin Raye (R-Washington), Senator Lisa Marrache (D-Kennebec), Representative Sawin Millett (R-Waterford), Representative Jim Campbell (R-Newfield), Representative Patricia Jones (D-Mount Vernon) and Representative Lisa Miller (D-Somerville).

This legislation implements the recommendations of the Blue Ribbon Commission to Study the Future of Home-Based and Community-Based Care, which issued its report on November 5, 2008.

**LD 400 supports the following critical services:**

**Priority Social Services** (Funds for services such as Meals on Wheels and Transportation for cancer treatment and dialysis) \$500,000 each year;

**Aging and Disability Resource Centers** (These Centers provide information and referral services for the elderly and adults with physical disabilities and their families) \$300,000 each year.

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**Legislative Update (Continued from page 3)**

On March 19, the Health Committee held a work-session on LD 400, and voted unanimously "ought to pass". LD 400 will move on to the Appropriations Committee for funding consideration.

***LD 353: Governor's Biennial Budget – "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2011"***

Governor John Baldacci presented lawmakers with a new \$6.1 billion budget for the two-year cycle 2010 – 2011 that begins July 1, 2009. (The current two-year budget for the state is: \$6.3 billion).

***LD 794: "Resolve, To Adjust Co-Pay Rules to Ensure Access to Home-Based Care Services"***

Sponsor: Rep. Gary Connor (D-Kennebunk).

Cosponsored by: Senator Bartlett (D-Cumberland), Senator Craven (D-Androscoggin), and Representatives Jim Campbell (R-Newfield), Mark Eves (D-North Berwick), Patrick Flood (R-Winthrop), Sarah Lewin (R-Eliot), Lisa Miller (D-Somerville), and Anne Perry (D-Calais).

This legislation amends the Home-Based Care consumer co-payment rule to simplify the determination of financial eligibility for the Home-Based Care Program. It allows for the consideration of expenses for housing, transportation, life insurance, unreimbursed medical expenses (for spouse's only) and allowable personal expenses. These changes will make more efficient the determination of consumer co-pay for home-based care. It increases allowable household assets to no more than \$30,000.

On April 1, the Health Committee held a work session on LD 794 and voted "ought not to pass" and instead decided to write a letter to the Department directing that a workgroup be created to look at the issues raised in LD 794 and how they might affect other programs and report back to the Committee in January of next year.

***LD 821 , "An Act to Support Collection and Proper Disposal of Unwanted Drugs"***

Sponsor: Rep. Anne Perry (D-Calais). This legislation establishes a system to collect and safely dispose of unwanted drugs from households and residential sources. Drug manufacturers will manage and finance the drug collection and disposal program.

The hearing and work session for LD 821 were held April 14 and 16 respectively with further modifications requested.

Provided by Graham Newson

Executive Director

Maine Association of Area Agencies on Aging



## ATTENTION!!

The Maine Geriatric Conference is offering discounts to attendees of their 19th annual conference if they are paid members of the Maine Gerontological Society. If you are attending the full conference, savings total \$32.00. To receive more information on registering for the conference, go to the MGS website at [www.umaine.edu/mainecenteronaging/MGS2.htm](http://www.umaine.edu/mainecenteronaging/MGS2.htm).



The application may be downloaded. Once dues are paid, members are eligible for savings at designated conferences, symposiums, or colloquiums within Maine.

## House Economic Stimulus Measure Released: Big Wins for n4a's Priorities

### n4a's Priorities In the Bill

**OAA Senior Nutrition Programs:** \$200 million for formula grants to states for elderly nutrition services including Meals on Wheels and Congregate Meals.

**OAA Title V Community Service Employment for Older Americans:** \$120 million to provide subsidized community service jobs to an additional 24,000 low-income older Americans.

**Medicaid Aid to States (FMAP):** \$87 billion to states, increasing through the end of FY 2010 the share of Medicaid costs the federal government reimburses states, with additional relief tied to rates of unemployment. This approach has been used in previous recessions to prevent cuts to health benefits for their increased low-income patient loads at a time when state revenues are declining.

**DTV Conversion Coupons:** \$650 million to continue the coupon program to enable American households to convert from analog television transmission to digital transmission.

**Medicare and Medicaid Regulations:** The bill extends the moratorium on Medicaid and Medicare regulations (such as the Targeted Case Management regulation n4a opposed in 2008) through October 1, 2009.

**Low-Income Home Energy Assistance:** \$1 billion to help low-income families pay for home heating and cooling at a time of rising energy costs.

### Additional Provisions of Interest

**Community Services Block Grant:** \$1 billion for grants to local communities to support employment, food, housing, and healthcare efforts serving those hardest hit by the recession. Community action agencies have seen dramatic increases in requests for their assistance due to rising unemployment, housing foreclosures, and high food and fuel prices.

**Community Development Block Grants:** \$1 billion for community and economic development projects including housing and services for those hit hard by tough economic times.

**Medicaid Coverage for the Unemployed:** \$8.6 billion to provide 100 percent Federal funding through 2010 for optional State Medicaid coverage of individuals (and their dependents) who are involuntarily unemployed and whose family income does not exceed a State-determined level, but is no higher than 200 percent of poverty, or who are receiving food stamps.

**SSI Payments to Disabled and Elderly:** \$4.2 billion to help 7.5 million low-income disabled and elderly individuals with rising costs by providing an additional SSI payment in 2009 equal to the average monthly federal payment under the program (approximately \$450 for an individual and \$630 for a couple). This one-time payment will serve as an immediate economic stimulus as half of SSI recipients have no other form of income and the other half average outside income of less than \$450 per month.

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**We're on the web!**

[www.umaine.edu/  
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MGS2.htm](http://www.umaine.edu/mainecenteronaging/MGS2.htm)

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**Economic Stimulus (Continued from page 5)**

**Prevention and Wellness Fund:** \$3 billion to fight preventable chronic diseases, the leading cause of deaths in the U.S., and infectious diseases. This includes hospital infection prevention, Preventive Health and Health Services Block Grants for state and local public health departments, immunization programs, and evidence-based disease prevention.

**Indian Health Service Facilities:** \$550 million to modernize aging hospitals and health clinics and make healthcare technology upgrades to improve healthcare for underserved rural populations.

**Social Security Administration Disability Backlog and Claims Processing:** \$500 million to help the Social Security Administration process a steep rise in disability and retirement claims, getting people their benefits faster, and preventing existing backlogs from getting worse

**Centers for Independent Living:** \$200 million for state formula grants to help individuals with disabilities continue to live in their communities.

<http://appropriations.house.gov/pdf/PressSummary01-15-09.pdf>

Provided by the  
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**UPCOMING MGS MEMBERSHIP MEETING**

**June 4, 2009**

MGS has been holding their annual membership meeting at the 19th Annual Rural Geriatric Conference. This year our Membership meeting is scheduled for June 4, 2009 at 4:30 pm. All conference attendees, exhibitors, and MGS members are invited to attend.