

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



Maine Aging News & Information Update

Maine
Gerontological
Society

Issue 6
Fall/Winter 2007

MGS Integrates Gerontology and Geriatrics in its Mission

Inside this issue:

The Maine Gerontological Society (MGS) is a statewide association of individuals interested in issues impacting older adults in the state of Maine. The Society has the charge of serving as a leading interdisciplinary association on aging in the state, focusing on aging education, practice, and research with a special interest in policy related to aging issues.

The Society is dedicated to giving equal voice to diverse interests of the academic, practice, and general communities. The MGS also promotes active participation by administrators, planners, policymakers, practitioners, educators, researchers, business people, students, older adults, and others in aging related to education, practice, and policy

development.

With this extensive yet focused philosophical stance, it is important to note that the MGS adheres to two specific, yet overlapping definitions for gerontology and geriatrics in its quest to meet its organizational mission and objectives.

Gerontology, as defined by the Society, is the study of, as well as the practice and planning for, the aging process and individuals as they grow from midlife through later life, including (1) physical, mental and social changes, (2) investigation of the changes in society resulting from our aging population, and (3) application of this knowledge to policies and programs.

Geriatrics, as applied to the Society, is defined as the study of, as well as the practice and planning for (1) health and disease in later life, (2) the comprehensive

health care of older persons, and (3) the well-being of their caregivers.

The MGS emphasizes the offering of education and training opportunities for health care providers, social service organizations, educators and others because the changes faced by older adults – physical, mental and social – have implications that will shape aging policy, services, and practices in the years to come.

The fact that Maine is the oldest state in the nation in terms of the age of its citizenry insures that the Society will continue to have a crucial role to play in the years ahead.

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From the President ...

On May 18, 2007 Governor John Baldacci signed into law LD 1661 a "Resolve To Support Community Planning for the Aging of the Population." This bill was sponsored by Representative James Campbell, a consistently strong advocate for the welfare of older Maine citizens.

LD 1661 states that the Commissioner of Health and Human Services shall create a stakeholders' group to review and encourage planning activities by Maine communities and promote planning that includes components addressing the elder population. The group must include a representative of the Office of Elder Services' Area Agencies on Aging; the University of Maine Center on Aging; the Maine Municipal Association; the Executive Department, State Planning Office; and the Public Health Work Group and may include other interested parties. It further states that the stakeholders' group convened shall submit a report on its findings to the Joint Standing Committee on Health and Human Services to the Second Regular Session of the 123rd Legislature.

This group is moving quickly forward in developing a game plan for beginning to engage increasing numbers of local communities in the full range of comprehensive planning issues that can be expected to impact on the future well being of older adults in towns of all sizes throughout the state. This includes attention to such matters as insuring the availability of elder friendly transportation, outdoor space and buildings, housing, health and human services, and opportunities for work and voluntarism.

I am pleased to be a member of the stakeholders' group that has been convened by Diana Scully, Director of the Office of Elder Services. Certainly the work of the stakeholders' group has potentially significant implications for both Maine Gerontological Society members' personal lives as citizens residing in local communities throughout the state as well as for those of us who are engaged in aging-related practice,



education, and research. I will keep members informed of the work of the stakeholders' group as we proceed and would like to extend an open invitation to the Maine Gerontological Society membership to share your ideas, recommendations, and suggestions with me to bring to those meetings. I can be reached at len.kaye@umit.maine.edu. I am excited by the possibilities that LD 1661 offers all Maine citizens in local towns and communities as we plan for an aging population and hope you are as well.

Lenard W. Kaye, D.S.W., Ph.D.

Treasurer's Report

Roberta Downey
MGS Treasurer



The Maine Gerontological Society began the year with a checking account balance of \$3049.05. During the first three months of the year we had income of \$1182 and expenses totaling \$413 for a net positive change of \$769. Our balance as of March 31, 2007 was \$3,818.50.

The primary source of revenues for the first quarter was \$972 for annual 2007 dues and Greater Bangor Elder Abuse Consortium (GBEAC) conference registration fees of \$210 received in error. Expenses of \$413 included \$196 for a MGS banner, \$210 pass through of registration fees to the Eastern Maine TRIAD, and \$7 in bank fees. We have no outstanding debt.





The Maine State Legislature The Maine State Legislature adjourned the First Regular Session of the 123rd Legislature on Thursday, June 21, 2007 at approximately 10:30 p.m. The general effective date for non-emergency laws passed in the First Regular Session of the 123rd Legislature was Thursday, September 20, 2007.

The Second Regular Session will begin on Wednesday, January 2, 2008.

The First Regular Session of the 123rd Maine State Legislature considered a number of issues supported by M4A. Legislative action on those issues is summarized below:

LD 499, Biennial Budget Bill:

The Maine Association of Area Agencies on Aging (M4A) requested that the following items be included in the budget and testified in support of these items:

\$50,000 (each year): To support the Volunteer Medical Ride Network

\$75,000 (each year): To provide funding for mileage reimbursement for volunteers in the Meals on Wheels Program.

\$575,000 (each year): To fund home care coordination services provided by Elder Independence of Maine (EIM).

On May 2, 2007 the Democrats

released their budget plan and it included funding for the above items. The Republican's budget plan did not. Negotiations followed, and in the end, the Appropriations Committee voted unanimously to include ALL of the above funding requests (the only change being \$900,000 over 2 years for EIM instead of \$575,000 each year) in the budget.

On June 6, 2007 the Legislature passed the \$6.3 Billion Budget (with our funding requests intact) and the Governor has since signed it.

LD 819, "An Act to Provide Supplemental Funding for Mileage Reimbursement for Volunteers for Meals on Wheels Programs" (Emergency)

Summary: This bill provides funds to reimburse volunteers for meals on wheels programs for increased travel expenses resulting from increased motor fuel costs. This legislation takes effect when approved. Fiscal Note: \$75,000 in FY 2007-08 and \$75,000 in FY 2008-09.

Sponsor: Rep. James Campbell
Cosponsors: Representatives Beaudoin; Connor; Finley; Grose; Lewin; Perry; Walcott; Walker and Senator Raye.

Committee: Appropriations and Financial Affairs.

Action: On May 2, 2007 the Democrats released their budget plan and it included \$75,000 in FY 2008 and \$75,000 in FY 2009 for supplemental funding for mileage reimbursement for Volunteers for the Meals on Wheels Program. The Republican's budget plan did not include this funding. The Appropriations Committee finally approved including this funding in the budget by a unanimous vote. On June 6, 2007 the Legislature passed the Budget (with our funding request intact) and the Governor has since signed it.

LD 818, "An Act to Provide Support for the Volunteer Medical Ride Network"

Summary: This bill makes a one-time General Fund appropriation of \$50,000 in fiscal year 2007-08 for direct grants to local area agencies on aging to support the volunteer medical ride network. The funds will be used to support and expand a volunteer medical ride network focused on using volunteers to transport Maine's elderly to health care services such as kidney dialysis and cancer therapy.

Sponsor: Rep. James Campbell
Cosponsors: Representatives Beaudoin; Connor; Finley; Grose; Lewin; Perry; Walcott; Walker and Senator Martin.

Committee: Appropriations and Financial Affairs.

Action: This bill was referred to the Appropriations and Financial Affairs Committee on February 16, 2007. A Hearing was held on May 16, 2007.

On May 2, 2007 the Democrats released their budget plan and it included \$50,000 in FY 2008 and \$50,000 in FY 2009 for the Volunteer Medical Ride Network. The Republican's budget plan did not include this funding. The Appropriations Committee finally approved including this funding (\$50,000 EACH year for 2 years!) in the budget by a unanimous vote. On June 6, 2007 the Legislature passed the Budget (with our funding request intact) and the Governor has since signed it.

LD 1805, "An Act to Preserve Home Care Coordination Services for Long-term Care Consumers Served in the Community"

Summary: This bill appropriates and allocates funds (\$575,000) on an ongoing basis (2007-08

and 2008-09) for home care coordination services for consumers of state-funded and MaineCare-funded home-based care programs.

Sponsor: Rep. James Campbell

Cosponsors: Representatives Craven; Faircloth; Lewin; Pingree; Tardy and Senators Brannigan; Raye; Marrache and Weston

Committee: Health and Human Services

Action: This bill was referred to the Health and Human Services Committee. A Hearing was held on May 7, 2007. A Work Session was held on May 16, 2007 and the Committee voted "ought to pass as amended." On May 2, 2007 the Democrats released their budget plan and it included \$575,000 in FY 2008 and \$575,000 in FY 2009 for home care coordination services. The Republican's budget plan did not include this funding. The Appropriations Committee finally approved including \$900,000 over 2 years in the budget by unanimous vote. On June 6, 2007 the Legislature passed the Budget (with our funding request intact) and the Governor has since signed it.

LD 1661, "Resolve, To Support Community Planning for the Aging of the Population"

Summary: This bill directs the Commissioner of Health and Human Services to convene a stakeholders group to study community plans in Maine and to ensure the plans include a component addressing the elder population.

Sponsor: Rep. James Campbell

Cosponsors: Representatives Connor; Finley; Grose; Lewin; Miller; Walcott; Walker and Senators Brannigan and Raye.

Committee: Health and Human Services

(continued on page 5)



Diabetes, Depression and Cognition

Janis B. Petzel, M.D.

Type II Diabetes (DM II) affects approximately 10.3 million adults aged 60 or older in the United States, over 20% of the people in that age group. As the population ages, rates are expected to increase¹. The American Diabetes Association estimates that 90-95% of all new cases of diabetes in the world are Type II. That's a lot of people. So why should a geriatric psychiatrist be concerned about this common medical condition? Because DM II is a perfect example of how mind and body are connected. It is also an example of how behavior changes can be important in prevention. Changes in diet and exercise can be crucial in preventing advancement of a pre-diabetic state into full blown DM II.

DM II has a major impact on its victims, leading to problems with depression, to pathology in blood vessels, organs and hormone systems, and to cellular and biochemical changes in the brain that predispose the diabetic to a high risk of dementia and disability.

The pre-diabetic state is characterized by insulin resistance. The pancreas makes insulin, but for reasons that are not well understood, the tissues on the receiving end of the insulin (muscle, liver and fat cells) no longer respond to the insulin. Because of this resistance to insulin, glucose does not enter the cells properly. As a result, blood sugars rise, and the pancreas in response, starts pumping out more insulin. Between the elevated levels of glucose and elevated levels of insulin, a terrible cascade of health problems results: hypertension, peripheral, coronary and cerebral blood vessel disease, and increased levels of lipid (fat) in the blood. It's not clear if elevated blood sugars cause damage to nerves in the central nervous system, but damage to peripheral nerves does occur, leading to problems with vision, with sexual function, with the gastrointestinal tract, and with pain syndromes.

High levels of insulin may have direct and indirect effects on central nervous system physiology relating to cognition. Insulin receptors in the brain are particularly rich in the areas associated with learning and memory². Insulin may actually be protective of the nerves of the hippocampus, a brain area crucial for short term memory³. Paradoxically, high levels of insulin in the blood seem to turn off the transport mechanism that allows the insulin to enter the brain across the blood-brain barrier, leading to a deficit of insulin⁴. There are hints that insulin in the brain is somehow related to the normal processing of the amyloid precursor protein (APP)⁵. Abnormal processing of APP leads to formation of amyloid plaques characteristic of AD.

Depression is common in DM II, and may actually pre-date the onset of diabetes in older patients, which also happens in dementia. In older persons, those with depression are 2.5 times more likely to develop DM II than those without depression⁶. Those with both DM and depression have poorer control of their blood sugars⁷. Researchers have found that treatment with antidepressants does improve the symptoms of depression, but diabetes outcomes do not improve, so the DM is not happening just because a depressed person has poor self-care⁸.

Diabetes is currently being debated in the medical literature as a potential risk factor for dementia. Most studies show an increased risk of Alzheimer's Disease (AD) or Vascular Dementia in patients with pre-existing DM II. For example, the Religious Orders Study found a 65% increase risk of developing AD in nuns with a history of DM compared to those without it⁹. Large epidemiologic studies from Sweden, Netherlands and Israel report increased risk (odds or hazard ratios) for developing dementia in persons with DM^{10,11,12}.

The commonality between diabetes, depression and dementia may be due to the effects of DM II on blood vessels. Large arteries in the brain are more likely to become blocked (stenosis), which increases the risk for stroke. Small vessels, especially in the subcortical or middle parts of the brain also become blocked, leading to characteristic findings on MRI scans (periventricular white matter lesions and hyperintensities). These MRI changes are common in diabetes, depression and in dementia.

Genetics may play a part in the development of DM, but environment is probably more important. Rates of DM and dementia increase in ethnic groups that move from their native areas to the United States¹. Obesity is a well recognized risk factor for diabetes. Changes in diet and exercise can improve insulin resistance¹. It's never too late to start. Exercise programs are possible (and beneficial) even into late age, and demonstrate antidepressant effects in both cognitively intact seniors and in those with dementia^{13,14,15,16}. (The impact of exercise on DM in older people has not been studied to my knowledge.)

So, if we want to protect our brains in old age, we need to invest in our bodies, the younger the better. What can we do? Think local. Thin use it or lose it. Support recess and nutrition programs for kids. Encourage participation in physical education and sports. Turn off the TV; leave the car in the driveway. Put the cookies down and pick up an apple. Encourage physical activity in your clients or patients living in the community or in long term care. Lead by example (I'm having a little trouble with that one, myself!). Keep that connection between your brain and your body a healthy one.

(Citations available upon request)

("Legislation" - continued from page 3)

Action: This bill was referred to the Health and Human Services Committee on March 22, 2007. A Hearing was held on April 9, 2007 and a Work Session was held that same day. The Committee voted "ought to pass as amended." LD 1661 passed the House on May 10, 2007 and passed the Senate on May 15, 2007. The Governor signed the bill on May 18, 2007.

LD 1407, "Resolve, To Address Issues Concerning the Employment of Senior Citizens"

Summary: This bill directs the Commissioner of Labor to convene a stakeholder group to study barriers to senior employment and how to promote best practices in senior employment, to review benefit reductions for working seniors and to undertake a public education campaign to promote the value of senior citizens in the workforce.

Sponsor: Rep. James Campbell.

Cosponsors: Representatives Beaudoin; Faircloth; Finley; Grose; Lewin; Perry; Walker and Senators Raye and Sullivan.

Committee: Labor

Action: This bill was referred to the Labor Committee on March 15, 2007. A Hearing was held on April 4, 2007 and a Work Session was held on May 10, 2007. Although the Committee reported "ought not to pass", discussions with the Department of Labor have made this part of the responsibility of the Older Worker Committee of the Maine Jobs Council.

LD 1869, "An Act to Protect Maine Homeowners from Predatory Lending" (The Maine Homeowners Protection Act)

Summary: This bill will prohibit equity-stripping practices in mortgage lending and ensure that mortgages made to Mainers are fairly underwritten, so that they will be able to repay back their debt

Sponsor: Speaker Glenn Cummings

Cosponsors: Over 100 bipartisan House and Senate Cosponsors

Committee: Insurance and Financial Services

Action: A press conference was held on April 30th, supporting LD 1869, "An Act to Protect Maine Homeowners from Predatory Lending". A hearing was held on May 10th and a work session was held on May 15th. The Insurance and Financial Services reported the bill as "ought to pass as amended". It passed the House on June 4th and passed the Senate (35-0) on June 5th. The Governor signed the bill into law on June 11th.

LD 1714, "Resolve, To Expand the Maine Registry of Certified Nursing Assistants"

Summary: This bill requires that the Department of Health and Human Services develop a plan to improve and expand the Maine Registry of Certified Nursing Assistants, established in the Maine Revised Statutes, Title 22, section 1812-G to include unlicensed assistive personnel, and present the plan to the Joint Standing Committee on Health and Human Services no later than December 1, 2007.

Sponsor: Rep. Hannah Pingree.

Cosponsors: President Edmonds; Representatives Campbell; Lewin; Miller; Perry; Walcott; Walker and Senators Raye and Weston.

Committee: Health and Human Services.

Action: This bill was referred to the Health and Human Services Committee on March 27, 2007. A Hearing was held on May 10, 2007 and a Work Session was held on May 17, 2007. The Committee voted "ought to pass as amended". The House passed the legislation on June 14th, and the Senate passed the legislation on June 15th. The Governor signed the bill on June 19th.

LD 1687, "An Act to Increase Health Insurance Coverage for Front-line Direct Care Workers Providing Long-term Care"

Summary: This bill allows providers of long-term care services with more than 50 employees to participate in the DirigoChoice health insurance plan. The bill allows uninsured direct care workers who work an average of 10 or more hours per week to participate in the DirigoChoice health insurance plan. The bill limits the costs to Dirigo Health for subsidies to direct care workers in the targeted DirigoChoice plan to \$400,000. The bill also requires the Department of Health and Human Services to establish a demonstration project for long-term care providers who provide health insurance coverage to their full-time and part-time employees. The bill limits the funding of the demonstration project to no more than \$500,000.

Sponsor: President Beth Edmonds

Cosponsors: Representatives Beaudoin; Campbell; Connor; Miller; Perry; Pingree and Senator Marrache.

Committee: Health and Human Services

Action: This bill was referred to the Health and Human Services Committee on March 29, 2007. A Hearing was held on May 7, 2007 and a Work Session was held on May 17, 2007. Carry Over was requested on Friday, May 25, 2007, meaning that this may be considered again in the second or special session of the 123rd Legislature. The House and Senate approved the carry over on June 21st. The Health and Human Services Committee also sent a letter to the Insurance and Financial Services Committee asking them to consider the Dirigo-related provisions in the bill.

LD 817, "An Act to Support the Maine Keeping Seniors Home Program"

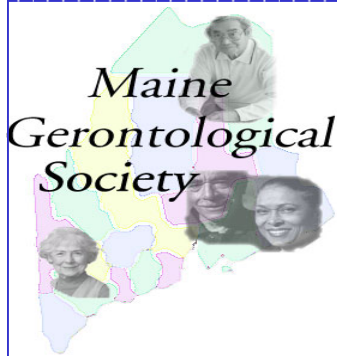
Summary: This bill makes an ongoing General Fund appropriation of \$350,000 in fiscal years 2007-08 and 2008-09 to the Department of Health and Human Services for the statewide Keeping Seniors Home Program administered by Western Maine Community Action, Inc.

Sponsor: Rep. James Campbell

Cosponsors: Representatives Beaudoin; Connor; Finley; Grose; Lewin; Perry; Walcott and Senators Marrache and Raye

Committee: Appropriations and Financial Affairs

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Scholars Section

Just Published!

Kaye, L. W., Kay, D., & Crittenden, J. (2007). Intervention with Abused Older Males: Conceptual and Clinical Perspectives, Journal of Elder Abuse and Neglect, An International Journal, Volume 19 (1/2), pp. 153-172.

In this article, the unique experiential dynamics and help-seeking behaviors of older men who experience abuse are delineated and recommendations are given for structuring services to better meet their needs.

(Please submit your publications to MGS Secretary, Sharon Berz)

("Legislation" - continued from page 5)

Summary: This bill eliminates the pension offset against unemployment benefits for persons who receive Social Security or any other pension or plan to which the individual made at least 50% of the contributions. If the person contributed some amount to the pension, but less than 50%, the offset is made after deduction of that portion of the pension that is directly attributable to the percentage of the contributions made to the pension by that person.

Sponsor: Rep. Campbell

Cosponsors: Speaker Cummings, President Edmonds, Senators Courtney, Martin, McCormick, Perry, Raye, Rosen and Representatives Clark, Moore, Rosen, Tardy and Tuttle.

Committee: Labor

Action: Representative Jim Campbell has continually led the effort on this issue, and his dedicated work resulted in a victory for Maine's older adults. A hearing was held on LD 155 May 7th by the Labor Committee and a work session was held on May 10th. As a result, LD 155 was rolled into another bill sponsored by Rep. Campbell, LD 1884, "An Act to Create the Competitiveness Training Fund and Improve Maine Employment Security Programs." Governor John Baldacci signed LD 1884 into law on June 20.

LD 1055, "An Act to Establish the Hearing Assistance Program for Low-Income Persons Who Are Elderly or Disabled"

Summary: This bill establishes a hearing assistance program within the Department of Labor, Bureau of Rehabilitation Services to provide grants to low-income persons who are deaf or hard-of-hearing and elderly or disabled for the purchase of hearing aids and subsidies for cap-tel service. The program is funded through the state universal service fund, which is administered by the Public Utilities Commission.

Sponsor: Rep. David Webster.

Cosponsors: Representatives Adams; Miller and Priest

Committee: Labor

Action: A hearing was held on March 28th, but was immediately recessed because the needed equipment was not available. Another hearing was held on May 23rd along with a work session. On May 23rd the Labor Committee voted "ought to pass as amended." The House passed the bill on June 14th and the Senate passed the bill on June 15, 2007. It was signed by the Governor on June 20, 2007.

LD 416, "An Act to Protect Seniors and the Public from Unfair Health Insurance Sales Practices"

Summary: This bill expressly defines certain marketing practices as unfair trade practices when used to market health insurance products.

Sponsor: Rep. Sharon Treat

Cosponsors: Representative Canavan and Senator Schneider

Committee: Insurance and Financial Services

Action: The Insurance and Financial Services Committee held a public hearing on this bill February 22, 2007 and held work sessions February 27th and March 1st. The Committee voted "ought to pass as amended" on March 1, 2007. The House passed this bill on April 10th, 2007 and the Senate passed this bill on April 11th, 2007. The Governor signed it into law on April 17, 2007.

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Hospice Care in Maine: A Series

Most recent statistics show that Maine still lags behind the rest of the nation in the use of hospice services. In 2003 according to the United States' Department of Health and Human Services, 40.2% of people age 65 and older who died were served by the hospice Medicare benefit. This is twice as many as in the state of Maine (20.7%), despite an increase in hospice utilization in our state of 996 % between 1991 and 2003. In actual numbers, we know from the Centers for Medicare and Medicaid Services that in 2005 17 Medicare certified hospices in the state of Maine served 3,197 persons, combined for 184,568 days at a cost of 24,305,000 dollars. We know that most people would prefer to die at home, and that the Hospice benefit can help them do so. Overall 25% of people die at home, in contrast to 50% of people under hospice care.

No one really knows why some states such as Arizona (70%) and Colorado (57%) have a high hospice utilization rate, while Maine and others like South Dakota (21%) and Washington DC (18%) lag behind. There are many information gaps about the hospice benefit that this series of articles hopes to address by presenting information that will be helpful to families and practitioners in Maine as they consider options for health care near the end of life.

This issue will start with an overview of services and levels of care provided by the Medicare Hospice benefit. Subsequent articles will cover:

1. Hospice eligibility and the question of prognosis
2. The Hospice team: interdisciplinary care
3. Hospice in the home, nursing home and hospital
4. Hospice House experience
5. Bereavement services
6. Finances: How are decisions made about coverage of specific treatments? What is "Open Access" ?
7. Hospice supporting agencies and institutions in the state of Maine

Overview of Services and Levels of Care : the Medicare Hospice Benefit

Medicaid and most commercial insurers model their hospice benefit after the federal Medicare program. When a patient has been given a prognosis of 6 months or less by the treating physician and confirmed by the Hospice Medical Director, the patient may opt out of regular Medicare benefits and choose the Medicare hospice benefit. This does not prevent the patient from accessing their Medicare benefit for non-hospice reasons. The patient is initially certified for 90 days. Subsequently the patient may be recertified by the Hospice Medical Director for another 90 days and then ongoing 60 day periods, with input from the patient's physician and hospice nurses every 60 days. Hospice programs strive to provide comprehensive, holistic care by addressing physical, spiritual and psychological

needs collaboratively with the patient, family and caregivers. The ultimate goal is to help the patient live fully and comfortably based on the patient's goals, until death comes.

Following services are standard for the Medicare hospice benefit:

- Medical Director to oversee care direction
- Visits by registered nurses and licensed practical nurses
- Home health aides
- Chaplain
- Social work/counseling
- Medical equipment (e.g. hospital beds, oxygen and IV medication delivery)
- Medical supplies (e.g. bandages, catheters)
- Drugs for symptom control
- Volunteer support for patient and caregivers
- As needed: physical, occupational and speech therapy; dietary counseling
- Bereavement care for at least one year after the patient dies

The Medicare hospice benefit recognizes four levels of care with different daily reimbursement rates.

1. Routine: lowest daily rate; most common; in the patient's home, be it nursing facility, assisted living, or private residence. Criterion for this level is documented prognosis of six months or less.
2. Respite: up to 5 days at a time in a facility with a contract with the hospice program, to provide a break for family caregivers. This could be at a nursing home, a hospice house or even a hospital.
3. General Inpatient (GIP): Short term care for the patient in crisis physically, emotionally or spiritually and can no longer be managed at home. Service is offered either at a hospice house or at contracted hospitals or facilities that have 24 hour RN staffing. The patient may get better and return to the routine level of care at home or in a facility.

Continuous Care: A minimum of 8 hours of primary nursing care is required in a 24 hour period. The 8 hours of care do not need to be continuous and can be broken up into blocks during the day. Many agencies provide GIP care rather than Continuous Care due to staffing constraints.

Elizabeth White M.D.
Director of Medical Services
Androscoggin Home Care & Hospice, Lewiston, Maine





Excellent

UMaine Center on Aging Carries Out Geriatric Mental Health Curriculum Projects for the State

The UMaine Center on Aging recently completed two geriatric mental health projects designed to guide both policy and education in the area of geriatric mental health. These projects originated from recommendations made in the 2006 Chapter 55 Report (*Improving Access and Delivery of Mental Health Services to Older Persons*) and the work was completed for the Joint Advisory Committee on Select Services for Older Persons (JAC) and the Maine Department of Health and Human Services. The first project focused on the development of a geriatric mental health curriculum for direct care workers and the second project reviewed best practices in elder suicide prevention and made recommendations for initiatives for Maine to consider.

Some of the specifics of the elder suicide prevention project included: surveying elder suicide prevention programs in other states, researching public policy relevant to suicide prevention, reviewing research literature on risk and protective factors of late life suicide; and locating potential funding sources through which future prevention programs could be supported.

The geriatric mental health training project entailed developing a one day (5 hour) geriatric mental health module to add to existing training for the state's direct care workforce such as: the Certified Nursing Assistants (CNA's), the Mental Health Support Specialists (MHSS), and the Personal Support Specialists (PSS) curricula. The curriculum module was designed to provide foundational knowledge of geriatric mental health, build skills for direct support personnel working in long term care settings and to help address behavioral challenges that these workers may encounter in performing their daily job functions.

Office of Elder Services and Muskie School Policy Brief on Alzheimer's Disease

The Office of Elder Services, in cooperation with the Muskie School of Public Service, recently completed a research and policy brief on Alzheimer's disease and dementia in Maine. The greatest risk factor for Alzheimer's disease is age, and Maine, with the highest median age in the nation, is often referred to as "the oldest state". Consider these facts:

- 25,000 people in Maine are estimated to have Alzheimer's disease
- Maine ranks 6th in the percent of people over 65 and 14th in percent of people over 85
- The U.S. Census Bureau estimates that the number of people in Maine over 85 will grow by 52% by 2020

Caregiving for people with Alzheimer's disease has a profound affect on employment and health status.

- 14% of caregivers in Maine said they reduced their work hours
- 33% reported that their health was fair or poor

The information contained in this brief is helpful to both policy makers and program directors as you plan for and make decisions about funding or programmatic decisions. There is a great deal more information in the brief. Should you want a copy of it or if you have questions, please contact Julie Fralich at the Muskie School, USM at JulieF@usm.maine.edu or Romaine Turyn at the Office of Elder Services DHHS at Romaine.Turyn@maine.gov.

("Legislation" - continued from page 6)

Action: This bill was referred to the Appropriations and Financial Affairs Committee on February 16, 2007. A Hearing was held on May 16, 2007. A work session was held on June 12th, and the Appropriations Committee voted to carry over this bill. The House and Senate approved the carry over of this legislation on June 21st, meaning that this legislation may be considered in the next regular or special session of the 123rd Legislature.

LD 1428, "An Act to Facilitate Reporting by Maine Financial Institutions of Elder Financial Exploitation"

Summary: This bill establishes that financial institutions and credit unions are permitted to disclose financial records to the Department of Health and Human Services when the financial institution or credit union has reasonable cause to suspect that an incapacitated or dependent adult has been or is at substantial risk of abuse, neglect or exploitation, and it provides immunity for the good faith disclosure of financial records for this purpose.

Sponsor: Rep. John Brautigam

Cosponsors: Representatives Barstow; Jackson; Koffman; Marley; Pingree; Richardson; Savage; Watson and Senator Marrache

Committee: Insurance and Financial Services

Action: A public hearing was held by the Insurance and Financial Services Committee on April 3rd. A work session was held on April 6th, and the Committee voted "ought to pass as amended." It passed the House May 8, 2007 and passed the Senate on May 9, 2007. It was signed by the Governor on May 11, 2007.

OTHER BILLS OF INTEREST:

LD 519, "An Act to Provide Assistance to Family Members, Friends and Neighbors Who Provide Home Health Care for Senior Citizens"

Summary: This bill allows family members, friends or neighbors to receive payment for providing personal care and health maintenance services to persons who receive Medicaid.

Sponsor: Rep. James Campbell.

Cosponsors: Speaker Cummings; President Edmonds; Representatives Finley; Grose; Lewin; Perry; Saviello, Walker and Senators Brannigan; Gooley and Raye.

Committee: Health and Human Services.

Action: A hearing was held on Friday, March 30, 2007 before the Health and Human Services Committee. At that hearing, the bill's sponsor, Rep. James Campbell, requested and the Committee agreed, that consideration of the bill be "carried over" to next session so that more study could be done. The House and Senate approved the carry over on June 21st, meaning this legislation may be considered in the next session or special session of the 123rd Legislature.

LD 1544, "An Act to Enact the Home Care Consumer and Worker Protection Act"

Summary: This bill creates the Home Care Consumer and Worker Protection Act. The purpose of this bill is to ensure that both the consumer and the home care services worker are given the ability to make informed, knowledgeable decisions regarding their status as employees, independent contractors and employers.

Sponsor: Rep. Wesley Richardson.

Cosponsors: Representative Cebra.

Committee: Labor

Action: A hearing was held April 18 and a work session was held on April 26. The committee voted ought to pass as amended. On June 18th, the House passed the legislation but the Senate did not, and the bill died.

LD 1764, "An Act to Increase the Wages of Direct Support Professional Staff Based on Increases in the State Minimum Wage"

Summary: This bill requires the Department of Health and Human Services to increase the rate of reimbursement for direct support professional staff costs by 3.8% effective October 1, 2007. It also requires the Department to increase the wage component for direct support professional staff whenever the State's minimum wage is increased.

Sponsor: Senator Joseph Perry

Cosponsors: None

Committee: Health and Human Services

Action: A hearing was held by the Health and Human Services Committee on May 10th and a work session was held on May 17th, at which the Committee voted "ought not to pass." The bill did not pass.

LD 1699, "Resolve, To Improve Maine's Homemaker Services Program"

Summary: This bill directs the Department of Health and Human Services to increase the pay rate of the homemaker services providers who assist lower income senior citizens from \$17.00 to \$18.75 per hour.

Sponsor: President Beth Edmonds

Cosponsors: Senator Marrache and Representative Pingree

Committee: Health and Human Services

Action: A hearing was held on May 8th and a work session was held on May 15th, at which the Health and Human Services Committee voted "ought to pass as amended." The House passed this bill on June 18th, but the Senate did not.

LD 155, "An Act to Eliminate the Offset for Social Security and Certain Other Pensions for Unemployment Benefits."

(continued on page 10)

Federal Legislation

The Older Americans Act has been reauthorized, but now the focus is on ensuring that there is adequate funding for the Act. The National Association of Area Agencies on Aging supports the following action:

- Hold harmless Older Americans Act programs by increasing total funding for these programs by at least 5.24%, or \$94 million, to allow them to keep pace with projected population growth and price increases in FY'08.
- Give special attention to two Older Americans Act programs, Title III B Supportive Services and Title VI Grants for Native Americans.
- Allocate \$2 million in Older Americans Act Title IV funding for state and local planning to assist our nation's communities in meeting the challenges and opportunities of the coming “age wave”.
- Direct not less than \$43 million to the AAAs, Title VI Native American aging programs and SHIPs, or approximately one dollar for every person with Medicare, to support ongoing Medicare Part D enrollment assistance and one-on-one counseling. These funds should be set aside under the allocation to the Centers for Medicare and Medicaid Services (CMS).

STATE TIME-LINE

BUDGET: The State fiscal year runs from July 1st through June 30th and is usually identified by the years it covers, e.g., Fiscal Year 2006-07 runs from July 1, 2006 through June 30, 2007. A two-year budget for state government is adopted during each legislative biennium (usually during the first regular session). Development of the biennial state budget entails two basic steps: (1) Formulation of the budget request in the executive branch; and (2) legislative approval.

On or before September 1st of even-numbered years, the judicial branch, the legislative branch and each executive branch department or agency prepares a budget request for the next two fiscal years. The Governor must submit the budget request to the Legislature by the Friday following the first Monday in January of the first regular session. Following receipt of the budget request, the Legislature refers the matter to the Joint Standing Committee on Appropriations and Financial Affairs. This committee holds public hearings on each department's or agency's proposed budget. The Committee's report on the proposed budget is submitted to the Legislature for approval in the same manner as other bills.

Normally, the biennial budget is enacted before other bills having impact on the General Fund or Highway Fund budgets. Other bills having a General Fund or Highway Fund impact usually are set aside on the Special Appropriations Table, the Special Highway Table or the Special Study Table until the end of the session, at which time decisions are made regarding the disposition of these bills based upon available funding.

Note: Unlike the Federal Government, Maine may not incur large deficits. The State may not use debt of over \$2 million to finance current appropriations unless there is an emergency that threatens state security.

FIRST REGULAR SESSION: The First Regular Session of the 123rd Maine Legislature convened on Wednesday, December 6, 2006. Governor John E. Baldacci (4 year term) was inaugurated on January 3, 2007. The First Regular Session of the 123rd Maine Legislature statutory Adjournment is Wednesday, June 20, 2007. Two five legislative day extensions can be passed by Joint Order.

SECOND REGULAR SESSION: The Second Regular Session of the 123rd Maine Legislature will convene on Wednesday, January 2, 2008. The Second Regular Session statutory Adjournment is Wednesday, April 16, 2008. Two five legislative day extensions can be passed by Joint Order.

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MGS Student Chapter



Marilyn Gugliucci, PhD, FGSA, FAGHE

Work is continuing with the Student Chapter of MGS, though very few students have enrolled as MGS members or participate in the Rural Geriatric Conference.

The Board of Directors decided to merge Student participation within the general membership until enough student members can be recruited. Contacts have been made within the various Maine universities and other Higher Education networks in an effort to inform potential members of MGS. The coordination of educational programs around gerontology was one of the major focuses and will continue to be a goal of MGS.

NEW TO MGS:

“HOT TOPICS” COMING SOON

MGS is excited to announce a new addition. MGS Hot Topics will be provided to Members each month. The new membership service was recommended by the Education Committee and will serve as a vehicle to let members know of newly available information, discoveries and resources that may be of benefit to them in their practice as it pertains to aging. Look for it on the 15th of each month. MGS Hot Topics will be sent by email each month. Please feel free to let us know if you find this new service informative and useful.

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