Minnesota House of Representatives

House Health and Welfare Committee

Subcommittee on Problems of the Aging and Aged

Final Report
1969-70 Interim

HOUSE HEALTH AND WELFARE COMMITTEE

SUBCOMMITTEE ON PROBLEMS OF THE AGING AND AGED

Final Report
1969-70 Interim

State of Minnesota
House Research Department
September 14, 1970

Received by Health and Welfare
Committee, December 22, 1970

House Resolution #32, passed on the last day of the 1969 Session, outlined the procedures for activation of interim committees and subcommittees. The House Rules Committee activated the House Committee on Health and Welfare. Representative Mac Hegstrom, Chairman of the Health and Welfare Committee, subsequently appointed the Subcommittee on Problems of the Aging and the Aged. The subcommittee was given a broad scope in which to investigate the problems of our elderly citizens. Members of the subcommittee are: Representative Robert Christensen, Chairman, St. Paul, Representative Robert Falk, Tenstrike, Representative Donald Forseth, Crystal, Representative C.A. Johnson, Mankato, Representative Henry Morlock, Jordan, Representative Duane Pappana, Duluth, Representative Howard Smith, Crosby, Representative John Spanish, Hibbing, and Representative James Swanson, Richfield.

The House Subcommittee on Problems of the Aging and the Aged met seven times during the interim. The first meeting was held on November 21, 1969, and the last on May 15, 1970. The subcommittee received testimony from the following individuals and organizations:

Russell Simmons, Supervisor of Old Age Assistance, State Department of Public Welfare

Gerald Bloedow, Executive Secretary, Governor's Council on Aging

Ronald Ruud, House Research Department

Ellis Olson, Health Program Representative, State Health Department

William Gregg, Hospital Program Advisor, State Health Department

James Lieder, Foster Grandparent Director for Minnesota

Karl Dansky, Executive Director, Senior Citizens Center

Mrs. Daphne Krause, Executive Director, Minneapolis Age and Opportunity Center

James Green, Executive Director, Minnesota Nursing Home Association

David Mullier, Vice-President, Minnesota Nursing Home Association

Einer Solberg, Chairman of the Minnesota Hospital Association Conference on Geriatric Care

John Poor, Director of the Division of Public Assistance, Department of Public Welfare

Dr. Robert Barr, Director, State Health Department

Roland Westerlund, Assistant Director of Planning, Metropolitan Council Committee on Housing

Charles Krusell, Executive Director, Minneapolis Housing and Redevelopment Authority

Joseph Gabler, Executive Director, Federal Housing Administration

Harvey Boyum, Real Estate Section, Farmers Home Administration

Mrs. Oscar Malvick, Aitkin County Citizens Committee on Aging

Mrs. John Galarneault, Aitkin County Citizens Committee on Aging

James Solem, Director, Urban Affairs Council

Dr. Loren Leslie, Executive Director, Kenny Rehabilitation Institute

Dennis Ball, Community Business Services, 3M Company

William Healy, Director, Office of Economic Opportunity

James Mistic, Beltrami County Green Thumb Program

Discussion of Problems of the Aging and the Aged

As a result of the testimony received, it became apparent that the senior citizens' greatest problems were income maintenance, health care, housing, and employment and leisure time. There are 19,000,000 people 65 years and older in the United States; in

Minnesota, with a population of 3½ million, there are approximately 400,000.

Income Maintenance

Mr. Russell Simmons, Supervisor of Old Age Assistance, State Department of Public Welfare, reported that the case load of old age assistance has gone downward in recent years, the principal reason being that the amount of social security benefits has been steadily increasing and anyone over the age of 72 years can now receive a standard minimum allowance. The inadequacy of the Old Age Assistance Program is that when Social Security benefits are increased, OAA benefits are decreased by the same amount. The fact that care in a nursing home falls under the Medical Assistance Program has been another reason why the OAA rolls have declined. There is no medical payment under the OAA program or any of the categorical aids programs any more; all are included in the Medical Assistance Program. Approximately 58% of OAA recipients receive Social Security, but not in amount great enough to meet their needs, and OAA then becomes a supplementary program.

Mr. Gerald Bloedow, Executive Secretary of the Governor's Council on Aging, stated that three out of ten older persons are living in poverty, many of whom did not become poor until they reached the age of 65. Fifty percent of families headed by older persons have incomes of under $4,000, and 20% have incomes under $2,000. Income of older persons is less than half of their previous earnings. Their major source of income is Social Security, and payments usually average $98 per month.

Mr. Ronald Ruud, House Research Department, compared the Minnesota and Wisconsin tax relief laws for the elderly. Income

in determining the tax relief includes all sorts of income received except gifts from private sources and surplus food and other relief in kind provided by governmental agencies. In Minnesota, the amount of tax relief is a percentage based on income of property tax levied against a homestead up to $600. In order to qualify for the credit, the claimant's income must be less than $3,500. For Minnesota elderly renters, the amount of tax relief is the applicable percentage based on income of 20% of gross rent paid for occupancy of the homestead. Gross rent does not include charges for utilities, services, furniture, furnishings or personal property appliances furnished by the landlord.

Health Care

Mr. Ellis Olson, Health Program Representative of the State Department of Health, explained that they are under contract with the Social Security Administration to administer the Medicare program in Minnesota. He reported that there appears to be somewhat of an exodus of facilities from the Medicare program which have previously been certified as extended care facilities. The reason seemed to be because extended care facilities haven't had enough beneficiaries for them to feel that they could keep on supplying a service to the community when so few people were taking advantage of the service. This is a problem because the program is strictly voluntary. Another problem is that when only 25% of the beds are filled with Medicare patients, the cost of the service is higher for those people occupying the other 75%. It is felt that 75% should not be penalized in order to provide care for the other 25%.

Mrs. Daphne Krause, Executive Director of the Minneapolis Age and Opportunity Center, gave testimony that Minnesota has many

beautiful and good nursing homes but also many in poor and wretched conditions. Some of these conditions are: patients are abused physically and mentally by the staff; staff is inadequate, both in quantity and quality; aides are incompetent or lack training to do what they are supposed to do; 15- and 16-year olds are giving out medications; substandard meats and foods are poorly prepared and served cold; disturbed and extremely senile patients are placed in the same rooms with patients not suffering from this disability. The problem in upgrading these substandard nursing homes is that the only sanction afforded by law is to withdraw the license from the home. This is tough, cumbersome, long, expensive, and involves procedure. The basic needs are to provide some kind of state sanction and also provide a feasible way to keep the home operating.

Mrs. Krause reported that in some instances staff members have been fired when they dared to complain about a home and blackballed by the industry. Doctors' care in nursing homes is so scarce that they rarely see their patients. Tranquilizers, sedatives and other drugs are used in abundance to keep the patients quiet. Minnesota has only one auditor for some $50,000,000 spent in nursing homes. Nursing homes giving the care that they should rarely can make ends meet, and others are making profits beyond the reasonable return to which they are entitled.

Mr. David Mullier, Vice-President of the Minnesota Nursing Home Association, stated that nursing homes must decide with the Health Department whether they are going to be skilled facilities, intermediate care facilities, or extended care facilities. This involves the staffing pattern: patients' evaluation, to provide the best quality care for the needs which each patient requires; and

reimbursement related to the level of care provided.

Mr. Einer Solberg, Chairman of the Minnesota Hospital Association Conference on Geriatric Care, said membership is available to long-term care institutions that are owned by non-profit organizations and publicly owned. He stated one of the main problems of the aged who need health care is how to secure the care needed at the price they can afford or at the price some third party or agency is willing to pay. Mr. Solberg said intermediate care, which Congress passed in 1967 with the intent that it would have lower standards and, hence, would be less costly to provide than skilled care, has not worked out this way. He said the rate paid by the Welfare Department is the determining factor is setting all rates for their elderly.

Mr. John Poor, Director of the Division of Public Assistance for the Public Welfare Department, said the number one problem in Minnesota in working with nursing homes is the establishment of rates for public assistance patients. Since 1965 all nursing home rates have been established by negotiations between the nursing home owner or operator, the county welfare board, and the Commissioner of Public Welfare. The Commissioner retains the final authority for approving all nursing home rates, but there is still a question whether the rate established is too high for the care of public assistance patients. Mr. Poor said that the State of Washington has established a law which provides for a commission to set all medical vendor rates providing service to public assistance recipients.

The Commissioner has authority to require cost reports from nursing homes and other data necessary for the establishment of

nursing home rates, but some nursing homes have failed to comply with his request. Mr. Poor said that all new nursing home and boarding care admissions will be classified to determine the level of care that they need and will be placed according to those needs, either in an intermediate care facility or skilled nursing home. There is not an equitable distribution of beds in nursing homes throughout the state. The Department of Public Welfare has the responsibility for licensing 21 county public nursing homes, whereas the Health Department licenses all the other congregate, custodial and skilled nursing home facilities in the state.

Dr. Robert Barr, Director of the State Health Department, stated what they really are facing is a lack of personnel to meet the requirements, and a lack of time to develop a program to meet the demands at the federal level. He said that the licensing regulations for nursing homes need to be revised and will be revised in the future. There is a shortage of services and nursing homes in northern Minnesota where the services are needed. Dr. Barr said that they do not inform nursing homes before their inspection. He added that they have the staff to check the homes out but they do not have the staff to close a home.

Housing

Mr. Roland Westerlund, Director of Planning for the Metropolitan Council Committee on Housing, stated that there is a complex problem to solve the elderly's housing woes. You have to deal with problems of income, special needs, and special amenities of the elderly. He said that in 1960 in the metropolitan area there were 140,000 people 65 or older, and in 1985 the estimate is

221,000 people in that age category. The majority of senior citizens want to retain single family detached dwellings. Mr. Westerlund stated that there should be an effective subsidizing of housing for the elderly and that social services and recreational services should be funded.

Mr. Charles Krusell, Executive Director of the Minneapolis Housing and Redevelopment Authority, said that of the 70,000 elderly persons in Minneapolis interviewed in 1966, it was estimated that 10,500 would need government aided housing of some type because of their incomes in relationship to the market for housing. Their definition of a low-income person is a person who has less that $2,400 a year in income if they are single, and a couple who has an income of less than $3,200 a year and assets of less than $5,000. The efficiency apartment pays a minimum rent of $30 a month, and a one-bedroom apartment pays a minimum of $40 a month. The federal government pays for the buildings. The tenant who occupies it is required to pay only the operating expenses. No elderly citizen or person living in public housing anywhere in the United States pays more than 25% of their total income.

Mr. Krusell said that one method under consideration is that if a building would cost $3,000,000, the federal government gives the city a contract which is used as a basis for borrowing money on the private market through the sale of notes, the interest of which is tax exempt. These notes are used to finance the construction of the building. Since 1965 the City of Minneapolis has built 29 high-rise apartments for the elderly with 1000 units. He indicated that in his experience the elderly prefer to live with families. To curb housing problems each city has to consider

whether or not it wants to create a housing authority. However, one of the important problems are the various building codes that exist in the metropolitan areas.

Mr. Joseph Gabler of the Federal Housing Administration said that their programs always represent a partnership of the federal government with the conventional lending sources, the realtors, and the construction element. His main problem is the shortage of federal funds. In their two main programs the people who pay rent pay 25% of their income, but is substantially higher than those determined by the Housing and Redevelopment Authority. Mr. Gabler stated that the mobile home represents a great solution for many in housing and is the single greatest producer of housing units today. The elderly in a single family home are being priced out of the market.

Mr. Harvey Boyum, Real Estate Section of the Farmers Home Administration, said that their authority is limited to rural areas and to rural residents. They define a rural area as a place with a population of 5500 or less. Loans are made only to applicants who cannot obtain credit from commercial sources. The rental rates vary depending upon whether utilities are furnished and the amount of real estate tax. Their financing of individual homes depends on the amount of each occupant's adjusted family income, which is 25% rental rate.

Mrs. Oscar Malvick and Mrs. John Galarneault of the Aitkin County Citizens Committee on Aging demonstrated how a county could build housing for the elderly, serving the people in a rural area.

Mr. James Solem, Director, Urban Affairs Council, stated that as of right now for all housing in the State of Minnesota,

the state is about 14,000 units short annually in terms of providing new housing units for all the citizens of Minnesota. The Urban Affairs Council is looking at four different perspectives of the housing problem: financing, planning and development standards, condition and availability of housing, and new system development. Mr. Solem said that outstate areas do not have the organizational or financial capability of mounting this kind of effort at solving the housing needs of the elderly that you find with the housing and renewal agencies in St. Paul and Minneapolis. The State of Minnesota should use its vast fiscal resources to solve some of the housing problems. The 1960 census indicated that 30% of the housing units in the state are substandard and in the 17 northernmost counties 50% of the housing was substandard. Mr. Solem said that the state, if it is concerned about the quality of housing, is going to have to look seriously at things like tax incentives, tax breaks, certain kinds of financial assistance programs, low interest cost loans, for people with low income, moderate income, and people on fixed incomes. He said that it is impossible for elderly people to find decent housing. Several states have state housing authorities which have powers to assist either the local or regional housing authorities in financing plans and operating public housing.

Employment and Leisure Time

Mr. Karl Dansky, Executive Director of the Senior Citizens Center in Minneapolis, said that they provide daily lounge activities and organize educational, cultural and social programs for the elderly. They have a kitchen which handles preparing and serving of well-balanced hot lunches, serving about 150 a day at 75¢

per meal. They encourage senior citizens to act as a positive force in educating the public of their needs. Members give volunteer service not only to the agency but to the community.

Mrs. Daphne Krause, Executive Director of the Minneapolis Age and Opportunity Center, said that their concept is to serve the senior citizens in a program for senior citizens, developed by senior citizens, and run by senior citizens. Mrs. Krause said some of the problems they found were: the senior citizens want to remain in independent living; they desire the kind of supported services that will help them; they outgrow their savings; they do not easily accept welfare; and they have been brought up in the tradition of self-sufficiency. She said they must first deal with the problem as the senior citizen sees the problem, and then try to persuade them to accept existing help offered by agencies in the community. The Minneapolis Age and Opportunity Center provides a variety of services for senior citizens geared to keeping them in independent living. They desire to coordinate and cooperate with all agencies and voluntary groups serving the needs of senior citizens.

Dr. Loren Leslie, the Director of the Kenny Rehabilitation Institute, spoke on rehabilitation programs for the elderly. He said 50% of the patients treated at the comprehensive rehabilitation center are between the ages of 60 and 85. They emphasize a total approach requiring the intensive efforts of many specialized services in order to treat their patients. Dr. Leslie said the two major problems in meeting the rehabilitative needs of the elderly are the identification of the individuals or the problems and the problem of availability and accessibility of rehabilitation

services. The Kenny Rehabilitation Institute is now taking their services to the patient instead of requiring the patient to come to them.

Mr. Dennis Ball, Community Business Services of the 3M Company, said that they go out and start small businesses within a community to gain employment for the handicapped and the elderly.

Mr. William Healy, Director of the State Office of Economic Opportunity, spoke on some of their programs for the aged. He explained the Green Thumb Program, the Green Light Program, the Foster Grandparent Program, and Hands, Incorporated. In all these programs senior citizens are employed part-time and earn an hourly rate. They earn only so much as not to upset their Social Security income.

Mr. James Lieder, Foster Grandparent Director for Minnesota, said that 120 grandparents are hired in the state. It is designed for low-income senior citizens to work as foster grandparents to the mentally retarded at the state hospitals. They work 20 hours a week, receive $1.60 an hour, and their noon meal at the hospital. A single senior citizen can earn a maximum of $1,800 a year, and a couple can earn $2,400.

Mr. James Mistic, Beltrami County Green Thumb Program, explained their operation. Mr. Mistic is foreman of a crew of six which beautifies parks, builds snowmobile trails, and constructs picnic tables and buildings in the parks. They work four days a week and earn $1.60 an hour and their mileage. A person must be at least 55 years old to join the program, must have a farming or rural community background, and be below the poverty income level.

The subcommittee endorsed the following observations and suggestions which evolved from the testimony received at their seven meetings. These endorsements are categorized under the senior citizens' main problems of income maintenance, health care, housing, and employment and leisure time.

INCOME MAINTENANCE

1. Provide for an exemption in the state law so that old age assistance recipients receive the benefits of Social Security increases. (Refer to page 3)

2. Minnesota should adopt the federal government provision that in determining old age assistance the state can disregard $7.50 of any income of an individual. (p.3)

3. A public assistance recipient should not be required to pay higher rent for public housing than others.

4. Elderly renters, as the homeowners do now, could receive both the 35% homestead credit and the elderly tax relief credit instead of having to choose between them. (p. 4)

HEALTH CARE

1. Provide legislation to regulate hearing aid companies.

2. In the extended care facilities the cost of service to non-medicare patients should not be more than for medicare patients. (p. 4)

3. In regard to age, statutes should more aptly define who can give medication in a hospital or nursing home. (p. 5)

4. The Public Welfare Department should have more than one state auditor to audit all of the nursing homes. (p. 5)

5. Should revoke Mayhood law so the City of Minneapolis could have local ordinances for nursing homes under their jurisdiction. (p. 5)

6. The State Board of Health needs more staff and funding for the inspection of nursing homes. (p. 5)

7. Establish realistic and clearly defined standards for both intermediate care and skilled nursing care. (p. 6)

8. Coordinate the standards of the Welfare and Health Departments. (p. 6)

9. Require each provider of care, who is paid for that care in full or in part out of public funds, to make a full disclosure of his operating costs to the Public Welfare Department. (p. 6)

10. Provide the Health Department with funds for staff to enforce adequate standards of care. (p. 6)

11. Provide for a commission to set all medical vendor rates and schedules regarding nursing home costs. (pp. 6-7)

12. Regional health planning commissions be given legislative authority for orderly planning and building for future needs of the distribution of nursing home beds throughout the state. (pp. 6-7)

13. Giving the Health Department authority to license all nursing home facilities including the Public Welfare Department's licensing of county public homes. (p. 7)

14. Lack of personnel for the Medicaid programs. (p. 7)

HOUSING

1. Extend mortgages from twenty to fifty years, and restrict the interest rate. (p. 8)

2. Create regional housing authorities.

3. Establish low interest cost loan programs. (p. 10)

4. Adopt a statewide building code with performance standards. (p. 10)

EMPLOYMENT AND LEISURE TIME

1. Provide matching funds for recreation programs for senior citizens.

2. Provide state funds and encourage Foster Grandparent and Green Thumb Programs. (p. 12)

3. The elderly need to keep active physically and be afforded proper respect by society. (p. 11)

4. Government and industry and business should work together to acquire employment for the elderly. (p. 12)

The subcommittee received these suggestions, but did not take any action on them:

1. If a senior citizen's income did not exceed $3500 per year, then he could be exempt from paying property tax.

2. The Welfare Department should have central payment of all medical bills instead of dealing with the 87 counties.

3. Non-profit housing organizations should receive tax exemptions.

The subcommittee also endorsed the considerations and recommendations of the Governor's Citizens Council on Aging which are attached.

STATE OF MINNESOTA

GOVERNOR'S CITIZENS COUNCIL ON AGING

277 West University Avenue - Phone 221-2719
ST. PAUL, MINNESOTA 55103

August 26, 1970

Rep. Robert Christensen, Chairman
Sub-Committee on Problems of the Aged and Aging
St. Paul, Minnesota

Dear Representative Christensen:

Enclosed is a summary statement of the major subjects discussed at the meeting of the Legislative Committee of this agency on 8/25/70, together with conclusions reached.

If your committee desires amplification of any area - especially the subjects of Homemaker-Home Health Aides, and information and advice service, we will try to supply it to them.

Sincerely yours,

William Pike, Chairman
Legislative Committee

WP:sj

Enclosure

STATE OF MINNESOTA

GOVERNOR'S CITIZENS COUNCIL ON AGING

277 West University Avenue - Phone 221-2719
ST. PAUL, MINNESOTA 55103

August 26, 1970

SUMMARY OF CONSIDERATIONS BY COUNCIL'S LEGISLATIVE COMMITTEE ON AUGUST 25TH, TOGETHER WITH RECOMMENDATIONS

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I. Homemaker - Home Health Aide Services. The need for expansion of these services had been previously studied by the Committee.

Definition - Homemaker Service extends a range of social services of the Welfare Agency by providing agency supervised homemakers in the homes of families and adults to assist with the maintenance of their homes, assist families and individuals, provide personal care for ill or disabled family members under medical direction.

Definition - A Home Health Aide is defined as an individual who is assigned to give personal care services to a patient in accordance with the plan of treatment outlined for the patient by the attending physician, and whose services are supervised by a registered professional nurse who provides continuing supervision of the aide on her assignment. Among older persons the need frequently exists for help in the home, often on a continued and part-time basis, often for a short period of time, as after hospitalization.

1. Homemaker Services are provided through a social agency (private or public) or through a free standing homemaker agency. The Committee's focus was on Homemaker Services to be provided through County Welfare Departments.

   Present Situation. In June 1970 there were 45 counties in Minnesota with a Homemaker Program administered and supervised by the County Welfare Departments. An estimated 150 Homemakers are employed. However, some departments have only one Homemaker on the staff and forty-two (42) counties have none. These 150 employees are serving mainly families with children. However, drafts of the Federal requirements for a State Plan for Services to Aged Blind and Disabled make the provision of Homemaker Services to the elderly by Welfare Departments mandatory by July 1, 1973.

2. Home Health Aide Services must be under the supervision of a nurse from a health agency in order to meet the requirements for funding both under Medicare and Medicaid. There are 10 counties within the state which have no public health nursing service and there are 23 counties with no Home Health Aide programs. One proposal reviewed by the committee (draft) would make mandatory every county's providing

a public health nursing service and would provide state financial assistance to counties in establishing or operating public health nursing services.

THE COMMITTEE RECOMMENDED THAT THE STATE LEGISLATURE SUPPORT PROPOSED LEGISLATION THAT WOULD MAKE POSSIBLE IN EVERY COUNTY OF THE STATE THE PROVISION OF HOME HEALTH AIDE SERVICES TO OLDER PERSONS. This service is desirable:

(a) Because many persons wish to remain in their own homes.

(b) Because the availability of services in the home may shorten hospital stays.

(c) Because the availability of services in the community may postpone placement in a nursing home.

Hard data regarding economies to be derived from the availability of services to patients in their homes are not available. However, the long and extensive experience of European countries in providing professional services in the home, especially to the elderly, indicates how valuable they have been found. See appendix.

II. State Wide Advice and Referral Service for Older Persons

The Committee discussed for the third time the problem that exists for older persons who are in ignorance of many service and programs that are available to them. Cited were elementary questions about Medicare, about Senior Citizen Tax Relief Law, about senior clubs and centers, about helps for the visually handicapped.

The Committee proposed a State Wide Information and Referral Service that 1) would provide information to individuals about all resources that exist; 2) would incorpate the use of volunteers; 3) would develop hard data about needs met and unmet throughout the State.

The basic program would call for a Coordinator, a staff person in each region and volunteers, desirably one in ever community.

The volunteer would be available one day a week at an announced spot and his services would be backed up by the Regional staff person.

It was further proposed that such a program be under the auspices of the Governor's Citizens Council on Aging because fo the reluctance of many older persons, poor and non-poor, to seek help through the Welfare County Offices. However, the need for coordination with the county welfare office was recognized.

THE LEGISLATIVE COMMITTEE PROPOSED SUPPORT FOR A STATE WIDE INFORMATION AND ADVICE SERVICE. (BUDGET ROUGHLY $175,000 to $200,000)

III. Activity Centers or Senior Citizens Centers

The value of senior centers for older persons was unanimously and completely recognized by the Legislative Committee. There is much evidence in the State that senior centers allow the elderly to find companionship, receive needed services and participate in community life in a congenial environment entirely devoted to the well-being of older persons.

Discussed was one proposal that State moneys be made available to communities unable to finance a senior center. It is the understanding of the Committee that other proposals to meet such social recreational needs of older persons are being prepared by other groups.

THE COMMITTEE RECOMMENDED THAT THE LEGISLATIVE FAVORABLY CONSIDER STATE SUBSIDY FOR SENIOR CITIZEN CENTERS AND RECOMMENDED FUNDING ON A 50/50 BASIS.

IV. Pilot Day Care Programs

Definition - "Day Care services mean services provided during the day to eligible persons in a protective setting approved by the State Agency for purposes of personal care and to promote their social, health and well-being through opportunities for companionship, self-education, and other satisfying leisure time activities."

Although Day Care Programs have existed in this country for 10 years or more the number has been few. However in the past few years there has been increasing attention to the desirability of this program as part of a continuum of services to older persons.

A proposal considered by the Legislative Committee called for State moneys to be made available to establish in this state several Pilot Day Care Programs.

Currently at St. Otto's Home in Little Falls there is a demonstration Day Care Program now in its second year funded with Title III funds, of the Older Americans Act. Older persons requiring health related supervision attend this program from 9-5 each day and are transported to the home by their families or by bus. This group participates in the activities carried on for residents and health needs are met according to the needs of individual attendants.

THE COMMITTEE MADE NO RECOMMENDATION ON THIS PROPOSAL AT THIS POINT. WHILE THE POSITIVE POTENTIAL OF THIS PROGRAM WAS RECOGNIZED, THE NEED FOR MORE EVIDENCE FROM THE EXPERICENCE OF ST. OTTO'S WAS VIEWED AS NECESSARY BEFORE THEIR RECOMMENDING CONSIDERABLE EXPANSION OF PROGRAMS.

V. Transportation. A legislative proposal was reviewed which called for a variety of approaches to meet transportation needs of older persons with state subsidy. The concerns of older persons with regard to transportation may be grouped in three categories:

1. Many older persons, for health, financial or safety reasons, no longer drive their own automobiles.

2. Public transportation is often unavailable, inaccessible, inconvenient, physically difficult to use because of the vehicular design, or too expensive.

3. Some older pedestrians are endangered by such hazards as vehicular traffic patterns designed to benefit suburban commuters, short cycle traffic lights, and high curbs. The disproportionately high death and injury rate of older pedestrians give cause for alarm.

Two of the implications of these problems are that older persons are frequently denied the benefits of community services because they are unable to reach them and transportation problems accentuate the isolation of the elderly.

Transportion for older persons is now a national problem and so recognized by the fact that one of the nine Task Forces established for the White House Conference on Aging is Transportation.

THE LEGISLATIVE COMMITTEE MADE NO SPECIFIC RECOMMENDATION ON THE TRANSPORTATION LEGISLATION THAT WAS REVIEWED. IT DID GO ON RECORD AS NOTING THAT TRANSPORTATION PROBLEMS ARE WIDESPREAD AND SEVERE FOR MANY OLDER PERSONS BOTH IN THE RURAL AND URBAN AREAS OF MINNESOTA.

VI. Tax Assistance

The Committee reviewed a proposal that would increase senior citizens tax relief and it would make it available to those 12,000+ people who did not qualify last year because they had received some Public Assistance, in a small amount, during the year.

THE COMMITTEE RECOMMENDED THAT UP TO $300.00 OF PUBLIC ASSISTANCE BE DEDUCTIBLE FOR AN INDIVIDUAL THUS ALLOWING A SIGNIFICANT NUMBER OF OLDER PERSONS TO HAVE THE BENEFITS OF THE SENIOR CITIZENS TAX RELIEF LAW.

VII. Commission for Rate Setting in Nursing Homes

A PROPOSAL TO ESTABLISH SUCH A COMMISSION WAS REVIEWED AND THE COMMITTEE UNANIMOUSLY ENDORSED IT.

(Since Senator Kirchner's Committee has been studying in depth many aspects of the Nursing Home programs no further elaboration was considered necessary.)

VIII. Identification Card for Aged, Blind and Disabled

It is a fact that older persons frequently lack the means of identification required especially for check cashing.

(In Colorado developed cooperatively by State Department of Social Security and the Department of Revenue "using existing legislative authorization" issued by Department of Revenue through Driver Licensing Outlest. -- $2.25 for five years.

In Michigan - State Police Director 4 years ago using existing law had identification system set up.
"This identifies (name, address) who has his personal indentification fingerprints on file in the Michigan State Police Records Division.

Available, free, on request to any citizen, photograph presented or taken.)

THE COMMITTEE RECOMMENDED THAT THE LEGISLATURE VIEW FAVORABLY A PROPOSAL THAT IS LIKELY TO COME FROM THE GOVERNOR'S COMMISSION ON THE EMPLOYMENT OF THE HANDICAPPED PERSONS WHICH WILL PROVIDE SOME OFFICIAL MEANS OF IDENTIFICATION FOR THE AGED, BLIND, AND DISABLED.

Years of Information Available	Country	Auspices	Sources of Support	Nature of Services	Extent of Services	Training
1968	United States	½ of programs are operated by depts. of public welfare ½ by voluntary agencies	fed.funds to State Welfare Depts. - voluntary ass'ns.	½ of agencies limit services to families with children	12,000 workers for whole country- need is 200,000	
1956	Belgium	Minister of Human Affairs	Nat'l.Govt.75% agency,local govt. other charities 25%	1/3 of total provided to aged	1,560 served 70,000 families	200 hours of formal training
1955	Denmark	Govt. Home Help Act	70% from State	70% to single persons & aged	3,584 served 87,300 cases in 1955	2 months of formal training
1955	England & Wales	British Natl.Hlth. Serv.Act.gives local authorities responsibility	Natl.Govt. 50% Local Auth. 50%	80% goes to persons over 65	3,000 full time 32,000 part time served 231,000 cases	
1955	Finland	Supervised by Off. of the Ministry of Social Affairs	75% from State also 50% from State for training			11 training schools 9-11 months of training
1949	France	Supervised by Ministry of Health	Partial govt. reimbursement	5,000 workers meet only ¼ of need for service	5,000 home aides	6 months training and pass exam.
1956	Germany	Private organizations				3 months
1958	Holland	Voluntary agencies in cooperation w/govt.	25% Natl.govt. 25% Communities 50% families			1½ years of training
1958	Italy	Voluntary charitable organizations	privately financed			
1958	Norway	Govt. Auspices	Service incl. the social insurance prog.	Enough workers to meet 1/3 of country's need		5-10 months of training
1955	Sweden	Municipal Domestic Assistance Board	Natl.Govt.2/3 Country Govt.1/3	¼ of services given to aged	3400 workers served 95,000 cases	15 months formal training plus on-the-job
1958	Switzerland	Private organizations	No Govt. subsidy			18 month course