JOSH GOTTHEIMER BOX #8

Nursing Homes, 9/8/00
National Italian-American Foundation, 10/24/00
Political Events, 10/00
Patients' Bill of Rights, 9/14/00
Radio Address – Patients' Bill of Rights, 5/15/00
Patients' Bill of Rights, 5/11/00
Radio Addresses/Paid Leave, 6/9/00
The Pope
Presidents at Princeton, 9/25/00
Rahal Fundraiser, 6/4/99
Detroit Red Wings Champions, 1/8/99

Nursing Homes
Aging/Seniors
Medicare/Prescript. Drugs

September 8, 2000.

Devorah R. Adler
09/14/2000 09:16:56 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:
Subject: problem statement on nursing homes

MORE MUST BE DONE TO IMPROVE QUALITY OF CARE IN NURSING HOME. About 1.6 million older Americans and people with disabilities receive care in approximately 17,000 nursing homes. The Clinton-Gore Administration has made the health and safety of nursing home residents a top priority – putting into effect the toughest nursing home regulations in the history of the Medicare and Medicaid programs. Most nursing homes provide high quality care to the frail and vulnerable elderly individuals they serve. However, more must be done.

Over fifty percent of nursing homes do not maintain the minimum staffing levels necessary to ensure the delivery of quality care. The Health Care Financing Administration recently released a report demonstrating that patients are significantly more likely to develop pressure sores, lose weight, and undergo unnecessary hospitalizations once staffing ratios fall below the level of two hours per resident for nurse aides daily. That amount of time is the minimum necessary for nursing staff to reposition residents and change wet clothes; assist residents with toileting; provide feeding assistance; provide morning care; and encourage or assist residents with exercise as appropriate.

Poor staffing results in many nursing home residents becoming malnourished or dehydrated, unnecessarily increasing their risk of infection and impaired mental function. Certified nursing assistants (CNAs) typically help seven to nine residents with their daytime meals, and as many as 12 to 15 residents with their meals in the evening. Residents are fed quickly or forcefully, and sometimes not fed at all. A recent study by the Commonwealth Fund estimates that over 30 percent of nursing home residents are malnourished, placing them at risk for infections, pressure sores, depression, confusion and impaired cognition, and hip fractures. Compared with well hydrated and nourished residents, these nursing home patients have a five-fold increase in mortality in the hospital.

Nursing home staff often need additional training to carry out their assigned duties adequately. A 93 percent turnover rate in CNAs compounds the problems caused by inadequate numbers of nursing home staff. A newly hired CNA may not know how to care for a resident already at risk for malnutrition and dehydration. A shortage of nursing supervisors leaves CNAs to do the best they can without assistance from professionals.

Public Papers of the Presidents

Public Papers of the Presidents

July 22, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1495

LENGTH: 2571 words

HEADLINE: Interview With Mike Cuthbert of "Prime Time Radio" in Lansing, Michigan

BODY:

Mr. Cuthbert. Hi. I'm Mike Cuthbert in Lansing, Michigan; welcome back to "Prime Time Radio." As we promised you, we'll present full and indepth discussion of the proposed changes in our health care system, with particular focus on Medicare, as the year 2000 campaign begins. But the discussion of Medicare has not waited for the campaign to start, as you know.

With us here in Lansing, Michigan, is President Clinton, who just finished having a discussion with folks from Michigan on Medicare. Mr. President, welcome to "Prime Time Radio."

The President. Thank you. I'm glad to be here.

Health Care Reform and Medicare

Mr. Cuthbert. Back in 1992, in a long discussion about health care reform, you stopped the proceedings and you said, very firmly, "Without wholesale health care reform, we have no hope of a stabilized, long-term economic recovery." The economic recovery has been long, but health care reform didn't happen. How does that impact on the Medicare plans?

The President. Well, the one thing that I didn't believe that has happened that was good is that we had -- I didn't believe that we could get health care inflation down to the general rate of inflation without moving to universal coverage. And I think what happened was we got all the benefits of managed care in the early years -- and we were very fortunate to do so -- but now we're also living with the burdens, as you hear all the horror stories that prompted me to push the Patients' Bill of Rights.

So I think where we are now is -- where I am, at least, is I'm trying to extend health insurance coverage to discrete groups that don't have it, to try to improve the way the system works and do more preventive care, and try to modernize and stabilize the Medicare program. For example, we, 2 years ago, provided for funds to cover 5 million children who don't have health insurance. In this Medicare reform package, we have a proposal to allow people between the ages of 55 and 65 who don't have insurance to buy into Medicare.

But the most important thing we can do now is to stabilize Medicare financially by putting some more cash into it over the next 10 years, by adopting the most modern practices, and by providing more preventive services free, like testing and screenings for osteoporosis and cancer and other things, and adding a prescription drug benefit that we can afford.

So I think that this will be a very good, balanced package. It's completely voluntary. It gives seniors another choice on Medicare. But the most important thing is it stabilizes Medicare for 27 years, and that's very, very important, because all the baby boomers start retiring in -- well, they'll start retiring sooner, but the baby boomers start turning 65 in 2011. The oldest baby boomers are already in the AARP. That seems impossible to me, but there it is. [*Laughter*]

So to me, it's very, very important that we not spend too much of this surplus on a tax cut before we do the first things first, before we stabilize Social Security, stabilize Medicare and reform it. And

fewer people working and more people getting tax money. But over the 10 year period, the surplus estimate is almost certainly right.

Nursing Homes

Mr. Cuthbert. Can we turn for a moment to **nursing homes?** They've been running ads recently in major papers across the country about the effects of the Balanced Budget Act amendment cuts, some $ 2.6 billion. My mother is in a **nursing home,** and I can see the effects on her -- less exercise periods, more difficulty getting service, more turnover in staff. How would your Medicare reforms and stabilization affect that problem, which appears to be growing?

The President. Let me, first of all, describe what the problem was. When we passed the Balanced Budget Act, we agreed with the Republicans, we would try to achieve a certain level of savings in the Medicare program, which funds **nursing homes** and hospitals and home health and all that. We then produced, from our health care experts who deal with all the providers, the list of changes we thought were necessary to achieve that level of savings. The congressional budget people said they thought it would require more changes than that. So under the law, we had to do it. They didn't do this on purpose. What happened was they cut more than was necessary; they realized much bigger savings than they estimated. To that extent, our surplus is larger than it otherwise would be.

And we believe that it is mostly because we did too much that some of our **nursing homes** and hospitals and other programs are in trouble. And what I have done in extending, in taking the savings of the Balanced Budget Act for '97 out another 10 years, we have taken out of that some of the things we put in last time. And we have also set aside a fund of $ 7.5 billion that can be allocated by Congress to the hospitals and the **nursing homes** that have been particularly disadvantaged by this, to try to alleviate this quite difficult financial situation a lot of them found themselves in.

Prescription Drug Coverage

Mr. Cuthbert. Much of the discussion here in Lansing concerned the prescription program that so featured part of your Medicare stabilization program. I have not, in all my reading and listening, been able to discern too much opposition to that. Have you?

The President. Well, I think there's opposition. The only opposition I'm aware of now is there are some in the Congress who are opposed to it, who say that -- mostly the Republicans who want to use the money for the tax cut -- they basically say, "Well, two-thirds of our seniors already have drug coverage." But as I pointed out today -- we produced our report today -- only about 24 percent have really good private sector drug coverage related to their former employment. The other coverage -- either they don't have coverage at all, a third of them don't have any coverage; and the rest of them have coverage that's too expensive and too unreliable and is shrinking every year. Some of them have coverage that has $ 1,000 ceiling. And the most rapidly growing drug coverage has a $ 500 ceiling. Well, for people with drug problems, you know, if they have $ 2,000, $ 3,000, $ 4,000 worth of bills every year, that's not much coverage.

So we think that -- this is a purely voluntary program, but we think that people ought to have another choice. They ought to have the option to have more adequate drug coverage at a considerably lower price than you get in the Medigap policy. Medigap is just too expensive. And it also goes up as people get older. And the older you get, the less able you are to pay, normally, and the higher the premium is. So I feel that this is quite a good thing to do.

Mr. Cuthbert. Speak to the fears of the people who say, "If this prescription drug program comes in, my company will cut drug prescription benefits."

The President. Well, we were concerned about that, because the 24 percent that have this drug coverage already, some of them actually have programs that are more generous than the one we're offering, and we don't want to mess that up. So we have offered, as a part of this program, quite generous subsidies to employers to continue such programs. And I think, actually, it might be that

THE WHITE HOUSE

Office of the Press Secretary
(Bedford, Massachusetts)

For Immediate Release April 17, 1999

RADIO ADDRESS OF THE PRESIDENT
TO THE NATION

Roseville Recreation Center
Roseville, Michigan

THE PRESIDENT: Good morning. Of all the duties we owe to one another, our duty to our parents and grandparents is among the most sacred. Today I want to talk about what we must do to strength the safety net for America's seniors, by cracking down on elder crime, fraud and abuse.

For more than six years, we've worked hard to keep our families and our communities safe. And we've made remarkable progress, with violent crime dropping to its lowest levels in 25 years. For elderly Americans who once locked themselves into their homes in fear, the falling crime rate is a godsend.

But the greatest threat many older Americans face is not a criminal armed with a gun, but a telemarketer armed with a deceptive rap. And our most defenseless seniors, those who are sick or disabled and living in nursing homes, cannot lock the door against abuse and neglect by people paid to care for them.

So America's seniors are especially vulnerable to fraud and abuse. Therefore, we must make special efforts to protect them.

That is why the 21st century crime bill I'll send to Congress next month includes tough measures to target people who prey on elderly Americans. First we must fight telemarketing fraud that robs people of their life savings and endangers their well-being. Every single year illegal telemarketing operations bilk the American people of an estimated $40 billion. More than half the victims are over 50. That's like a fraud tax aimed directly at senior citizens.

Last year we toughened penalties for telemarketing fraud, but we should stop scam artists before they have a chance to harm America's seniors. My crime bill will give the Justice Department authority to terminate telephone service when agents find evidence of an illegal telemarketing operation or a plan to start one. This new law will send a message to telemarketers, if you prey on older Americans we will cut off your phone lines and shut you down.

Second, we must fight nursing home neglect and abuse. Nursing homes can be a safe haven for senior citizens and families in need. To make sure they are, we've issued the toughest nursing home rules in history, and stepped up investigations at facilities suspected of neglect and abuse. But when one out of four nursing homes in America does not provide quality care to their residents, and when people living in substandard nursing homes have as much fear from abuse and neglect as they do from the diseases of old age, we must do more.

My crime bill gives the Justice Department authority to

investigate, prosecute and punish nursing home operators who repeatedly neglect and abuse their residents. With prison sentences of up to 10 years and fines of up to $2 million, these new provisions make clear we will settle for nothing less than the highest quality care in America's nursing homes.

Third, we must fight health care fraud. Every year health care fraud costs American taxpayers billions of dollars, draining resources from programs that benefit our seniors. As Vice President Gore announced last month, my crime bill will allow the Justice Department to take immediate action to stop false claims and illegal kickbacks, and give federal prosecutors new tools to tackle fraud cases.

Finally, we must fight retirement plan rip-offs. My crime bill will toughen penalties for people who steal from pension and retirement funds. To borrow a line from Senator Leahy, who is working closely with us to strengthen the safety net for our seniors, the only people who should benefit from pensions are the people who worked for a lifetime to build them.

I look forward to working ~~with~~ Congress in the coming days to give our senior citizens the security they deserve. ~~That is~~ an important part of our efforts to protect our parents and our grandparents, to advance our values and build a stronger America for the 21st century.

Thanks for listening.

END

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 25, 1999

PRESIDENT CLINTON UNVEILS NEW PROTECTIONS FOR NURSING HOME RESIDENTS

Signing Ceremony for the Nursing Home Resident Protection Act of 1999

The Oval Office, The White House
March 25, 1999

how much more did last year?

Today, President Clinton will sign the Nursing Home Resident Protection Act of 1999, which prohibits nursing homes that decide to withdraw from the Medicaid program from expelling or transferring current residents who are enrolled in Medicaid. He will also urge Congress to pass the nursing home quality enforcement provisions in his FY 2000 budget, which provide over $309 million to prevent nursing home resident abuse and neglect, an unprecedented 31 percent increase ($74 million) over last year's funding level.

A BIPARTISAN EFFORT TO PROTECT VULNERABLE OLDER AMERICANS The Nursing Home Resident Protection Act of 1999 provides critical new protections to the hundreds of thousands of nursing home patients who rely on Medicaid to pay for their care. Current law allows nursing homes to reduce or eliminate the portion of their facilities that are available to Medicaid patients as long as the residents are given 30 days notice before they will have to leave the facility. This legislation, sponsored by Congressman Michael Bilirakis (R-FL) and Congressman Jim Davis (D-FL), together with Senator Bob Graham (D-FL), prohibits nursing homes that decide to stop accepting Medicaid patients from evicting those residents who currently depend on the program to pay for their care. It was approved by an overwhelming margin (398-12) in the House and by unanimous consent in the Senate. Two-thirds of nursing home residents depend on Medicaid to pay for their nursing home care, and with nursing home costs averaging $40,000 a year, about half of the residents who begin by paying for their care with their own money and health insurance must turn to Medicaid within three to five years.

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AN UNPRECEDENTED INVESTMENT IN QUALITY CARE FOR NURSING HOME RESIDENTS President Clinton has proposed an unprecedented investment of $309 million for nursing home quality enforcement activities in his FY 2000 budget, an increase of 31 percent ($74 million) over last year's funding level. In addition to providing an additional $47 million for state survey and certification activities, an increase of 21.5 percent over last year's funding level - the proposals in the President's budget will provide additional assurances that nursing-home residents will receive the quality care that they deserve and expect, by: 1) requiring nursing homes to conduct criminal background checks of employees; 2) establishing a national registry of workers who have been convicted of abusing residents; and 3) allowing more types of nursing home workers with proper training to help residents eat and drink during busy mealtimes. President Clinton's investment in ensuring high quality care for these vulnerable older Americans stands in stark contrast to the proposed Republican budget, which cuts funding for nursing home quality enforcement activities by 10 percent.

BUILDING ON A LONGSTANDING COMMITMENT TO PROVIDING QUALITY HEALTH CARE

TO NURSING HOME RESIDENTS The Clinton Administration has made ensuring the health and safety of nursing home residents a top priority and has issued the toughest nursing home regulations in the history of the Medicare and Medicaid programs. Since 1993, President Clinton has taken steps to ensure that all nursing home residents receive good quality care, including: 1) increasing monitoring of nursing homes to ensure that they are in compliance; 2) requiring states to crack down on nursing homes that repeatedly violate health and safety requirements; and 3) changing the inspection process to increase the focus on preventing bedsores, malnutrition, and resident abuse. Most recently, the President has directed HHS to: 1) create higher civil monetary penalties for quality violations and provide that these penalties will be more quickly determined and imposed; 2) require states to investigate resident complaints within 10 days; and 3) begin a national campaign this spring to educate the public about the risk of malnutrition and dehydration and preventing abuse and neglect.

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nursing homes, with tough, immediate fines for nursing homes that provide inadequate or even abusive care, a National Registry for nursing home workers known to be abusive, and unprecedented efforts to prevent poor nutrition and other health concerns that threaten people in nursing homes.

You and I have fought to improve the health and security of older Americans in many ways. Today, I ask you ~~to continue to work with me to reauthorize the~~ Older Americans Act, that has funded Meals on Wheels, and many other programs to help older Americans live longer, healthier, more independent lives. I ask you to continue to work with me to oppose the public housing bill currently before the House of Representatives, misguided legislation that would devastate tens of thousands of our nation's hardest pressed senior citizens, making it nearly impossible for them to obtain public housing when they need it the most. Finally, I want to thank NCSC for working with us to deal with the Year 2000 computer problem, by reaching out to senior citizens to enlist their help in meeting this important challenge.

In all of these ways, working together, putting our nation's progress ahead of partisanship, putting our people ahead of politics, putting our unity ahead of division, we are building a better, stronger world for our children, for our grandchildren. I thank you for everything you are doing to build that brighter future -- and for everything you will do in the years to come.

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Chicago Tribune, September 6, 2000

September 6, 2000 Wednesday, CHICAGO SPORTS FINAL EDITION

SECTION: News; Pg. 1; ZONE: N

LENGTH: 1428 words

HEADLINE: BUSH SEEKS PRIVATE ROLE IN MEDICARE;
$200 BILLION PLAN INCLUDES STATE-BASED PRESCRIPTION PROGRAM

BYLINE: By Rick Pearson and Jeremy Manier, Tribune Staff Writers. Tribune staff writers Monica Davey and Ray Long contributed to this report.

DATELINE: ALLENTOWN, Pa.

BODY:

Texas Gov. George W. Bush issued his response to Vice President Al Gore's challenge to provide prescription drugs and health **care for seniors** on Tuesday, proposing a $200 billion Medicare plan that would increase government spending while expanding the role of private insurers.

"Keeping the promise of Medicare and expanding it to include prescription drug coverage will be a priority of my administration," Bush said while outlining his plan at a senior center.

By earmarking billions of dollars to expand Medicare, Bush followed Gore's tactic of moving toward the political center on health care. The Republican nominee also hoped to reverse public opinion polls that indicate voters prefer Gore's policies on senior health care.

But Bush's plan also reflects an essential difference of opinion between the candidates on the proper role of government in medical care. While the vice president has proposed expanding the current federally run program to include coverage for prescription drugs, the Texas governor wants to decrease the government's role by bringing in more private insurers to provide benefits to the more than 40 million elderly citizens who receive Medicare.

Bush supporters say his plan would unleash market forces that should offer seniors more choices. Gore's $253 billion proposal emphasizes broad coverage and the security of an established program.

The Bush plan would pay for prescription drugs for seniors whose income is less than 135 percent of the federal poverty level, or about $11,300 for single seniors and $15,200 for married couples. Seniors who make between 135 percent and 175 percent of the poverty level would get partial subsidies.

Funding would start in 2001, in a four-year, $48 billion direct grant to the states to offset

prescription drug costs. Bush also would allocate $110 billion over the next 10 years to restructure Medicare, changing it from a single nationwide insurer to a clearinghouse that would contract with private insurers and HMOs to provide physician and hospitalization benefits.

Bush believes such a program would increase the choices open to patients while reducing federal bureaucracy.

"When you need a driver's license, bureaucracy can be frustrating," Bush said. "When you need medical care, bureaucracy can be a hazard to your health."

Gore said a greater reliance on HMOs would alienate seniors who like the security of traditional Medicare, which guarantees equal coverage nationwide. HMOs, he noted, provide varying levels of service.

During a campaign stop Tuesday in Columbus, Ohio, Gore said Bush's plan would "force seniors into HMOs even if they didn't want to go to them."

"We've seen there are a lot of problems with the way companies, HMOs, have been treating all Americans," Gore said.

Although the Gore and Bush plans would provide about the same coverage to poor seniors, Gore officials said their proposal would help the middle class more.

Gore's plan would pay 50 percent of drug expenses for seniors whose income exceeds 150 percent of the federal poverty level, while Bush's would provide 25 percent of the drug costs for those who make 175 percent of the poverty level.

Another difference is the two plans' coverage of catastrophic drug costs. Bush's proposal would pay for any costs above $6,000 a year, while Gore's plan would cover any expenses exceeding $4,000.

The Bush campaign said its plan focuses on the poorest seniors, those who most need relief.

Gore aides and **Clinton** administration officials said that nearly half of the nation's seniors who don't have drug coverage make more than 175 percent of the poverty level. The Bush plan, Gore said Tuesday, "leaves millions of seniors without any prescription coverage--middle-class seniors."

It is also unclear whether private insurers would choose to join Bush's prescription drug plan.

The only way seniors currently can get prescription drugs through Medicare is with HMOs participating in the Medicare+Choice program. Poor profits in some areas of the country have led HMOs to drop nearly 1 million seniors from such programs, including thousands in the Chicago area.

"The nice thing about Medicare is that it's available everywhere, no matter what," said Kenneth Thorpe, a professor of health policy at Emory University and former **Clinton** administration adviser. "I think our experience with Medicare+Choice raises serious concerns about how the Republicans have designed their plan."

Many of Bush's proposals resemble legislation advanced by Sens. John Breaux (D-La.) and Bill Frist (R-Tenn.). Aides for Frist predicted private companies would participate in a prescription drug plan because they could not pass up the huge potential market of Medicare recipients.

Indeed, one industry group that has given a lukewarm response to other Republican proposals reacted positively to Bush's plan.

Officials with the Health Insurance Association of America have said they would oppose any plan that calls for private insurers to cover drugs alone for seniors in the Medicare program. Such a plan

would not be as profitable as a comprehensive benefits package, and would attract primarily the sickest--and therefore most expensive--patients.

Yet association spokesman Richard Coorsh said Tuesday that Bush's plan to expand the role of private insurers could work. It also incorporates the group's proposal of giving block grants to states as an intermediate step.

"We believe this proposal would give help to the seniors who need it the most, and it would do so faster than any proposal offered up so far," Coorsh said.

Bush officials said one advantage of their plan is that it would provide immediate relief to seniors in 2001, unlike the Gore plan, which would not start until 2002 and take until 2008 to phase in completely.

The Gore campaign said both plans would probably start sometime in 2002, and noted that some states might choose not to participate during the first four years of Bush's block grants.

Such grants would be a crucial element of the Bush plan, said Mark Pauly, a professor of health-care systems at the University of Pennsylvania's Wharton School of Business.

"It would be a transition strategy to wean people off the traditional Medicare approach, rather than a sudden bucket of cold water," said Pauly, a former adviser to Bush's father when he was president.

Both candidates' proposals rely on continued national economic prosperity to overhaul Medicare. Gore's prescription drug plan would cost at least $253 billion over 10 years.

Bush's basic Medicare changes would cost $158 billion, plus $40 billion for Medicare providers whose reimbursement packages were cut as part of the 1997 Balanced Budget Act. Gore also has proposed to restore those cuts.

Contending that the **Clinton**-Gore administration has been a "roadblock to reform," Bush on Tuesday used the Medicare issue as an argument for political change.

"Vice President Gore talks about the 'people' versus the 'powerful.' For eight years, he has been the powerful and on health care, he has little to show for it," Bush said, eschewing his usual practice of not referring to his opponent by name.

Donna Shalala, secretary of Health and Human Services, responded that the administration has a strong record on Medicare, having extended the program's projected life until at least 2025. When **Clinton** and Gore took office, projections were that Medicare would be bankrupt by 1999.

Shalala also criticized Bush's approach of giving block grants to the states.

"If you live in a state that opts not to participate, you are left out in the cold," Shalala said

Illinois is among the 22 states that already offer some form of drug benefit. As Texas governor, Bush has not pushed for a prescription-drug program for seniors.

An underlying weakness of Bush's health plan, according to Gore's campaign, is that the Republican is counting too heavily on government surpluses. But Bush aides say they have used the most conservative numbers available from the Congressional Budget Office in putting together their spending program.

Despite their differences over funding and coverage of seniors, the real gulf between Gore and Bush on health care is one of philosophy, said Robert Blendon, professor of health policy and political analysis at Harvard University.

"The question is whether Medicare does a better job of giving services directly, or if private health plans would do better," Blendon said. "In both cases, I think seniors would be better off than they are now."

CAMPAIGN2000.

GRAPHIC: GRAPHICGRAPHIC (color): Comparing Medicare plans; COST; MEDICARE REFORM; LOW-INCOME SENIORS; PRESCRIPTION DRUG BENEFITS; CATASTROPHIC MEDICARE COSTS; - See microfilm for complete graphic.

LANGUAGE: ENGLISH

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Los Angeles Times

September 6, 2000, Wednesday, Home Edition

SECTION: Part A; Part 1; Page 1; National Desk

LENGTH: 2158 words

HEADLINE: CAMPAIGN 2000;
BUSH OFFERS PLAN ON HEALTH CARE;
CAMPAIGN: HE PROMISES TO OVERHAUL MEDICARE AND GIVE SENIORS DRUG COVERAGE.

BYLINE: MARIA L. La GANGA and RONALD BROWNSTEIN, TIMES STAFF WRITERS

DATELINE: ALLENTOWN, Pa.

BODY:

Charging that the **Clinton** administration has reneged on its promise to mend Medicare, Texas Gov. George W. Bush on Tuesday proposed a $ 198-billion overhaul of health **care for seniors** that would provide at least some prescription drug coverage for all elderly Americans.

Bush would spend $ 110 billion over 10 years to "modernize" the 35-year-old Medicare system, which helps pay for the health care of 39 million elderly and disabled Americans.

Unlike Vice President Al Gore, who would expand the Medicare system, Bush would change the program by allowing seniors to remain in Medicare or choose annually from a range of private plans, including those offered by health maintenance organizations. If passed by Congress, it would amount to the largest structural change in Medicare since its inception.

The Bush plan would subsidize the cost of prescription drug coverage for seniors at all income levels to some extent, and it would pay all drug costs for the lowest income seniors--individuals living on less than $ 11,300 a year or couples with a household income of up to $ 15,200.

Bush envisions a four-year transition period in which the federal government would give the states $ 48 billion in grants to provide what he calls an "immediate" prescription drug benefit for the very poorest seniors, along with paying all drug costs for seniors above $ 6,000 a year.

In addition, he endorsed congressional efforts to restore cuts to Medicare providers, such as hospitals and doctors, that were enacted in 1997 as part of the federal Balanced Budget Act. The cost would be $ 40 billion. Gore also supports such Medicare restoration efforts at the same level.

"Eight years ago, Bill **Clinton** and Al Gore promised Medicare reform," Bush said as he unveiled his plan at a senior residence here. "Four years ago, they did the same. This is a patient country, but

our patience is wearing thin. This is not a time for third chances; this is a time for new beginnings and new leadership."

In a prosperous, peacetime election year, with the debate driven by the interests of aging baby boomers and their elderly parents, health care--and particularly Medicare reform--has rapidly gained momentum as a campaign theme.

Adding to the urgency of Medicare reform efforts is the fact that the number of Americans receiving benefits is expected to double in the next 30 years as the number of workers paying into the system drops.

Plan Doesn't Slow Democrats' Attacks

Democrats have spent the last several weeks chastising Bush for making health care reform promises without particulars. Although Bush has run a campaign ad vowing to offer prescription drug coverage to seniors, until Tuesday he had given no details about how he would accomplish the politically tricky feat.

Gore wasted no time Tuesday deriding the Republican presidential nominee's plan, charging that it would force seniors into bare-bones HMOs if they want prescription drug coverage and would leave millions of elderly people without coverage for necessary medicines.

Campaigning in Columbus, Ohio, Gore said that "the biggest problem" with Bush's plan is that "there is no money to pay for it" after the 10-year, $ 1.3-trillion tax cut that Bush also has proposed.

Gore has rejected the kind of fundamental changes in Medicare touted by Bush. Instead, the Democratic nominee for president wants to add to the existing program a guaranteed prescription drug benefit for all seniors at a cost of $ 253 billion over 10 years. That amount does not include restoration of Medicare cuts to doctors and hospitals.

Today, more than 80% of seniors receive health care in the traditional Medicare "fee for service" program, under which the government makes payments directly to doctors and hospitals. Most of the rest enroll in HMOs.

In recent years, HMOs affiliated with Medicare have been terminating their coverage of thousands of seniors, especially in rural areas, complaining that reimbursements from the government are too low. An industry survey released in June showed that HMOs planned to cancel coverage next year for more than 700,000 seniors enrolled in Medicare HMOs.

Under the reforms Bush endorsed Tuesday, Washington would provide a fixed sum of money for seniors to purchase health insurance from a range of plans, including the existing Medicare program.

Benefits would vary from plan to plan, with the most expensive plans offering the broadest coverage, such as prescription drugs and vision and dental care. Less expensive plans would offer less generous benefits.

If a plan cost more than the sum provided by the government each year, seniors would have to make up the difference out of their own pockets.

For seniors earning 135% of the poverty rate or less, Bush would provide subsidies sufficient to cover the full cost of purchasing a plan offering prescription drugs. This would help Americans avoid what he described as the "cruel choices some seniors face: Heat or medicine. Food or pills."

Those earning more would receive smaller subsidies, on a sliding scale, to purchase plans that included prescription drugs. The smallest subsidy--given to seniors with household incomes of

more than $ 19,700 for couples or $ 14,600 for individuals--would pay for 25% of the cost of the insurance premiums for prescription drug coverage.

Bush and supporters of the plan in Congress--led by Sens. John B. Breaux (D-La.) and Bill Frist (R-Tenn.)--say this approach will provide seniors more flexibility by allowing them to choose plans that offer the benefits they need most. And they maintain that the competition between plans to enroll the elderly will help keep down Medicare's costs in the future.

As Bush pointedly noted in his speech, those arguments have been endorsed by the Democratic Leadership Council, the centrist organization chaired by Sen. Joseph I. Lieberman (D-Conn.), Gore's running mate.

Critics Point to Several Flaws

Critics, led by Gore, argue that the plan Bush has embraced is flawed in several respects. Citing government analyses, they say that under the formulas used in this new approach, premiums would rise by as much as 47% for seniors who choose to remain in the existing Medicare program.

Those studies--which the Bush campaign disputes--are the basis of Gore's contention that these reforms would drive seniors into health maintenance organizations, which would likely be cheaper.

Gore also argues that the Bush approach would produce unequal care. Each candidate's plan would guarantee access to prescription drugs for the poorest seniors. But under the Bush approach, middle-income seniors would receive only a relatively small subsidy from the government to purchase prescription drug coverage.

As a result, critics say, many middle-income families may still not be able to afford plans that provide adequate coverage for prescription drugs, while the affluent would be able to buy such coverage with their own money.

"The exposure is, if you are middle income, can you afford the high-end, high-option plans that are going to give you full benefits? Or are you going to have to choose the lower-cost, low-option plans?" asks Diane Rowland, executive director of the nonpartisan Kaiser Commission on Medicare and the Uninsured.

But many advocates of the Bush approach say it makes sense to target benefits toward the neediest seniors. Republicans say Gore's plan squanders government money by providing a publicly subsidized drug benefit even to affluent seniors who may now have adequate private coverage.

By rejecting such a universal program, Bush inevitably introduces more uncertainty for the elderly. Under Bush's approach, seniors would face significant variations in their coverage and out-of-pocket costs depending on what drug benefits are offered by the private insurance companies participating in the new system in their areas.

Gore's plan, by contrast, establishes a common set of prescription drug benefits and costs for all seniors.

Bush's $ 48-billion proposal for state grants to provide seniors with prescription drugs raises similar questions about uncertainty. Bush calls this proposal the "Immediate Helping Hand" program and argues that it is the fastest way to get crucial help to those in need, because many states already have some program in place.

Democrats, like Health and Human Services Secretary Donna Shalala, criticized the idea as a crapshoot for seniors because states would be entirely free to decide what benefits, if any, to offer.

According to the National Conference of State Legislatures, 14 states have prescription drug programs that subsidize drugs for the elderly in place, and another six states have legislation on the books that will go into effect in the next few years.

The programs vary widely in how many seniors are eligible for the subsidized drug coverage, the amount of the co-payments and the number of drugs that are covered. In all, only about 1 million seniors are enrolled in the existing state programs.

Republican congressional leaders said the idea of expanding these state programs tracked largely with proposals they are pushing in Congress.

* Times staff writers Alissa J. Rubin, Edwin Chen, Megan Garvey and Matea Gold contributed to this story.

Comparing Their Plans

Medicare--the federal health care program for the elderly and disabled--does not pay for prescription drugs. Although 25 million Medicare recipients have prescription drug coverage through some other medical plan, about 12 million recipients have no drug coverage at all. Here's how Republican George W. Bush and Democrat Al Gore say they would address the problem.

* MEDICARE REFORM

George W. Bush

Would fundamentally change Medicare. Instead of guaranteeing a specific benefit, the government would provide seniors a fixed sum of money to purchase health insurance. Seniors could use the traditional Medicare program or choose from a range of private plans, including those offered by health maintenance organizations. Benefits would vary from plan to plan.

Al Gore

Would broaden Medicare. He would also allow people from the ages of 55 to 65 to buy into Medicare--and provide a tax credit toward their premiums. Proposes putting Medicare funding in a "lock box" so that Medicare payroll taxes could only be used to support Medicare or pay down the national debt.

*

BASIC DRUG PLAN

George W. Bush

Medicare recipients could choose from several health plans and could select prescription drug coverage as a benefit. The government would pay for at least 25% of drug-coverage premiums for all seniors and would shoulder an even larger share for the elderly poor.

Al Gore

A prescription drug benefit would be available to all Medicare recipients. Those people enrolled in the plan would pay half of their drug costs; the government would pay the other half. During the first year, the government would pay a maximum of $ 1,000. That would rise to $ 2,500 in 10 years.

*

BENEFITS FOR THE POOR

George W. Bush

Low-income seniors would pay nothing. Free coverage would be offered to individuals earning up to $ 11,300 and couples earning up to $ 15,200. For seniors on the edge of poverty--those individuals earning $ 11,300 to $ 14,600 a year and couples up to $ 19,200--the government would pay a portion of their premiums.

Al Gore

If the plan was offered this year, individuals who earn $ 11,200 or less annually would pay nothing. Prescription drugs for seniors with incomes between $ 11,200 and $ 12,450 would be partially subsidized.

*

PREMIUMS

George W. Bush

No cost to poor seniors. For everyone else, the government would cover at least 25% of their premiums. Costs would vary depending on the health plan chosen.

Al Gore

The elderly poor would pay nothing. For everyone else, premiums would be about $ 25 a month in the first year, rising over 10 years to more than $ 40 a month.

*

CATASTROPHIC COVERAGE

George W. Bush

The most anyone in the program would pay out of pocket for drugs would be $ 6,000 a year. The government would pay any drug costs over that amount, picking up all other health care costs over $ 6,000 after Bush's plan has been in effect for four years.

Al Gore

The government would pay any drug costs over $ 4,000 a year. This provision is designed to cover "catastrophic" illness.

*

OVERALL COSTS

George W. Bush

An estimated $ 198 billion over 10 years. This figure includes $ 48 billion to go to the states immediately to cover drugs for the poor and the catastrophically ill over four years. Then $ 110 billion would go toward overhauling Medicare and partially covering all seniors' drug costs. Would also restore $ 40 billion in cuts to Medicare providers.

Al Gore

An estimated $ 253 billion over 10 years. Also favors restoring $ 40 billion in Medicare cuts, although that is not part of his drug plan.

GRAPHIC: PHOTO: (A2) SENIORS--George W. Bush proposed a $198-billion overhaul of health care that would provide some prescription drug coverage for all seniors. At right, Bush gets kiss from Doris Nonnemaker in Allentown, Pa. A1 PHOTOGRAPHER: Reuters PHOTO: George W. Bush PHOTO: Al Gore

LANGUAGE: English

LOAD-DATE: September 6, 2000

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The New York Times, September 2, 2000

September 2, 2000, Saturday, Late Edition - Final

SECTION: Section A; Page 18; Column 1; Editorial Desk

LENGTH: 774 words

HEADLINE: Editorial Observer;
The Crisis in Providing Care for the Elderly Ill

BYLINE: By DUDLEY CLENDINEN

BODY:

In Florida, where retirees have been flocking since the 1920's and where 25 percent of the state's population is expected to be over 65 by the year 2010, there are growing feelings of strain and exhaustion among the managers, the nurses and nurses' aides who care for the old and frail. The word most often heard in conversations with elder-care professionals these days is "crisis." With a population calculated to be aging at a rate 20 years ahead of the nation as a whole, the Sunshine State has become a harbinger for a nation growing old and facing problems with long-term **care for the aged.**

As the average life span lengthens, people seem healthier in old age than ever before. The question is how to serve those who become infirm or ill. In Florida and in the nation, most of that burden falls, as it always has, on families, usually on a woman caring for an older one. In Florida, a study four years ago found that almost 80 percent of the frail elderly were cared for at home. African-American and Hispanic families are more likely to care for their own, says Larry Polivka, director of the Center on Aging at the University of South Florida, whereas more whites seek professional help. But there is no way to know what quality of care the people at home actually get, or what sacrifices their care-givers have to make to give it.

What is known, Professor Polivka says, is that more than 88 percent of the public money spent to support long-term care in Florida now goes to nursing homes, where the remaining 20 percent of the frail elderly reside. Nationally, in the last fiscal year about $39 billion in public money for long-term care went to nursing homes, where the average age of the residents is 85, where 42 percent are demented, and 72 percent are women.

Virtually no one seems happy about the current state of affairs. The federal government has found substantial evidence of fraud and mismanagement in nursing home chains, as well as consistent patterns of neglect and abuse. The nursing homes feel over-regulated, under-compensated, unable to hire and keep employees, and over-sued. The nursing home employees, who are called on to do difficult work with compassion, feel underpaid and unfairly maligned. The families of the residents increasingly sue on charges of mistreatment. And a growing body of consumer advocates accuse the state and federal governments of having no sensible policy of long-term care.

It is, in a word, a mess.

Although four-fifths of Florida's nursing homes are in business to make a profit, and tax dollars pay for 90 percent of their charges, 23 percent of the beds are now managed by companies gone bankrupt. In 11 other states, the percentage is even higher.

But Florida, which allows residents to sue for violation of their patient rights under state law -- and allows attorneys to collect fees separate from the damages -- leads in another national trend, the soaring rate of lawsuits against nursing homes. It began 11 years ago, when a Tampa attorney, Jim Wilkes, filed his first suit in behalf of a resident. He won. He has since expanded to seven other states, helped persuade Arkansas to pass a similar law, put up billboards on highways to solicit cases, and says he currently has 800 to 1,000 lawsuits in process, seeking a total of about $1 billion.

He is out, Mr. Wilkes says, to destroy the industry. "There are no good nursing homes," he says. He is wrong. There are bad ones. There are also many good and caring homes, particularly the nonprofit ones. But Mr. Wilkes and the other lawyers who have followed his lead have had an effect. A study conducted this year for the Florida Health Care Association of for-profit homes found that the annual liability cost per occupied nursing home bed has now reached $6,283 -- eight times the national average.

Liability insurance premiums have ballooned. Mary Ellen Early, director of the state's group of nonprofit homes, cited two cases: a central Florida retirement community with its own nursing home, whose premium has gone in a year from $33,000 to $545,000; and a group of three homes, whose premium just jumped from $159,000 to $1.7 million. Some insurers are canceling. A dozen or more nursing homes in Florida now operate with no liability insurance at all.

A 17-member task force headed by Lt. Gov. Frank Brogan, who called the situation "frightening," is expected to recommend some changes to the state legislature by the end of this year. As Ruben King-Shaw, head of the state Health Care Administration, has said, "We are witnessing the disintegration of the long-term-care system before our very eyes."

http://www.nytimes.com

LANGUAGE: ENGLISH

LOAD-DATE: September 2, 2000

The San Francisco Chronicle AUGUST 29, 2000, TUESDAY,

AUGUST 29, 2000, TUESDAY, FINAL EDITION

SECTION: EDITORIAL; Pg. A16; EDITORIALS

LENGTH: 327 words

HEADLINE: A Plan to Curb Elder Abuse

BODY:
ALTHOUGH WEAKER than it needs to be, a bill increasing scrutiny and fines for abusive or negligent California **nursing homes** is long overdue. The bill, AB 1731, watered down to win approval from Gov. Gray Davis who is now expected to sign it, adds bite to what had been toothless oversight of the state's 1,400 elder care facilities.

The measure is the product of a 20-year effort to exert greater control over senior care homes where the most vulnerable of patients often suffer the most inhumane treatment from ill-tempered and badly-trained employees. "The horror stories you hear about people being strapped down in wheelchairs, festering for hours in their urine, those are all true," said the bill's author, Assemblyman Kevin Shelley, D-San Francisco. "Hopefully, this bill will have a chilling effect on facilities to make them be more careful."

Aside from tougher **care standards,** the bill raises employees' pay and mandates stiff fines for abuse -- $20,000 for incidents that result in serious harm and up to $100,000 if death occurs. The law would also:

-- Strip licenses for two serious complaints within two years.

-- Temporarily replace managers if facilities are found to be unsafe.

-- Require response to serious complaints within 24 hours.

-- Mandate an additional 10 hours of employee training focusing on elder abuse and Alzheimer's disease.

But the best way to improve care -- by increasing the level of staffing -- was nixed to appease Davis, who called it too expensive when he vetoed a similar bill last year. Still, considering that 30 percent of the facilities had a deadly or serious harm violation in 1998, and that last year nearly 300 **nursing home** citations were issued for serious harm or deaths, this bill comes none too soon. While the measure fails to end all mistreatment, and the Legislature should pursue even greater safeguards, **nursing homes** should beware that abuses will no longer be tolerated.

LOAD-DATE: August 29, 2000

The Denver Post, August 10, 2000 Thursday

August 10, 2000 Thursday 2D EDITION

SECTION: DENVER & THE WEST; Pg. B-02

LENGTH: 478 words

HEADLINE: Udall: Care homes must improve Lawmaker backs federal fines to enforce standards

BYLINE: By Karen Auge, Denver Post Medical Writer,

BODY:

Standing before a roomful of elderly women, some in wheelchairs, some gripping metal walkers, U.S. Rep. Mark Udall said Wednesday he was 'shocked and disturbed' by the findings of an audit of **nursing-home** conditions in his district.

And the Boulder Democrat has signed on to federal legislation he said will help fix the problem.

A congressional committee reviewed the findings from 1999's annual state inspections of **nursing homes** in Udall's 2nd Congressional District and found that of 27 facilities, 19 had at least one violation 'with the potential to cause more than minimal harm to residents.'

Inspectors found no violations of federal **care standards** in eight of the homes.

The report didn't divulge specific violations, and Udall said pointing fingers at individual **nursing homes** was not his intent.

But he said many of the violations were serious. 'These aren't just bad food,' he said. 'They range from failing to prevent falls and accidents to improper use of restraints.'

One **nursing home,** he said, had only one staff member caring for 40 patients when inspectors visited.

To help fix the problem, Udall has pledged to co-sponsor a bill that would create a system of automatic fines of $ 2,000 to $ 25,000 for violations. Money collected would be put into a grant program designed to help **nursing homes** hire and keep qualified staff. The bill also would require that inspection information be posted on the Internet.

The bill, sponsored by fellow Democrat Henry Waxman of California, also would restore reimbursements to **nursing homes** that provide quality care. Those reimbursements, primarily through Medicaid and Medicare, were gutted in 1997 by Congress.

But if Udall had much to tell the group of residents and **nursing-home** industry representatives at Crossroads of Northglenn assisted-living center Wednesday, they had a lot to say to the congressman as well.

Several described the challenge of hiring people willing to do the physically and emotionally demanding work of caring for **nursing-home** residents.

And several bristled at the prospect of more federal mandates.

Colorado already sanctions **nursing homes** - either through fines, intense monitoring or other methods - that aren't operating up to snuff, and the state already posts the findings of **nursing home** inspections on the Internet, said Jay Moskowitz, who operates five Colorado **nursing homes.**

'I urge you to look at Colorado, to visit those facilities in your district before enacting more federal mandates,' Moskowitz said.

He also urged Udall to examine why so many of the state's **nursing homes** are in financial trouble. Fifty-seven of Colorado's 226 **nursing homes** have filed for bankruptcy, according to Colorado Health Care Association figures.

GRAPHIC: PHOTO: The Denver Post/Helen H. Davis Rep. Mark Udall, D-Colo., talks to residents at Crossroads of Northglenn assisted-living center Wednesday, telling them that 19 of 27 **nursing homes** in his district had violations in 1999 state inspections.

LOAD-DATE: August 10, 2000

The Christian Science Monitor, July 19, 2000

July 19, 2000, Wednesday

SECTION: FEATURES; HOMEFRONT; Pg. 15

LENGTH: 1511 words

HEADLINE: Nursing homes reach out

BYLINE: Cathryn J. Prince, Special to The Christian Science Monitor

DATELINE: LAWRENCE, MASS.

HIGHLIGHT:
Hispanics and Asians traditionally care for their elders at home. Increasingly, they look to facilities to provide multicultural support.

BODY:

Puerto Rican immigrant Juan Suarez raised seven children in this Northeast industrial city, and it was understood that his children would care for him when he got older.

So the fact that Mr. Suarez now spends his days in a nursing home will never sit right with family members, who felt they had no choice when a medical condition made it difficult for Suarez to be cared for at home.

The retired fisherman and his family symbolize slowly changing attitudes about nursing-home care within minority communities. But while the situation is becoming more common, it still meets a great deal of resistance. Many cultures, such as Hispanic and Southeast Asian, consider it a breach of familial responsibility to place someone in a home.

"We were raised to believe we must care for the elderly," says Helen Suarez, Suarez's daughter.

"We'd like to have him here at home but he needs extra care," she says. "We cried a lot when the social worker told us he needed a nursing home. I still cry a lot, but I couldn't maintain the care."

Ms. Suarez says she tried as long as she could to care for her father. Each day she placed freshly laundered and pressed clothing on his bed, just like her parents did for her grandparents in Puerto Rico. She bathed him and cooked all his special meals.

However, Juan Suarez needed medical care and couldn't be left alone for any length of time.

Piatas at Christmas

"Latinos really believe in the extended family, in keeping the families together. But right now there is need for [both] husbands and wives to work, so they must bring their parents or grandparents to the nursing homes," says Isabelle Melendez, director of the community center in Lawrence, Mass.

"I come from Puerto Rico. My grandmother lived to 105 and never was in a nursing home. Everyone took care of her, the grandkids, the nephews, and the nieces. Here life is different."

Because of these lifestyle differences, many nursing homes across the country have begun to reach out to minority communities. It is becoming more common to find nursing homes that offer everything from traditional meals to piatas at Christmas.

"This will be reflected in the rest of the country. The baby-boomer population is aging. All over the country [we] need to understand how different cultures treat their aged," says Ray D'Aiuto, administrator of the Wood Mills nursing home facility, in Lawrence, Mass.

Lawrence, a working-class town north of Boston, is an example of what is happening in small towns and sprawling cities from coast to coast. Here the number of Hispanic residents over 65 increased 31 percent from 1990 to 1995, according to the Massachusetts Institute for Social and Economic Research.

Meanwhile, the number of Hispanics between 20 and 39 years of age has increased by just 6 percent over the same five-year period. In other words, in coming years there will be more elderly Hispanics than there will be young family members to care for them.

No one at home all day

The Hispanic population has long opposed the idea of placing a relative in a nursing home. Indeed, 20 years ago there were hardly any Latinos in nursing homes, says Betty Mills, a nursing-home administrator in Blen, N.M. Extended families were the norm, and each generation cared for its elderly.

However, these days most family members are working or in school. There is no one at home to **care for their aged** and infirm relatives.

Even so, as with families of whatever background, placing a relative in a nursing facility is a decision that can be fraught with guilt.

"We see a lot of fear and confusion on their faces when they arrive, so gaining their trust is a big thing," says Pat Kidder, administrator of the Heritage Nursing Home in Lowell, Mass. "The children don't often come out and say they feel guilty, but it is obvious."

To help alleviate anxiety, nursing-home staffs encourage family members to attend support groups and learn that they are not alone in their choice.

In addition to support groups, or access to social workers, many nursing homes strive to create a more welcoming atmosphere for residents of different ethnic backgrounds.

At Wood Mills, 75 per cent of the staff is bilingual and, with the aid of Microsoft's translation software, all memorandums are issued in Spanish and English.

Religious services are held in Spanish, and residents are provided with Spanish-language books and newspapers. Residents attend Spanish education groups, and listen to music and weather on the local Spanish radio station. They also worked with the facility's dietitian to create Spanish meals, consisting largely of rice, beans, and chicken, which are served three times a week. Having familiar meal choices helps prevent weight loss, sometimes a problem for the elderly.

"We needed to redefine what we do because of the area we are in," says D'Aiuto, who came to

Wood Mills two years ago. "We are a provider in a community which is Spanish-speaking, and we need to give our residentsa greater sense of respect and dignity."

They speak the language

A common goal for nursing homes with non-English-speaking residents is finding staff who can communicate.

In Pico Rivera, Calif., a predominantly Hispanic community outside of Los Angeles, 90 percent of the residents are Hispanic, says Jean Doerfler.

She, like other administrators, encourages staff members to learn another language because, while many residents are in fact bilingual themselves, "as they get older they revert to their roots and like to speak only Spanish."

It's the same in Lowell, which has a large concentration of Southeast Asians, says Ms. Kidder.

"Out of 142 beds, perhaps six are occupied by Vietnamese, Thai, or Cambodians," Kidder says. "That may be a small number, but one person's needs can be great, especially if they are not understanding you."

Aside from overcoming any language barriers, Kidder says nursing home staffs must learn that cultures have different attitudes toward medical care, and a failure to understand these viewpoints will only add to the residents' and families' stress.

Despite these many steps to reach different cultures, "I truly believe that certain ethnic groups only care for their relatives at home," says Rose McGary, nursing home ombudsman for the Massachusetts Department of Elder Services.

"They cannot fathom [why] the care is not exactly the same as it as at home. They want the one-on-one care. I can't tell you how many complaints I get that say the homes aren't doing a good job," and then they pull relatives out of care against our advice, she says.

These situations arise from a deep-seated abhorrence of nursing homes in cultures where extended families still live in close proximity, if not under a single roof.

"When my grandmother was ill, the idea of a nursing home never came up," says Martha Velez of the Lawrence Council on Aging. "She had three daughters living in Lawrence, and we all took care of her."

No substitute for family

Ms. Velez, who grew up in a three-family home in town, says that when families don't consider the option of placing a relative in a nursing home, it's because they think: "No one loves you more than your family, there is a big language barrier, and the food isn't good."

And while nursing homes are trying to be more accommodating, in many people's minds they can never replace home or the responsibility of children to care for their parents.

"Elderly care is like child care. You have a child, you work your schedule around its care," Velez says. "I think the same respect is due to your parent."

However, there are cases where that is not enough, says Linea McQuade, administrator of a nursing home in Fall River, Mass. Ms. McQuade has lived and worked in the largely Portuguese community for the past decade.

"You'll hear a resident's daughter say, 'My mother took care of me her whole life, and now I take

care of her.' But sometimes that is no longer possible," says Ms. McQuade. "The mother or relative needs more attention than can be given at home. They need 24-hour care."

Nursing-home administrators say that families who come from minority backgrounds are more likely to visit on a daily basis than are those in the Caucasian population.

Indeed, Helen Suarez visits with her father each evening after she finishes English classes at the local college. Her daughter, too, visits often, as do her brothers.

"To a certain extent there is much more involvement with the Hispanic community versus the Anglo population," says Doerfler, the administrator in Pico Rivera, Calif.

"Daughters and sons routinely come during mealtimes to help out, they participate in the activities. There is a strong bond with the elderly."

LANGUAGE: ENGLISH

LOAD-DATE: July 18, 2000

The San Francisco Chronicle JUNE 9, 2000, FRIDAY,

JUNE 9, 2000, FRIDAY, FINAL; CONTRA COSTA EDITION

SECTION: NEWS; Pg. A21

LENGTH: 1795 words

HEADLINE: Nursing Homes Skewered;

House report details violations in 119 Bay Area facilities

BYLINE: Sabin Russell, Carolyn Lochhead, Chronicle Staff Writers

DATELINE: Regional

BODY:
More than one-third of all Bay Area **nursing homes** have been cited for violations in which residents were harmed or placed at risk of death or serious injury, according to a study released yesterday by House Democrats.

Among the problems most frequently cited in annual inspections at 119 homes were failure to treat and prevent bed sores -- an affliction that can lead to serious infection -- and a "failure to provide supervision or assistance devices to prevent accidents."

The study by the Democratic staff of the House Government Reform Committee examined the records of 288 **nursing homes** over a two-year period ending in January. It was based on citations that were considered the most serious violations of federal quality-of-**care standards.**

Rep. Pete Stark, D-Hayward, who ordered the study, was joined at a Washington press conference by four of the eight other Bay Area House Democrats who also requested the report.

Stark called for more federal financing to improve salaries and training of **nursing home** staff and for greater enforcement and oversight.

"It's like speeding on the freeways," said Stark. "If the cops aren't out there, you are going to start driving at 75 instead of 65 . . . We've gotten sloppy. We need more surprise inspections."

Going to a **nursing home** "is in many ways the ultimate nightmare that we either secretly think about ourselves or pray that we will not face with our families," said Rep. Anna Eshoo, D-Palo Alto. "The system does not have enough money in it."

Together, the 119 Bay Area **nursing homes** with serious citations collect $141 million in federal and state funds through the Medi-Cal and Medicare programs each year, the lawmakers said.

Nationwide, **nursing homes** will consume a projected $58.1 billion in government funds this year. Medicare, the federal health insurance program for the elderly and disabled, accounts for $11.2 billion, while the Medicaid program, which covers long-term care for the poor, will pay $44.9 billion -- $17.2 billion of which comes from the states.

Critics of the industry said that with so much tax money going to **nursing homes,** the failure to meet federal standards was inexcusable. Of 288 Bay Area **nursing homes,** only 18 -- or 6.3 percent -- were found to be in "full or substantial" compliance.

Nursing home operators said the citation reports on which the study is based are often overblown and unreliable, but they agreed with the critics in Congress that the state's **nursing home** system is understaffed and underfunded.

"The **nursing home** industry has been plummeting down in a financial crisis for many years. California ranks 46th in the nation in Medicaid spending on long-term care," said Betsy Hite, spokeswoman for the California Association of Health Facilities, the Sacramento trade group for the state's 1,500 **nursing homes.**

Hite said **nursing home** operators in the Bay Area can afford to pay an average of only $7.50 to $8 an hour for nursing assistants, which makes it difficult to compete in a tight labor market.

A spate of California **nursing home** bankruptcies has boosted prospects for a 10 percent increase in Medi-Cal spending for **nursing homes,** which is part of Gov. Gray Davis' proposed budget. The plan would boost combined federal and state spending by $322 million.

In addition, the Legislature has proposed a 10 percent increase in wages to be paid **nursing home** workers. Davis has proposed a 5 percent increase.

Hite said studies that rely on state inspection reports are notoriously subjective. She described a Fresno facility that allegedly received a citation for causing "harm" for a series of incidents in which ketchup spilled on a resident at lunchtime, the lunch was delayed and then a second resident was not served relish.

"They've gone absolutely over the edge with this zero tolerance," Hite said. "Not serving relish should not be a federal crime."

The report's authors challenged the industry's assertions that citations are often insignificant. Audits of the serious violations turned up ghastly incidents. Seventy-four Bay Area **nursing homes** were cited for not preventing or treating bed sores, an affliction that can lead to serious infections, amputation of limbs and death.

The study found 44 incidents of "failure to provide supervision or assistance devices to prevent accidents."

Of the 119 homes cited for serious violations, 76 incurred more than one during the 28-month survey period, and 29 had more than five such citations.

Pat McGinnis, executive director of California Advocates for **Nursing Home** Reform, said the figures are shocking, but not surprising. "I've been studying this stuff for years," she said. "If the Bay Area is this bad, God help the rest of the state."

McGinnis said the Bay Area receives the highest daily reimbursement rate for Medi-Cal, pays **nursing home** workers the highest wages and has the lowest turnover of any region in California. She said more money for **nursing homes** will help, but only if it is accompanied by requirements for accountability.

"They say, Give us more money,' and we do. But they don't give us better care. The problem is poor business practices. If we give them $300 million, they use it to buy another corporation," McGinnis said.

Rep. George Miller, D-Martinez, said the report was a wake-up call.

"This is a problem that is coming at us like an avalanche," Miller said. "Those of us in the leading edge of the baby boom are very much aware that our parents are living longer. They're encountering more complex medical problems, and yet we want the best of care for them and in fact in this country we have a very limited system of care."

The Bay Area report covered 13,419 **nursing home** residents. The worst of five metropolitan areas within the region was Vallejo-Fairfield-Napa, where 17 of 29 homes had been cited for multiple violations.

Nationwide, 1.6 million people live in **nursing homes,** a number projected to balloon to 6.6 million by 2020.

Debby Friedman, administrator for Vintage Estates, a family-owned business in Richmond that runs six **nursing homes,** said reports like this are "demoralizing to a staff that works extremely hard for a pittance."

Two of her Bay Area homes received "actual harm" citations during the study period, but both of those were instances of "unavoidable harm" related to the condition of frail patients, she said.

Friedman said that lost in such reports is the real compassion that people who work in **nursing homes** show for their residents. "We're portrayed as callous individuals. You can't be callous providing the level of care we do," she said.

But relatives of **nursing home** residents who believe they were victimized by poor care said filing complaints can be a nightmare. "I had to fight like hell to get a citation issued," said Jill Lerner, who said her 95-year-old grandmother died in a Marin **nursing home** because the staff failed to treat her with ulcer medication after surgery.

San Jose resident Kathy Case, accompanied by her sister, Mary Black, broke into tears at yesterday's press conference while recounting the death of their healthy and active 78-year-old mother, Josephine Case, after a stay in the Guardian **nursing home** in San Jose, where she was sent to recover from back surgery.

Case said she had a good first impression of the facility, but "things started going bad" almost immediately when her mother did not receive proper pain medication and was not eating or drinking. Case said she repeatedly questioned her mother's care but was told that she was overreacting. Finally Case said she was told to call 911 if she wanted a doctor.

When the ambulance came, the elder Case was admitted to intensive care, suffering from malnutrition, severe dehydration, pneumonia, a staphylococcus infection and a large bed sore. She died two weeks later.

The Santa Clara County district attorney filed charges against Guardian, which pleaded no contest two weeks ago to six counts of abuse of the elderly and was ordered to close its San Jose and Los Gatos facilities.

Randy Hey, the Santa Clara County assistant district attorney who prosecuted Guardian, said he discovered "every kind of neglect you normally find in a **nursing home.** There was just simply no management whatsoever."

CHART:
NURSING HOME VIOLATIONS BY METROPOLITAN AREA

San Francisco Metro Area (San Francisco, Marin and San Mateo counties)	
Number of homes	62
Homes with actual harm violations	26 (42%)
Homes with immediate jeopardy violations (percent of total homes)	1 (2%)
Santa Rosa Metro Area (Sonoma County)	
Number of homes	25
Homes with actual harm violations	8 (32%)
Homes with immediate jeopardy violations (percent of total homes)	2 (8%)
San Jose Metro Area (Santa Clara County)	
Number of homes	60
Homes with actual harm violations	13 (22%)
Homes with immediate jeopardy violations (percent of total homes)	1 (1%)
Oakland Metro Area (Alameda and Contra Costa counties)	
Number of homes	112
Homes with actual harm violations	49 (44%)
Homes with immediate jeopardy violations (percent of total homes)	1 (1%)
Vallejo-Fairfield-Napa Metro Area (Solano and Napa counties)	29
Number of homes	16
Homes with actual harm violations	(55%)
Homes with immediate jeopardy violations (percent of total homes)	2 (7%)

GRAPHIC: CHART: SEE END OF TEXT

LOAD-DATE: June 12, 2000

Source: All Sources : / . . . / : **Major Newspapers**
Terms: **nursing homes and care standards and date(geq (01/01/93) and leq (09/11/00))** (Edit Search)
View: Full
Date/Time: Tuesday, September 12, 2000 - 9:50 AM EDT

The Denver Post, May 14, 2000 Sunday

May 14, 2000 Sunday 2D EDITION

SECTION: A SECTION; Pg. A-01

LENGTH: 1309 words

HEADLINE: Care center's funds in peril State inspectors find numerous violations at Briarwood

BYLINE: By Michael Booth, Denver Post Staff Writer,

BODY:

Nursing-home regulators have recommended cutting off vital Medicare and Medicaid payments to the Briarwood Health Care Center for repeated violations of **care standards,** prompting patient advocates to call the home their biggest concern in the metro area.

The east Denver home must now fix the problems or face a June 14 cutoff of state and federal aid, the seldom-used death sentence for **nursing homes** that usually requires them to shut their doors and transfer patients. Briarwood has approximately 140 patients.

A surprise inspection in February and March by the Colorado Health Facilities Division found numerous cases of medical harm to patients due to staff mistakes or oversights, including neglecting to monitor a diabetic patient for nearly 12 hours at a time and failing to call a doctor during an entire night in February when the patient was 'unable to wake up.' She died days later in the hospital.

'Briarwood is our No. 1 most concerning facility right now,' said Jayla Sanchez-Warren, an ombudsman, or patient advocate, for **nursing homes** in the Denver area. Her office contracts with the state to oversee 103 homes; it currently counts nine facilities on its internal warning list, and Briarwood is at the top.

Briarwood's executive director, John Milewski, responded to questions in a brief written statement saying the survey results 'were not only unacceptable to the state, but they fall short of our standards as well.' He said the home was working to correct the problems but would not discuss specific issues.

Other patients reviewed in the survey had charts on which vital daily monitoring of liquid intake and output, or of tube-feeding schedules, were left blank for dozens of entries in a month. Surveyors repeatedly found patients known to be prone to sores in exactly the position staff had been ordered not to leave them in, and one patient lay in urine-soaked sheets for four hours.

Left without glasses

One patient, whose need for eyeglasses was documented on her chart, was left without the glasses for nearly two months until the surveyors came. When the surveyors intervened, a nurse admitted she had known the glasses were missing for some time. Asked to look, she found them in the back of a desk drawer at the nurse station.

The patient told surveyors: 'It's nice to be able to see. I'm nearsighted, and I've had to get along blind for two months.'

The state this month imposed an independent monitor to oversee the efforts of Briarwood's owner, the national chain Life Care Centers of America in Cleveland, Tenn., to bring the home back into compliance. But the efforts of management, spurred by now-weekly visits from the ombudsman's office, have not yet improved life for the patients, Sanchez-Warren said.

'Progress? I haven't seen it yet, to be honest,' she said.

Briarwood management last week filed a 225-page plan to correct the problems, which the state accepted. But the threat of a funding cutoff cannot be lifted until the state conducts another surprise inspection and finds that the written plans are making a difference, said Jeanne-Marie Ragan of the state Health Facilities Division.

One other Colorado **nursing home,** Integrated Health Services at Cheyenne Mountain, is under threat of losing its crucial public funding. Since Medicare and Medicaid payments make up the majority of revenue at most **nursing homes,** losing that source usually prompts closure.

Two **nursing homes** were shut down by the state health department in the 1980s, but none was closed in the 1990s.

In the surprise Briarwood survey, residents were found with caked food on wheelchairs, in their seats and on their tables, and with chairs 'stained and smelling.' Broken recliners dumped patients onto the floor, causing head injuries.

Investigators routinely found patients on locked-down floors or in restraints with no evidence that they needed to be. State law requires the **nursing home** to justify the restraints and to have a written plan for reducing the restrictions.

But Briarwood administrators told them such plans 'don't exist.'

And throughout the understaffed halls of Briarwood, investigators found patients left in wheelchairs or darkened bedrooms for days with no activities planned or offered. Nursing aids turned patient radios to rap music while in the room, then left the immobile patients to listen to it for the rest of the day.

Surveyors found one patient sitting in a wheelchair next to a friend in the corner of an empty hall at 9:05 in the morning. The residents told the surveyor they sat there because 'there ain't nothing else to do.' The resident 'was observed in the same corner of the hall with the fellow resident at 1:05 p.m., 1:25, 3:47 and 4:20.'

The facility is tagged numerous times in the report for failing to plan activities, as required by state regulations, or failing to carry out scheduled activities. On 'Pet Therapy' day, surveyors observed that the staff did not even bother to take Briarwood's 'facility bunny' to visit all floors.

Another patient interviewed had a documented need for glasses, but her family noted that piles of magazines were left unread because her glasses were broken for months. A staff

member queried in February said she had no idea the patient needed glasses to read, but notations on the patient's vision problems were found in charts dating to April 1999.

In the meantime, investigators observed the woman alone in her room watching TV at '10:10 a.m., 10:35, 2:25 p.m., 3:40, and 4:30.'

Neglect, mistakes

Both neglect and medical mistakes were a factor in the poor treatment and subsequent death of 73-year-old Lucia Kirk in February, according to a relative and the state records. Kirk was released from University Hospital to Briarwood with a host of problems including diabetes and heart failure, said her third cousin and caretaker, Steve Boyle.

'They stuck her in a single room for days, with a light above her bed that didn't work and a stark wall to stare at' until he convinced the management to move her to a double room for company. Frustrated with a 'revolving door' of staff and no attention to Kirk unless he demanded it, Boyle arrived one day to have her moved to another **nursing home** only to find paramedics taking her to a hospital.

She died in the hospital from a urinary tract infection and sepsis, Boyle said. Though state records are anonymous, Kirk's case matches in dates and details the one documented in the deficiency report, in which Briarwood is accused of failing to monitor her diabetes and failing to call a doctor when she could not be awakened over the course of a night.

'It was obvious to me her lack of care contributed to her death,' Boyle said. 'They need to monitor something like that.'

'The findings revealed that the facility failed to adequately monitor, document and communicate the resident's condition,' the state deficiency report said.

Boyle had decided not to sue Briarwood, but a letter from the home made him reconsider. Kirk left Briarwood on Feb. 22 and died the next day in the hospital.

In March, the home sent him a letter saying it was time for Kirk's regular health evaluation meeting.

Questions about metro-area **nursing homes** can be answered by the Division of Aging Services at the Denver Regional Council of Governments, 303-480-6735. The state World Wide Web site, www.cdphe.state.co.us/hf/hfd.asp, documents complaints and surveys regarding all Colorado **nursing homes.** Michael Booth can be reached at mbooth@denverpost.com

GRAPHIC: PHOTO: The Denver Post/Dave Buresh Regulators have recommended that Medicare and Medicaid payments to Briarwood Health Care Center, 1440 Vine St., in Denver, be cut off because of repeated violations of **care standards.**

LOAD-DATE: May 16, 2000

Source: All Sources : / . . . / : **Major Newspapers**
Terms: **nursing homes and care standards and date(geq (01/01/93) and leq (09/11/00))** (Edit Search)
View: Full
Date/Time: Tuesday, September 12, 2000 - 9:50 AM EDT

The Denver Post, February 24, 2000 Thursday

The Denver Post

February 24, 2000 Thursday 2D EDITION

SECTION: DENVER & THE WEST; Pg. B-06

LENGTH: 538 words

HEADLINE: Nursing home could face loss of funding

BYLINE: By Ann Schrader, Denver Post Medical/Science Writer,

BODY:

A Colorado Springs **nursing home** with a recent history of substandard patient care has been placed under state monitoring and faces possible loss of Medicaid and Medicare payments.

Integrated Health Services at Cheyenne Mountain, 835 Tenderfoot Hill Road, also has been ordered to develop a plan to correct 15 deficient-care practices.

Uncovered in an unannounced visit on Jan. 28 were ongoing problems with residents' bedsores, nutrition and incontinence care. Similar problems were found in July 1999 at the 148-bed facility, which has a number of residents with dementia.

'The range of the deficiencies is from fairly low in scope of severity to those that pose actual harm but not immediate harm,' said Jeanne-Marie Ragan of the Colorado Department of Public Health and Environment.

Residents left in feces, urine

The 168-page list of deficient care included:

Residents left in their feces and urine for hours, and sometimes all night, resulting in skin damage and emotional distress.

Failure to perform simple grooming tasks such as shaving.

Inadequate nutrition for some residents who weren't given much assistance in eating.

Failure to provide several residents with cushions to prevent bedsores.

Failure to ensure staff followed safe procedures in filling portable oxygen tanks.

Insufficient nursing staff on each shift.

One resident complained about the inattention to incontinence care: 'This is not right. It makes me feel like a dog.'

The state has recommended that the federal Health Care Financing Administration deny payment for new patients until the daily needs of current patients are met and terminate the **nursing home's** certification to receive Medicaid and Medicare money if current problems aren't corrected within 90 days.

Facility officials could not be reached for comment.

Penalty of $ 700 a day

Health Care Financing Administration officials in Denver imposed a civil penalty of about $ 700 a day on the facility on Nov. 24, 1999, when the **nursing home** was found to have fallen out of compliance with corrections promised after the July 1999 visit.

At the end of December 1999, the facility was once again deemed to be in compliance with **care standards.** But a complaint in January brought investigators back.

The **nursing home** is one of four in Colorado Springs, Pueblo and Grand Junction operated by Integrated Health Services Inc. of Lester. The parent company, Integrated Health Services Inc., is based in Maryland and operates other long-term-care facilities in Colorado and elsewhere.

In a letter dated Feb. 2 to the state, Integrated Health Services noted that it and its subsidiaries had filed a petition for reorganization under Chapter II of the Bankruptcy Code.

The corporation's legal counsel, Marshall Elkins, assured state health officials that patient care would not be compromised and that the corporation had secured a $ 300 million loan with Citibank to operate during the reorganization.

Ragan said two consultants have been hired by the state to monitor the **nursing home** as needed. Monitoring will be done for at least 90 days.

LOAD-DATE: February 24, 2000

The Washington Post, December 2, 1999

The Washington Post

December 2, 1999, Thursday, Final Edition

SECTION: METRO; Pg. B04

LENGTH: 1028 words

HEADLINE: Shady Grove's Owner Cited for Deficiencies at **Nursing Homes**

BYLINE: Avram Goldstein, Washington Post Staff Writer

BODY:

The church-affiliated company that owns troubled Shady Grove Adventist Hospital in Rockville has been battling state and federal regulators over deficiencies in the quality of care at five of its seven **nursing homes** in Maryland, state health officials say.

One of the facilities run by Adventist HealthCare Inc., Sligo Creek Nursing and Rehabilitation Center in Takoma Park, was dropped from the Medicare and Medicaid programs in April after failing three consecutive inspections over six months. In each visit, regulators found a different patient suffering from bedsores--cases of "actual harm" that represent a red flag for federal and state inspectors.

After six weeks and a series of changes in patient care procedures, 102-bed Sligo Creek was recertified by state officials to receive Medicaid funds. Money from the state-administered federal insurance program for the poor and disabled represents about 65 percent of the facility's income.

Four other area **nursing homes** run by Adventist HealthCare Inc., which is controlled by the Seventh-day Adventist Church, also have been cited in the past year for deficiencies that regulators said could have led to expulsion from Medicare and Medicaid. However, those facilities righted themselves before enforcement efforts reached that point, officials said.

Of Maryland's 261 **nursing homes,** only Sligo Creek and nine others persistently failed inspections to the point that officials cut off their Medicare and Medicaid funding in the past year. Among the 10, two facilities closed and relocated all their residents.

After Sligo Creek had its Medicare and Medicaid payments suspended in the spring, Adventist HealthCare hired Ellen Reap, Delaware's former chief **nursing home** inspector and a frequent adviser to federal officials who oversee Medicare, the federal insurance program for the elderly. As vice president of senior living services, she oversees **nursing homes,** assisted-

living facilities and adult day-care operations.

Reap declined to comment on the problems at Adventist **nursing homes,** saying she preferred to discuss improvements in **care and standards** she is planning for the 1,200 employees she supervises.

"People know that I represent quality," she said. "My goal is to be the leader in the state and the nation. . . . I believe that our **nursing home** residents can receive that kind of care."

About six weeks after cutting taxpayer support for Sligo Creek's residents, state regulators reinspected the **nursing home** and found that the facility had begun a program to prevent bedsores by having nurses regularly turn over patients and perform more thorough skin assessments. The state resumed Medicaid funding on May 20.

Federal officials at Medicare's regional office in Philadelphia have not decided whether to reopen that program to Sligo Creek. Adventist HealthCare officials say they are still waiting for a requested reinspection by Medicare officials.

"You can argue that it's a single incident and that from time to time something like this will happen for any **nursing home** operator," said Carol Benner, who heads Maryland's office of health care quality. "On the other hand, you certainly would not want this to happen to someone that you knew."

Georges C. Benjamin, Maryland's health secretary, said **nursing home** enforcement in the state is more stringent than ever.

"I think it says we're serious," he said of the payment suspensions. "The industry has been working with us to improve. . . . There has been nationwide concern about the quality of care in **nursing homes.**"

Adventist HealthCare operates a total of 838 beds at six nursing and rehabilitation centers in the region in addition to Sligo Creek. They are Bradford Oaks in Clinton; Fairland in Silver Spring; Glade Valley in Walkersville, Frederick County; Shady Grove in Rockville; Springbrook in Silver Spring; and Shore in Denton, Md.

Maryland cited Shore for patient falls, Glade Valley for falls and management problems, Fairland for management problems and Bradford Oaks for patient bedsores, officials said.

The problems at Adventist **nursing homes** were identified by Maryland health officials long before the medical staff's executive committee at Shady Grove Adventist Hospital complained in October to administrators that staff cuts and other changes at the Rockville facility had damaged patient care.

State officials had not made regular inspections of the hospital as long as it held the highest ranking granted by the Joint Commission on the Accreditation of Healthcare Organizations, a national group that rates hospitals.

But after The Washington Post reported the medical staff's complaints and the death of a patient from the intensive care unit who had been left unattended in a hallway at Shady Grove, the joint commission reversed itself. On Nov. 15, the commission moved to revoke the accreditation of Shady Grove after concluding that patient care at the 263-bed facility had suffered.

A day later, state health officials issued their own report on Shady Grove, citing mistakes in patient care that included medication errors, several patient falls, a chronic failure among staff members to note mistakes and adverse incidents in hospital records, an operation performed on the wrong hip of one woman, and the death of the intensive care patient.

State officials reported that a review of the minutes of hospital board meetings going back a year lacked any "substantive discussion of quality issues or any oversight of the quality of care."

Hospital officials dispute many of the state report's findings and say they will vigorously fight the move to lift its accreditation. Minus accreditation, Shady Grove could lose contracts with health plans and see its bond rating damaged.

Adventist HealthCare spokesman Robert Jepson said the company is committed to providing quality care as part of its Christian mission, adding that the problems reflect the harsh environment facing the nation's **nursing home** industry. Financial pressures have driven a growing list of **nursing home** companies into financial trouble as governments heighten their scrutiny of care.

LANGUAGE: ENGLISH

LOAD-DATE: December 06, 1999

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The New York Times, December 6, 1999

December 6, 1999, Monday, Late Edition - Final

SECTION: Section A; Page 1; Column 5; National Desk

LENGTH: 1687 words

HEADLINE: Health Industry Sees Wish List Made Into Law

BYLINE: By ROBERT PEAR

DATELINE: WASHINGTON, Dec. 5

BODY:

The budget bill signed last week by President **Clinton** is packed with provisions sought by lobbyists for drug companies, hospitals, health maintenance organizations and nursing homes.

Congress backed away from any broad overhaul of Medicare and rebuffed older patients' pleas for coverage of prescription drugs, but it tinkered with details of the program -- details that determine how billions of dollars are spent each year. Many provisions follow the lobbyists' recommendations word for word.

Even as the drug industry attacked Mr. **Clinton's** plan to offer comprehensive drug benefits under Medicare, individual drug companies lobbied frantically to secure or retain coverage of specific products they make. And to a significant degree, they succeeded.

"This is not a good way to legislate," said Representative Pete Stark of California, the senior Democrat on the Ways and Means Subcommittee on Health.

Gordon B. Schatz, a Washington lawyer who represents medical technology companies, agreed. "This is no way to run a Congress," he said. "But there's a compelling need for product-specific legislation because Medicare officials, in their rush to regulate, have ignored the real complexity of new medical technology."

Health care lobbyists argue that with more federal money they can better serve their Medicare patients, the elderly and the disabled. Their success underlines several hard truths about the politics of health care in Washington. Lobbyists can block big schemes to which they object, and rarely agree on any big schemes of their own. But they can score victories when they pursue narrowly defined objectives.

One example illustrates the pattern. In 1997, in an effort to save money, Congress instructed the secretary of health and human services to devise a way of paying for the thousands of diagnostic tests and procedures performed in hospital outpatient departments -- everything from breast

biopsies to cataract surgery.

Makers of drugs and medical devices complained that they would be grossly underpaid if the **Clinton** administration carried out its plan for hospital outpatient services. And they proposed a solution: certain high-cost prescription drugs should be excluded from the new system, and Medicare should pay separately for them. That is exactly what Congress decided to do.

Medicare generally does not pay for outpatient prescription drugs, but there are some limited exceptions. For example, Medicare covers some drugs provided by injection or infusion in the outpatient department of a hospital or in a doctor's office.

The new Medicare law instructs the health secretary to make "an additional payment" to cover such drugs and medical devices.

This provision was sought by three big trade associations: the Pharmaceutical Research and Manufacturers of America, which represents drug companies; the Biotechnology Industry Organization, which represents biotech companies, and the Health Industry Manufacturers Association, which represents more than 800 makers of medical devices and diagnostic products.

Several companies were particularly eager to ensure that Medicare would pay for their products. At their urging, Congress guaranteed extra payments for any "device of brachytherapy" and for "radiopharmaceutical drugs."

And what is brachytherapy? It is an innovative treatment for prostate cancer, often performed as an outpatient procedure. Radioactive "seeds" are implanted directly into the prostate, in the hope that they will destroy cancer cells. The seeds, an alternative to radical surgery, are sold by Indigo Medical, a unit of Johnson & Johnson.

John McKeegan, a spokesman for Johnson & Johnson, said the payment system devised by the **Clinton** administration would have cut reimbursement for this treatment by more than 80 percent, to $1,500 from the current level of $9,000 to $10,000. "With that kind of reimbursement," he said, "doctors would have stopped doing the procedure."

A provision of the new law continues the higher payments. That provision was added at the insistence of Representative Rob Portman, a Republican from Cincinnati. Indigo Medical is based in his district.

The new law also requires extra payments for radiopharmaceutical drugs used in outpatient hospital procedures to diagnose or treat illnesses. Such drugs include small amounts of radioactive material. Doctors inject the drugs and can then visualize organs inside the body with the help of a special camera that detects the radiation.

The most popular product of this type, Cardiolite, is used to detect heart problems and to predict a patient's risk of heart attack. Cardiolite is sold by DuPont, the chemical company based in Wilmington, Del. This provision of the Medicare bill was inserted by the senior senator from Delaware, William V. Roth Jr., a Republican who is chairman of the Finance Committee.

Amgen, the nation's biggest biotechnology company, was another big winner. Amgen lobbyists persuaded Congress to overturn a **Clinton** policy that could have eliminated Medicare payment for a company.

The product, Neupogen, is often given to cancer patients because it counters the adverse effects of chemotherapy. Medicare officials recently threatened to cut off payment for Neupogen because, they said, even though patients usually receive such drugs from a doctor, they can theoretically give injections to themselves.

The campaign to protect Neupogen was led by Peter B. Teeley, a well-connected Republican who is

head of Amgen's Washington office. He flooded Congress with letters from cancer patients and doctors saying the **Clinton** policy was misguided and dangerous, because elderly patients could not safely administer the drug to themselves.

The new law prohibits Medicare officials from imposing any new "restriction on the coverage of injectable drugs."

Lobbying reports filed with Congress show that Amgen's Washington office spent $3.6 million on lobbying in the last year. It formed a coalition with five other companies to work on this one issue, deploying more than 15 lawyers and lobbyists.

Medicare uses more than a dozen formulas and fee schedules to pay for different types of goods and services. But the secretary of health and human services, Donna E. Shalala, can unilaterally reduce payments that she finds to be inherently unreasonable or "grossly excessive."

Dr. Shalala tried to use this authority to cut Medicare payments for blood glucose test strips, used by diabetics to monitor their blood sugar levels. And she was considering similar cuts in payments for many other products -- an alarming prospect to the health care industry.

The new law says the secretary may not use this authority again until Congressional investigators have reviewed her prior actions and she issues new criteria to identify excessive payments.

Congress ladled out money to a few favored hospitals by reclassifying the counties in which they are situated. Hospitals in large urban areas get higher Medicare payments than other hospitals.

The new law says that, for the purpose of Medicare reimbursement, Lee County, Ill., is deemed to be in the Chicago metropolitan area. That seemingly minor change will provide $750,000 a year in extra Medicare money to the county's only hospital, the Katherine Shaw Bethea Hospital in Dixon, Ill., a small rural town 100 miles west of Chicago.

The county is represented in Congress by J. Dennis Hastert, the speaker of the House. Darryl L. Vandervort, president of the hospital, said, "Mr. Hastert has been working with us on this for three years."

But Mr. Vandervort insisted: "This is not pork-barrel spending. It was the right thing to do."

Likewise, under the new law, Brazoria County, Tex., is deemed to be part of the Houston area. Tom DeLay, the House Republican whip, represents most of the county. This provision is worth $380,000 a year to Angleton Danbury Medical Center in Angleton, 45 miles south of Houston. Patti E. Worfe, a spokeswoman for the hospital, said: "Tom DeLay really made it happen."

Sometimes Congress earmarked money for specific hospitals by name. Mississippi, the home of the Senate majority leader, Trent Lott, appears to have received more such grants than any other state.

The new law provides $3 million for environmental medicine and toxicology at the University of Mississippi Medical Center at Jackson; $2 million to help the university find plants with medicinal value; $2 million for health care programs at the University of Southern Mississippi; $2.5 million for a rural health institute at Mississippi State University, and unspecified amounts for a new cancer research institute.

"When you invest in health care, you could never ever call it pork- barrel spending," said Barbara Austin, a spokeswoman for the University of Mississippi Medical Center.

Members of Congress continually rail against H.M.O.'s as heartless and bureaucratic. But the new Medicare law increases payments to them, over objections by the White House, which contended that they were already overpaid by Medicare.

Karen M. Ignagni, president of the American Association of Health Plans, observed that H.M.O.'s participating in Medicare would get $4.8 billion of the $16 billion in additional money spent over the next five years as a result of the new law.

"That's a real vote of confidence in the importance of managed **care for senior** citizens," Ms. Ignagni said.

The industry detested one particular provision of the 1997 budget law: H.M.O.'s had to pay $95 million a year for a government-run education campaign to advise Medicare beneficiaries of insurance options.

Lobbyists persuaded Congress to slash the fees charged to H.M.O.'s. for the education campaign. Instead of paying the full $95 million, they will pay only a small fraction of the total, reflecting their share of the Medicare population, now 16 percent. The Medicare trust fund will pay the remainder, subject to approval by Congress each year.

"We lobbied very strongly for that change," Ms. Ignagni said. "We don't mind paying our fair share. But we didn't want to bear the entire cost."

http://www.nytimes.com

LANGUAGE: ENGLISH

LOAD-DATE: December 6, 1999

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THE INDIANAPOLIS STAR December 5, 1999 Sunday

THE INDIANAPOLIS STAR

December 5, 1999 Sunday CITY FINAL EDITION

SECTION: LIFE/STYLE; Pg. J06

LENGTH: 190 words

HEADLINE: Fast facts about caregiving

BODY:

Remember the old TV commercial that said, "You're not getting older. You're getting better. "

Yeah, right.

The fact is, you are getting older; your parents are getting older; America is getting older.

About 33 million Americans are older than 65 today; more than 31/2 million are 85 or older.

Life expectancy at birth for all Americans is about 76, but life expectancy for those already at the age 65 plateau is 16 additional years for men and 21 years more for women. That's a long time to be "old. "
In the United States, there are nearly 2 million nursing home beds. Medicare, the federal insurance plan, and Medicaid, the mandated states' welfare program, pay three-fourths of the total costs.

The profile of a typical caregiver for an elderly person is a 46-year-old woman who is employed and spends about 18 hours a week helping her mother, who lives nearby.

Nearly one in four households in this country is involved in some way in providing care for an elderly friend or relative.

Sources: Census Bureau; www.retireweb.com; American Health Care Association; National Alliance for Caregiving.

LOAD-DATE: December 07, 1999

Source: All Sources : / . . . / : **Major Newspapers**
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USA TODAY, July 28, 1998

July 28, 1998, Tuesday, FINAL EDITION

SECTION: NEWS; Pg. 10A

LENGTH: 1689 words

HEADLINE: Nursing homes must serve their residents' interests

BODY:

Donna Kelly, of Lexington, Ky., remembers the morning her uncle, Albert, died.

She was asked by the hospital to inspect his body. Donna said the nurse told her she had never seen someone "in such poor condition."

Albert Hogan was an unassuming man. "He used to work at the local Kroger's sweeping the floors; he gave day-old bread from the store to people in need. In time, though, his own needs were neglected," Donna explained.

Her displeasure is not unique. Donna is one among millions of baby boomers who have helped care for aging loved ones in a **nursing home.** It is an effort often characterized by stress and frustration, judging from the growing number of complaints that advocacy groups such as mine have been getting, and, indeed, from the growing number of **nursing-home** advocacy groups themselves.

In 1993, after an illness that required hospitalization and a family effort to care for him at home, Hogan entered a **nursing home** to get more constant care.

Soon after, problems began. In a lawsuit, Albert Hogan's estate alleges that the home, Heartland Health Care Center, owned by Complete Care Inc., was responsible for Hogan's gross malnutrition, dehydration, the tightening of his joints from the lack of motion, infections, impacted bowels, serious pressure sores and rib fractures.

The suit also alleges that Hogan was illegally restrained, denied prescribed medications and improperly given psychotropic medications all in violation of federal and state standards.

In a five-page answer to the allegations, the **nursing-home** company denies any wrongdoing. The suit is before the court.

As Albert deteriorated, Donna fought to get the **nursing home** to respond to the problems. With the help of the long-term care ombudsman, a meeting with the home's administrators was arranged. "Things got better for maybe a day or two," Donna claims.

Each resident of a **nursing home** is entitled to care that allows him to function in his day-to-day life at the highest possible level. Such is the protection afforded by the **Nursing Home** Reform Act of 1987, for which the National Citizens' Coalition for **Nursing Home** Reform lobbied.

But despite the quality of the legislation, government enforcement of quality **care standards** is abysmal. President Clinton has recently ordered tougher enforcement of **nursing-home** regulations. He joins Sen. Charles Grassley, R-Iowa, in efforts to bring attention to all of these problems.

Taxpayers pay billions of dollars to **nursing-home** operators through the Medicaid program. In turn, the operators fund lobbyists in Washington to protect their interests. The baby boom generation of **nursing-home** consumers must pressure our leaders to ensure that the enforcement system for **nursing homes** looks out for the residents' interests rather than special interests.

Sarah Greene Burger, exec. director

National Citizens' Coalition for

Nursing Home Reform

Washington, D.C.

Even our most revered national sites aren't safe from violence anymore

What a sad affair our nation endured once again, when violence erupted in yet another once-sacred locale the U.S. Capitol ("Slain guards to lie in state at Capitol," News, Monday).

Schools, office buildings, even the U.S. Capitol none is exempt when a nation forgets its roots, embraces and

encourages moral relativism and ignores the fact that violence in the media will ultimately mirror itself in our everyday lives.

Each day, thousands of times, we are exposed to gross acts of violence on TV and in the movies. While these acts may reflect "reality," they also deaden our senses to the true cost and impact they have when they leave the screen and occur in in our workplaces, institutions of learning and centers of government.

I'm saddened, as all Americans should be, by the tragedy which took place in Washington, but I believe it is not an isolated incident. It is merely indicative of a nation that appears to have forgotten how truly blessed it is.

In fact, I believe it should be viewed in the same tragic light as the recent incidents in Arkansas, Kentucky, Oregon, Oklahoma, Mississippi and other places where tragedy seems to be becoming more and more a part of our everyday lives.

The real tragedy will be if we don't learn from these terrible acts. God has truly blessed our nation, and I wonder if the seemingly exponential increase in violence in our workplaces may be a sign that we have forgotten how to be a thankful, blessed people.

Mark Fogas

Bossier City, La.

Which offense is worse?

I do not understand why a person can rant and rave at the CIA headquarters and threaten to kill President Clinton and this is not considered a federal offense.

But if someone is heard even mentioning the word "bomb" at a U.S. airport, the person is arrested on the spot and charged with having committed a federal offense.

I really wonder which is worse:

To threaten to kill our president or say "bomb" in an airport?

Charles Gunn

Hattiesburg, Miss.

Security never enough

The killing of two guards and wounding of other innocent people certainly warrant everyone's deepest sympathy and regards to the victims and families.

However, before the hue and cry go out to weld the doors of the Capitol, there needs to be a weighing of the existing measures to secure such public facilities, specifically Washington, D.C., structures.

It has been 15 years since such an incident has happened, with the Capitol, America's heartbeat, having more than seven million visitors a year.

Two points can be made here:

One, no other event or facility can possibly have as good a record.

Two, no possible measure can be taken anywhere to isolate a crazy, no matter what precautions are taken.

Donald L. Keefe

Columbus, Ohio

Capital punishment

The recent shootings at the Capitol are another unfortunate situation and act of violence. Other major crimes that occurred this decade were the Los Angeles riots, the World Trade Center bombing, the Oklahoma City bombing, the Long Island railroad massacre and the Unabomber's acts of terror.

One thing all of these situations had in common were people. It's people who are responsible for their actions and should be held accountable for them. Sadly, none of the suspects has received the ultimate punishment, capital punishment. Although Timothy McVeigh was sentenced to death, it could be at least 10 years until justice will be served because of the lengthy appeals process

of our current system.

In order to combat crime and terrorism, our nation needs a justice system that will enforce the laws and set tough examples.

In the case of capital punishment, using it more would teach criminals that crime does not pay and would also serve as a deterrent. This would make people think more than twice about committing a felony, thus serving to protect the innocent.

Randell Hansen

Rockville Centre, N.Y.

Montreal Expos neglect their most important investment: their fans

I read with deep interest the article "Stadium seen as cure-all" about the pathetic plight of the National League's Montreal Expos averaging around 10,000 fans per game (Sports, July 21).

Expos president Claude Brochu claims a $ 250 million ballpark is the panacea for all that ails his club.

In my opinion, he is wrong and his view of life is extremely myopic.

Fan base is a major factor. The clubs mentioned as having big successes with new stadiums Baltimore, Cleveland and Atlanta already have a solid fan following. Colorado is a new franchise hungry for a team and willing to support a team that has already made the playoffs.

The Expos have always had a dearth of loyal fans. Yes, a new stadium will break all attendance records on opening day, but only out of curiosity. By game two, attendance will fall to under 20,000.

The ballpark in Montreal is not a user-friendly place. I have attended more than 25 games there since 1975, but I won't do so again. The first problem is the ticket department.

Ticketron has been fine, but when I have to call Montreal for tickets, once they are aware I'm an American, rudeness sets in, and I ultimately end up in the nosebleed section, wondering about the 40 or more vacant rows in front of me. The few times I've had decent seats, my family and I have been threatened and have had beer and other sundry items thrown at us because we dared

to cheer for the visiting team. And I emphasize we never have booed the Expos.

Marketing is a major problem for that organization. Either that department was downsized to zero or there are some authentic charlatans on the payroll. One part of marketing is promotion. The top money-making operations know that to make money you have to spend money, and giveaways, such as umbrellas, gym bags, hats and baseball cards, are common. The Expos give you nothing but an unfriendly, condescending attitude, threats and a general bad feeling.

A potential market exists throughout northern New York State, Vermont and New Hampshire, which have a multitude of young baseball players who could all become potential Expo fans. Discount tickets once or twice a year for each league throughout that region would bring fans and create loyalty.

There are many empty seats at every game. This is lost revenue. Fans in the seats paying half price or even less would be better than nothing.

When customers save money on the admission, they are more likely to spend more at the concession stands, where you make the most profits anyway.

The Expos need to learn that "location, location, location" are the three most important factors to success.

Montreal is not the right location. The organization is destined to fail. It is too worried about losing money instead of making it.

"Build it, and they will come" does not hold true for this winter hockey town. A more realistic view would be to say: "Sell it, and all will work out."

William J. McLaughlin

Saranac Lake, N.Y.

GRAPHIC: PHOTO, b/w, Ron Edmonds, AP

LANGUAGE: ENGLISH

LOAD-DATE: July 28, 1998

Source: All Sources : / . . . / : **Major Newspapers**
Terms: **nursing homes and care standards and date(geq (01/01/93) and leq (09/11/00))** (Edit Search)
View: Full
Date/Time: Tuesday, September 12, 2000 - 9:55 AM EDT

Daily News (New York) July 25, 2000, Tuesday

Daily News (New York)

July 25, 2000, Tuesday SPORTS FINAL EDITION

SECTION: EDITORIAL; Pg. 32

LENGTH: 807 words

HEADLINE: AMERICA'S ELDERS DESERVE BETTER

BODY:
LAST WEEK, the Daily News reported on a Health Care Financing Administration survey that was sharply critical of nursing home oversight in the State of New York. This week, another federal study emerged. It censures the nursing home industry nationwide. Elder care, it appears, is on the front burner these days. But how long it remains there, and with what results, is, sadly, still a matter for speculation.

The latest study, conducted by the Department of Health and Human Services, took an astounding eight years to complete. It certainly cannot be faulted for lack of thoroughness. Prime among its findings is that nursing homes are critically and consistently understaffed. More than half fail to meet minimum staffing guidelines.

That translates into inadequate daily care, which, in turn, results in patients developing life-threatening conditions requiring hospitalization. It also can translate into daily humiliations. Example: Aides at one home forcing "huge spoonfuls of food" into the patients' mouths in an effort to get them to eat faster.

If someone uncovered a day-care center where children were virtually force-fed and ended up choking on their food, the public would be outraged. But here the victims are "only" the elderly, so outrage appears to be in short supply.

The report recommends new federal guidelines to ensure that patients receive an average of two hours' care per day from nurses' aides. That would be the minimum standard. Currently, 54% of homes fail to meet it. Also proposed: at least 12 minutes' care per day per patient from registered nurses. Thirty-one percent of the homes could not guarantee that.

The number of this nation's senior citizens is growing by leaps and bounds as Baby Boomers age and medical advances prolong life. The longer America waits to correct the problems, the more dire the situation will become. Already, the nationwide nursing home population is more than 1.6 million. It is served by some 17,000 facilities, 95% of which are subject to federal standards. But those standards, the report notes, are "too vague."

The government - federal, state and local - ought to be addressing funding, staffing, salaries, employee training, adequate inspections, etc. It must clarify rules and regulations - and ensure that higher standards are not only monitored but enforced. Right now.

Every generalized criticism of nursing home care translates into specific individual suffering - being endured right now by a human being who is bedridden, frail, sick and/or mentally incapacitated.

Some patients may have families to plead their cases. Many do not. They are alone and forgotten. If society does not speak up for them, who will? Or have we deteriorated so much as a society that some people count less than others?

Bye-bye bullies

You might find this difficult to believe, but until now, teachers could not remove violent students from classes without approval from an administrator. That's being changed. Measures signed into law yesterday by Gov. Pataki demand zero tolerance for violent students - or for dangerous teachers.

Now, each school must set up a code of conduct, covering everything from appropriate dress and language to discipline. Break the code, and you're in detention. Or on suspension. Or just plain out.

The punishment for assaults - kid against teacher or vice versa - is increased from a misdemeanor to a Class D felony. That could lead to seven years in prison.

And there's no more sweeping bad behavior under the rug. Every incident of school violence must now be reported to the state Education Department and the Division of Criminal Justice Services. And family and criminal courts must notify schools about students' juvenile delinquency records.

The new legislation requires fingerprinting of prospective school employees, including teachers, statewide. The city already demands prints and background checks of teachers, but before the new legislation, school authorities could simply allow dangerous staffers to resign without disclosing allegations of child abuse. No more.

Schools also must develop safety plans with the local police, including strategies for responding to emergencies. There will have to be a crisis response plan for every building.

Unruly students deny other students the chance to learn, and their disruptive presence has long been cited as a major factor in the abysmal academic performance of the city's youngsters. At last, the troublemakers will not be tolerated and learning can begin.

Surferbird

From the wires: CAMBRIDGE, Mass. (AP) - A professor at the Massachusetts Institute of Technology and a handful of students are spending their days training a gray parrot to surf the Internet - hoping to keep boredom at bay for their feathered friend.

Wait until it starts ordering crackers online.

LOAD-DATE: July 26, 2000

The Atlanta Journal and Constitution June 15, 2000, Thursday,

June 15, 2000, Thursday, Final Edition

SECTION: Editorial; Pg. 22A

LENGTH: 491 words

HEADLINE: Senior citizens don't need to lean more on government

BYLINE: Staff

SOURCE: JOURNAL

BODY:
YES, IT'S AN ELECTION year, and this time lawmakers are buying the vital vote of seniors through various congressional efforts to adopt a Medicare prescription drug plan.

President **Clinton** proposed his plan last year; House Republicans offered their nearly complete version this week. Some misguided Senate Republicans are even proposing price controls on drugs, a sure way to constrain competition and stifle research and development among pharmaceutical firms.

In a nutshell:

The Republican plan, sponsored by Rep. Bill Thomas (R-Calif.), would cover costs for low-income seniors or those with especially high expenses --- about $ 5,000 to $ 6,000. All others enrolled in Medicare would be able to buy government-subsidized private insurance; the government would be the insurer of last resort. Private insurance companies would get a 30-35 percent subsidy. Premiums would be $ 35 to $ 40 a month.

Clinton's plan would have the government pay half the cost of prescription drugs, up to $ 5,000 annually; all for those earning less than 135 percent of the poverty level. The premium would be $ 24 a month.

The GOP says its plan is expected to cost $ 40 billion over five years; the **Clinton** plan, $ 150 billion to $ 160 billion over 10 years. Based on our politicians' penchant for understating the cost of their initiatives, we're betting it'll be a lot higher.

As expected, each side is denouncing the other's plans, but as we started out saying, this is an election year. The ubiquitous polls have identified this as an issue with strong voter interest, so despite the heated partisanship in Washington, there's actually a possibility of agreement on a plan this session.

That's unfortunate. What Republicans and Democrats are formulating is a new entitlement under the program for those 65 and older and the disabled. And that's tantamount to a competition over

the perfect deck chair arrangement on the Titanic. We don't need to expand entitlements. Like Social Security, Medicare in its present form is unsustainable amid the "graying of America."

We have no doubt it's high time that seniors get private-sector coverage for prescription drugs. But even more important, it's time to quit the Band- Aid approach to health **care for our seniors** and to rethink the entire Medicare program. There is a role for government in catastrophic illness and among the needy, but we need to wean Americans off the expectation that government will take responsibility for their health care.

What's needed for seniors and the disabled is a program that offers participants a choice of health care options from the private sector, encourages competition and quality and contains costs. And for that, lawmakers need not look far. A model for such a program is already on the steps of the U.S. Capitol: the Federal Employee Health Benefits Program, covering 9 million federal employees and --- surprise --- our members of Congress.

LOAD-DATE: June 15, 2000

USA TODAY, October 12, 1998

October 12, 1998, Monday, FINAL EDITION

SECTION: MONEY; Pg. 1B

LENGTH: 2848 words

HEADLINE: Unheeded cries for help Problems at Florida home reveal gaping holes in legal safety net

BYLINE: Elliot Blair Smith

DATELINE: TAMPA

BODY:

TAMPA -- "Suitcase City" is named for the transients who drift through north Tampa like the surf on a dirty beach. But it is the final destination for many elderly and disabled Americans who no longer can take care of themselves and come to live at the oak-shaded **nursing home** known as the Brian Center.

Flanked by pawnshops, a check-cashing store and an abandoned housing project, the 266-bed Brian Center Health and Rehabilitation had a prosperous history before it was sold to new owners in July. Most residents' room and board was paid for by federal Medicare and state Medicaid insurance programs available to all Americans.

Behind warped doors that hung crookedly on loose hinges, however, some Brian Center residents were left bruised and bloodied and their gums black from neglect, according to state regulatory records and lawsuits filed by family members who seek more than $ 100 million from the **nursing home's** owners.

For those residents -- sometimes barefoot, dressed in thread-bar gowns and unattended in urine-soaked hallways, according to state records -- the home came to symbolize universal fears of growing old.

More broadly, Brian Center was emblematic of gaping holes in state and federal efforts to police the **nursing home** industry, notwithstanding

repeated warnings and fines by Florida authorities.

Eventually, some Brian Center residents and their families turned for relief to contingency-fee lawyers, joining a litigious trend in the **nursing home** industry that can reward the victorious with tens of millions of dollars but also embodies excesses.

More than a dozen "residents' rights" lawsuits, including a class-action claim, are pending against Brian Center and a succession of owners and management companies of systematic fraud, abuse and neglect orchestrated to inflate profits at the expense of people.

Defense lawyer Kirsten Ullman, who represents Brian Center and its owners says: "We've done our investigation and we feel we have evidence that is strong to defend these cases." She declines to discuss individual allegations.

Among the defendants is Unifour of Florida, 100% owned by millionaire Don Beaver, who founded and named a chain of **nursing homes** after his deceased son Brian.

Beaver, who declined to comment for this story, made his fortune operating 49 Brian Center homes and other nursing facilities throughout the Southeast. In 1995, he merged Unifour of Florida into the publicly held Living Centers of America **nursing home** chain -- also a defendant in the lawsuits -- receiving $ 185.7 million in stock and a board seat.

In July, a successor company controlled by money manager Apollo Advisors merged with Mariner Health Network to form Mariner Post-Acute network. This organization sold Brian Center of Tampa to the unrelated and privately held Delta Health Group, which renamed it Delta Health Care Center of Tampa.

Florida regulators say they could not keep up with the Tampa retirement home's frequent changes in owners and **care standards,** expressing a chronic complaint among state and federal authorities.

State **nursing home** chief Doug Cook, director of the Agency for Health Care Administration, says enforcement lawsuits against **nursing home** owners take up to four months to be heard in court and an additional month to be decided. Fines are limited to $ 5,000 per violation.

"There's very little incentive to quickly corrected problems that our surveyors discover," Cooks says. "They need only [prove they've improved the conditions of the home by the

time of the hearing."

Federal regulators say they are even more constrained. The Justice Department's Civil Rights Division prosecutes physical abuse cases at government-owned and operated **nursing homes,** which number fewer than 1,000 of the 17,168 **nursing homes** nationwide.

But federal prosecutors say they have no statute under which to litigate human-rights abuses of private **nursing homes.** Rather, they are limited to pursuing money fraud cases under the Federal False Claims Act. The law recoups money lost to Medicare. It does not repair damaged lives.

That helps explain why Florida is lined with billboards paid for by private lawyers who specialize in suing **nursing home** operators.

"We found there was a complete government abdication of responsibility for **nursing homes,**" says Tampa lawyer James Wilkes, who has 10 lawsuits against Brian Center, including a class action, and settled six prior claims for undisclosed cash sums. "Not only does the government not protect **nursing home** patients. It protects **nursing home** operators."

'Wandering around in the dimmed light'

Over a decade's time, Florida **nursing home** regulators repeatedly deemed Brian Center's care deficient but let the facility off with small fines and promises of corrective action, state records show.

Authorities rarely varied their annual inspections by more than a week. Even then, inspectors said they found Brian Center residents unbathed, inappropriately dressed, spotted with bed sores and housed in unsafe and unsanitary conditions.

Many Brian Center residents' medical records were inaccurate, incomplete or missing altogether, and some patients were misdiagnosed, the state records say.

An though Florida law prohibits **nursing homes** from employing violent felons in jobs that involved contact with residents, state inspectors repeatedly found that Brian Center failed to screen employees for criminal backgrounds.

In a review of law-enforcement records, Wilkes' law firm found that 46 Brian Center workers employed between 1989 and 1997 had been convicted of felonies. Some were convicted of such offenses

as aggravated assault, battery, kidnapping and murder.

Alone in the twilight of their lives, Brian Center residents received "no stimulation or distraction" and sat "for long periods of time with no meaningful activity or interactions," state inspectors reported.

"Call lights were not answered in a timely manner, resulting in soiled linens," an inspector wrote in one report. For a time, "overtly violent" residents were place in a locked unit with patients who Alzheimer's disease; one such person "had injured several staff (members) and several residents," the records say.

"Quiet time," an inspector said in another report, "consisted of gathering 20-25 residents in the dining room ... and announcing in a loud voice, 'It's quiet time now.' (the employee) then turned off the light and left the residents. During this quiet time, residents were yelling at each other and residents were wandering around in the dimmed light."

Brian Center owners and managers dutifully corrected state-identified problems. And the **nursing home** remained eligible to collect Medicare and Medicaid payments despite state threats to cut off Medicaid in 1989, 1992 and 1997.

But the deficiencies recurred year after year.

"Brian is a classic yo-yo facility," says Florida **nursing home** chief Cook. "In a typical yo-yo facility, the owner is starving the home or putting them on short rations."

Brian Center was "up" for state inspections -- fully staffed and stocked with fresh linens -- and "down" much of the rest of the year, according to the testimony of nurse's assistants in state regulatory reports and plaintiffs' lawsuits.

Without meaningful intervention by state or federal authorities, private lawyers and civil lawsuits came to substitute for regulatory enforcement. Or, as Cook says: "We're left with Mr. Wilkes' actions."

Lounge lizard or legal legend?

Wilkes' pale blue eyes and tousled hair favor his first choice of profession as country balladeer. His monogrammed shirts and private jet bespeak the second as legal eagle. With 300 lawsuits

pending against most of the USA's major **nursing home** chains, Wilkes tugs at heartstrings. But for much larger stakes than he crooned for in cocktail lounges.

This year, the 18-lawyer Wilkes and McHugh law firm has won $ 35 million in **nursing home** settlements. Next year, Wilkes expects to bring home $ 100 million, 20% of the jury verdicts and legal settlements he predicts for the **nursing home** industry as a whole.

The firm keeps 40% of its winnings a contingency fee and tacks on expenses. But Wilkes says the recoveries include more than $ 3 million that **nursing home** operators had to repay Medicare and Medicaid for improper billings.

"Nobody does it on the scale we do," says Wilkes, 47. "It isn't just the money. It's personal on my part. One of his grandmothers died in a **nursing home.**

Wilkes' success has engendered a growth industry of private lawyers who take on big-chain **nursing homes.** And his promotional style has spawned a new performance art of lawyers employing billboards, direct mail, newspaper and television advertisements. Detractors point out that Florida lawyers need win only $ 1 damages to be entitled to recover their expenses. "There's no incentive, really, to stop after a point," says Mary Ellen Early, director of policy at the Florida Association of Homes for the Aging, a trade group that represents nonprofit **nursing homes.**

"It's a no lose deal for those guys," agrees Ed Towey, spokesman for the Florida Healthcare Association, the state's largest **nursing home** trade group. Towey says lawsuits cost the Florida industry about $ 30 million a year, prompting **nursing home** insurers to increase premiums and deductibles and scale back coverage.

A decade ago, the specialty that vaulted Wilkes to prominence -- and made the Brian Center lawsuits possible -- hardly existed. Under Florida law, if a **nursing home** resident died of abuse, his or her legal rights also ceased. In 1986, the state **nursing home** residents' Bill of Rights law was amended so heirs could bring action against an abusive home.

This March, in a tacit admission that private lawyers had been more successful than regulators at punishing rogue **nursing home** operators, the state attorney general appointed Wilkes as outside counsel.

Wilkes quit amid strong industry protest. "They said me with a badge would be the end of the industry," he says.

Others picked up the torch.

At a White House briefing in July, the official who administers Medicare, Nancy-Ann Dearle, said the federal government will get tougher with **nursing homes** that repeatedly violate safety rules, in part by requiring states to more frequently inspect homes with serious or repeat violations.

The Health Care Financing Administration, which DeParle heads, endorses criminal background checks on **nursing home** employees -- a measure already required in some states, including Florida -- and state regulatory records for **nursing homes** nationwide. The Internet-based resource will be introduced this month.

Private efforts also are under way. This month, the American Nurses Association plans to roll out a ratings system that will assess the quality of care at **nursing homes** that agree to be inspected.

Association President Beverly Malone says: "We believe the public deserves to know which **nursing homes** are there to meet their expectations about quality of care."

Wilkes sees no barrier to expanding his brand of justice-for-hire, however. He holds law credentials in Florida, Alabama and Texas and recently passed the bar exam in Arkansas.

"I don't think there's anybody but me who knows how to do it. I eat it, I drink it, I live it every day," Wilkes says. "But having said that, I think I must exercise restraint. I have not wanted to destroy the industry and not leave an alternative to the elderly who need them."

They're not meat, they're humans'

When Emma Louise Butler of Tampa grew too old to care for her adult son John -- a retired barber and Army veteran disabled after a beating and robbery -- he was institutionalized at Brian Center. It was August 1989. He was 60 years old. The Veterans Administration paid his bill.

Former Brian Center nurse's assistants describe John Butler with fondness and dismay. He was talkative -- always trying to borrow a cigarette and complaining about the food -- but he also snuck into elderly female residents' rooms, and Brian Center employees treated him roughly for misbehavior, former employees say in dispositions.

By the time Butler was 65, an age when many Americans consider retirement, he was incontinent, had lost his ability to walk and developed infected be sores. Butler's mother, vigorous at age 84, said in a deposition in November that she often found her son in his **nursing home** bed "wet from head to foot" in urine.

In the last 15 months of his life, Butler lost 41 pounds. His death certificate, dated Nov. 23, 1994, cites emaciation. Wilkes seeks $ 30 million on behalf of Butler's heirs.

Another of Wilkes' lawsuits tracks the decline of Mamie Beasley, who entered Brian Center in June 1992 as a 97-year-old widow. Less than a year later, Beasley fell, fractured her hip and never walked again. According to court records, Beasley developed a sore on her big toe that turned to gangrene and resulted in the amputation of her leg above the knee. She died in December 1997.

In this lawsuit, filed on behalf of Beasley's grandniece, Wilkes seeks $ 25 million, arguing that "numerous entries of fraudulent documentation were instrumental in the development of Mrs. Beasley's pressure sores, which resulted in the amputation of her left leg."

Defense lawyer Ullman -- facing more than $ 100 million in such claims from Wilkes and others -- says: "I think it's fair to say we were open to discuss their position and our position. Then the demand(s) came in, which (were) unreasonable. That ended the negotiations at that point in time."

In April 1997, management of Brian Center of Tampa was taken over by Delta Health Group. And in July, Delta exercised an option to acquire the home from its most recent owner, Mariner Post-Acute Network, which judged the center nonstrategic to its interests.

"It was a problem-plagued facility," says Delta President Scott Bell, whose company invested more than $ 1 million to upgrade the renamed Delta Health Care Center of Tampa. Delta rid the home of pervasive urine odors with a new ventilation system. It also replaced rusted furniture and rotting doors and raised workers' pay.

Delta administrator Kay Maley says: "We are not the Taj Mahal or a 'Pink Palace' of **nursing homes.** But I will put my care that I give in this home up against any home in Tampa as outstanding."

Even top **nursing homes** have trouble maintaining regulatory compliance, however. In December, state inspectors confronted Delta with allegations that ranged from inappropriate care of elderly residents to mishandling their funds. The family of an allegedly abused resident threatened

to sue. Delta fixed the regulatory deficiencies, some of which it ascribes to "holdovers" from former owners. And in February it was awarded the state **nursing home** regulator's top rating of "superior,."

Nevertheless, Lillian DuBois, 64, says the health of her husband, John, 79, deteriorated dramatically after he was institutionalized at Delta Health Care Center in June 1997. Within five months, the strapping former builder lost 60 pounds -- 30% of his body weight -- and was heavily medicated, medical records show.

Lillian DuBois' brother, Danny Eldridge, says that in his opinion. "They took him from a walking, functioning human being to a zombie. He didn't know where he was, who he was or anything."

In September 1997, DuBois says, she discovered her husband glassy-eyed and unattended n a **nursing home** hallway. After escorting him back to his bedroom, she says, "I picked up the sheet and there was blood all over the bed. And there were gashes down his arm. And his mouth was so black inside where they had not been brushing his teeth."

Nearly two weeks later, a Delta Health Care nurse recorded for the first time a "skin tear to (John DuBois') right upper arm." By then, it had scabbed over. The nurse identified the elderly man as "lethargic, (his) face flushed," and said officials dispatched him by ambulance to a local hospital for evaluation.

Nursing home administrator Maley says: "I personally believe we were giving good care to John DuBois at the time."

While declining to elaborate on the complaint, Maley adds: "This is a tough business we're in. We're dealing with human lives that are frail, elderly. It's always -- a constant -- vigilance, daily. I never find it easy to give excellent care. I find it rewarding."

Lillian DuBois transferred her husband to another **nursing home,** where, she says, he is doing well. And she hired Wilkes to sue Delta.

"If they're treating one other person like that, and I can get them to stop, that's what I want them to do," DuBois says. "Because they're not a piece of meat. They're human beings. And they need help."

GRAPHIC: GRAPHIC, color, Suzy Parker, USA TODAY(Illustration); PHOTO, b/w, David Carson for USA TODAY; PHOTO, b/w, Jeffrey Camp for USA TODAY; PHOTO, b/w

LANGUAGE: ENGLISH

LOAD-DATE: October 13, 1998

The Columbus Dispatch, March 21, 1998

March 21, 1998, Saturday

SECTION: NEWS , Pg. 1D

LENGTH: 721 words

HEADLINE: PATIENT DEATH PROMPTS PROBE, FIRINGS AT **NURSING HOME**

BYLINE: Alice Thomas, Dispatch Staff Reporter

BODY:

An East Side **nursing home** has been investigated - and two nurses fired - because of a patient's death.

A complaint that six other deaths were suspicious has been investigated - but not substantiated - at Isabelle Ridgway Nursing Center, 1520 Hawthorne Ave., state health officials said.

"This facility has had a significant number of complaints, higher than the average. And many of the allegations were very serious in nature," said Kurt Haas, chief of the bureau of health-**care standards** and quality at the Ohio Department of Health.

The patient linked to the firings was a diabetic man who died before he reached a hospital on Oct. 7, 1997, department records show.

The man was found unresponsive at 6 a.m. that day. Despite doctor's orders that he should be given an injection of glucose, the unconscious man was fed glucose in what is described as a "health shake," state records show.

The nurse stayed in the patient's room for 30 minutes, without calling his doctor or taking additional steps, while he remained unconscious, the report shows.

After another half hour, a doctor was called. He said the man should be taken to a hospital. A **nursing home** employee called an ambulance at 7:25 a.m. It arrived at 7:40 a.m., according to records, and the man died at 7:45 a.m.

State investigators said staff at Isabelle Ridgway told them the two nurses were fired "for their nursing judgments" about the patient's condition.

The report also notes that the **nursing home** didn't have an incident report of the man's death.

The state views the patient's death as an isolated incident, which the **nursing home** took actions to correct, officials said. The investigation also examined the treatment of two other diabetic patients and found it adequate.

"It's not a punitive system. It's a system we use to get them to comply quicker. And in this case, it had already happened," said Randy Hertzer, Ohio Department of Health spokesman, referring to the firing of the nurses.

"They corrected the problem almost as quickly as they figured out what was going on."

The investigation of the six other deaths has ended, but the report hasn't been written and details are not available, Haas said.

Other investigations at Isabelle Ridgway in 1996 found a resident who was subjected to physical and verbal abuse by staff members, another who developed bed sores, roach infestations and documentation problems with patients' weight and doctor notification.

The home had four complaints last year, six each in 1996 and 1995, five in 1994 and 10 in 1993. But that doesn't add up to "poor performer" status, which the state reserves for its most severe cases.

"They have been cited for having quality-of-care problems, but they did not meet that particular threshold of substandard of care," said Roy Croy, assistant chief of the bureau of health-**care standards** and quality at the department.

Haas said care at the center has shown improvement over the years.

Larry James, Isabelle Ridgway's attorney, also views the death as an isolated incident.

Asked why he thinks it happened, James said, "Any time you have allegations and you're looking back on a situation, you can't say with specificity what happened.

"I wasn't there, and I haven't talked to the individuals" who were fired, he said.

State officials acknowledged it can be difficult to prove the most severe allegations, such as patient abuse, because of the legal burden of proving intent.

"It literally is to the point that you have to prove what was in a person's mind at the time. And that, as you can imagine, is nearly impossible," Haas said.

Other examples of the most serious acts are improper use of restraints that result in strangulation or allowing residents to walk away from a facility, Haas said.

In general, he said, the due-process requirement means "our belief about what happened might not be supported by the evidence we find."

As for Isabelle Ridgway, "the facility does have a history that is certainly less than stellar. But the fact is, to impose fines, we have to go with the information available when we go on site," Haas said.

Last year, the state health department wrote 6,134 deficiencies statewide. The average number of citations, per **nursing home,** in Columbus is 6.38.

LOAD-DATE: March 22, 1998

Source: All Sources : / . . . / : **Major Newspapers**
Terms: **nursing homes and care standards and date(geq (01/01/93) and leq (09/11/00))** (Edit Search)
View: Full
Date/Time: Tuesday, September 12, 2000 - 9:56 AM EDT

The New York Times, October 18, 1995

The New York Times

October 18, 1995, Wednesday, Late Edition - Final

SECTION: Section A; Page 22; Column 1; Editorial Desk

LENGTH: 436 words

HEADLINE: Keep **Nursing Home** Standards

BODY:

In its ongoing effort to give more power to the states, Congress wants to scrap Federal standards for quality of care in **nursing homes.** Given past abuses that the standards were designed to guard against, and the future need for even more **nursing homes,** this is an invitation to trouble. There may well be room to revise the Federal standards to make them simpler and less costly. But with vast changes occurring in the health-care system, the need for Federal standards to insure minimal quality is greater than ever.

It was only about 20 years ago that a series of media exposes, state government reports and legislative hearings revealed widespread abuses in **nursing homes,** from unsanitary conditions and malnutrition to overmedication, neglect and sexual and physical abuse. In 1987 Congress passed the **Nursing Home** Reform Act, which set national standards for staff training, individual assessments of patients and protection of basic patient rights, including the right not to be physically restrained, the right to voice grievances and the right to be notified before transfer or discharge.

The law has begun to make a difference. In the mid-1980's, about 40 percent of **nursing home** patients were physically restrained; now, less than 20 percent are. Improved care has also led to savings on medications and unnecessary hospitalizations.

Now Congress is trying to reshape the health-care system by sharply cutting Medicaid, which provides about 60 percent of **nursing home** funding, and shifting the money to state control through block grants. Congress wants to cut $182 billion out of Medicaid over seven years, which would likely lead to reduced reimbursement rates for **nursing home** services and facilities.

Many states are insisting that, if they are to assume control of a reduced pot of money, they must have the power to set their own **nursing home** standards to eliminate needless costs. House and Senate committees have separately passed bills that would give states primary responsibility for setting quality-of-**care standards** for **nursing homes,** with Washington offering only general categories to be covered. **Nursing home** providers could lean on states to cut back on standards that they will not be able to live up to for lack of funds.

Nearly two million people now reside in **nursing homes.** But with an estimated 43 percent of people over 65 years of age likely to spend some time in a **nursing home,** and an aging

baby-boomer population, the demand for these facilities will only grow. To abandon national standards now may invite a return to the **nursing home** disasters of the past.

LANGUAGE: ENGLISH

LOAD-DATE: October 18, 1995

Times Newspapers Limited, September 8, 1993

The Times

September 8, 1993, Wednesday

SECTION: Home news

LENGTH: 517 words

HEADLINE: Eased rules on homes for elderly 'could lower **care standards'**

BYLINE: By Michael Horsnell

BODY:

GOVERNMENT plans to relax regulations governing private residential and **nursing homes** for the elderly could create a "free for all" in standards, critics said yesterday.

John Bowis, a junior health minister, said the initiative was aimed at reducing the burden of "unnecessary and excessive" regulations by simplifying the registration and inspection of homes.

But Sally Greengross, director of Age Concern, said the charity was gravely disturbed that the protection of vulnerable older people could be reduced if inspection and registration requirements were eased. She called for people to be put before cost analysis and for binding contracts defining the responsibilities of private residential and **nursing homes** in a business now worth an estimated Pounds 3.3 billion.

The Royal College of Nursing (RCN) gave a warning of a "free for all" over **care standards** unless a close watch was kept by an independent inspectorate. It said deregulation could easily become a cynical cost-cutting exercise. Christine Hancock, general secretary, said: "The RCN is totally opposed to giving nursing and residential homes a free rein. This could seriously jeopardise the quality of care."

The government's initiative coincides with the launch by Mr Bowis tomorrow of a new protective agency, Action on Elder Abuse, being set up after growing evidence of an increase in abuse. The group, to be established at the Age Concern headquarters in London under the auspices of the National Council on Ageing, is expected to call for a tightening of regulations and a rise in staffing levels at homes.

The government has yet to spell out its proposals, which are part of its initiative to reduce red tape for all businesses. But Mr Bowis denied any assault on fire and environmental health standards, and said: "Raising standards is our task. Maintaining red tape is not." David Blunkett, shadow health secretary, said that the scheme, disclosed in a health department letter to home proprietors, could reduce the homes to "firetraps and centres of food poisoning".

"No one in their right mind would consider the safeguarding and protection of elderly and frail people to be anything but vital. If we have deregulation in this area it will inevitably spell disaster. The better home-owners want regulations, otherwise they will be put out of business by the fly-by-nights," he said.

Phillip Hunt, director of the National Association of Health Authorities and Trusts, said: "Health authorities are now required on a regular basis to inspect these homes and ensure standards are acceptable. Relatives depend on these inspections to ensure that everything is okay in these homes. It is one thing to simplify regulations but you will still need inspections to ensure standards are kept up."

In a burgeoning industry, places in private **nursing homes** went up from 18,000 in 1982 to 109,000 in 1991, and in private residential homes from 39,300 to 155,000. Under present regulations, only a home with more than four residents needs to be registered with the local authority.

LANGUAGE: ENGLISH

LOAD-DATE: September 9, 1993

Clinton Presidential Records
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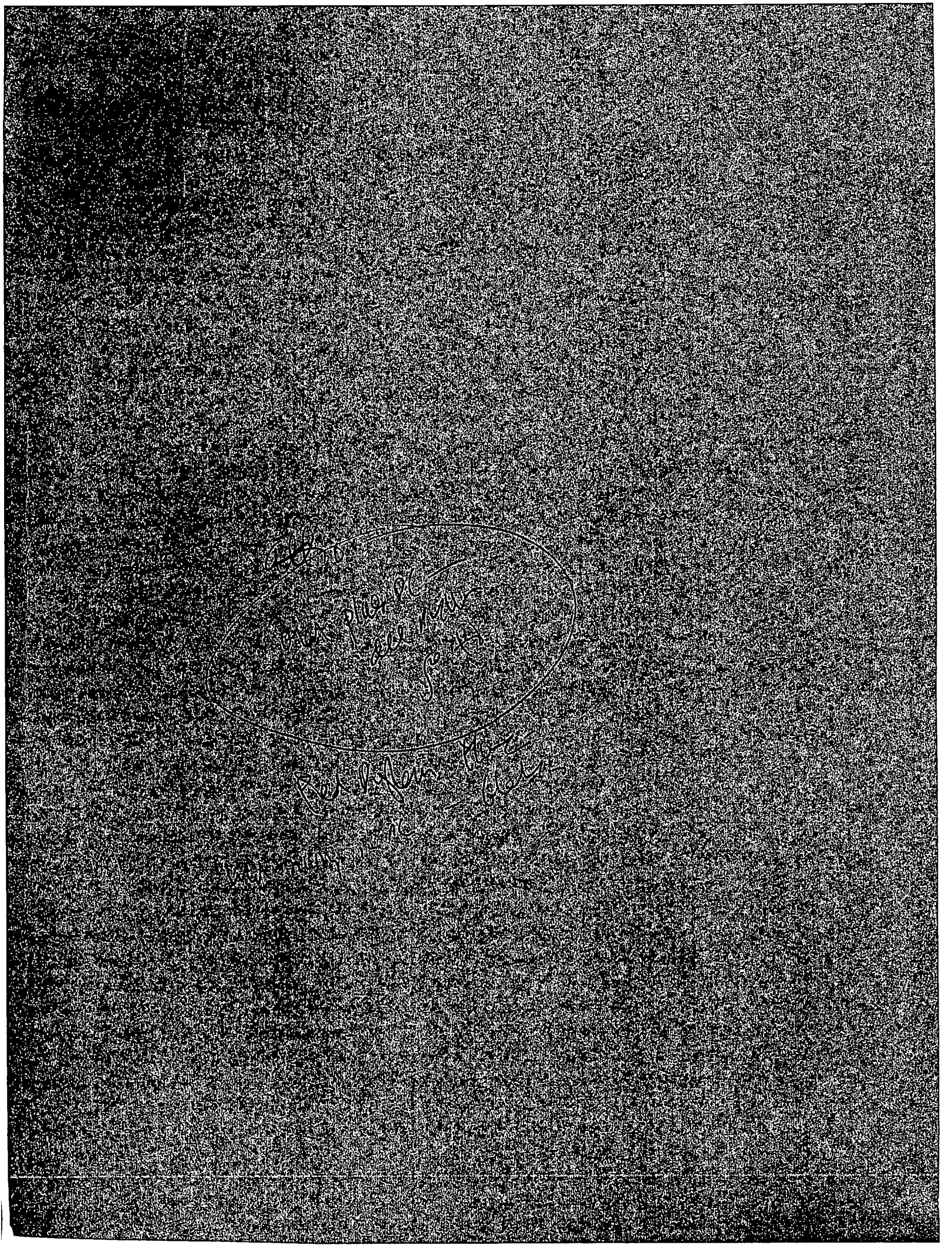

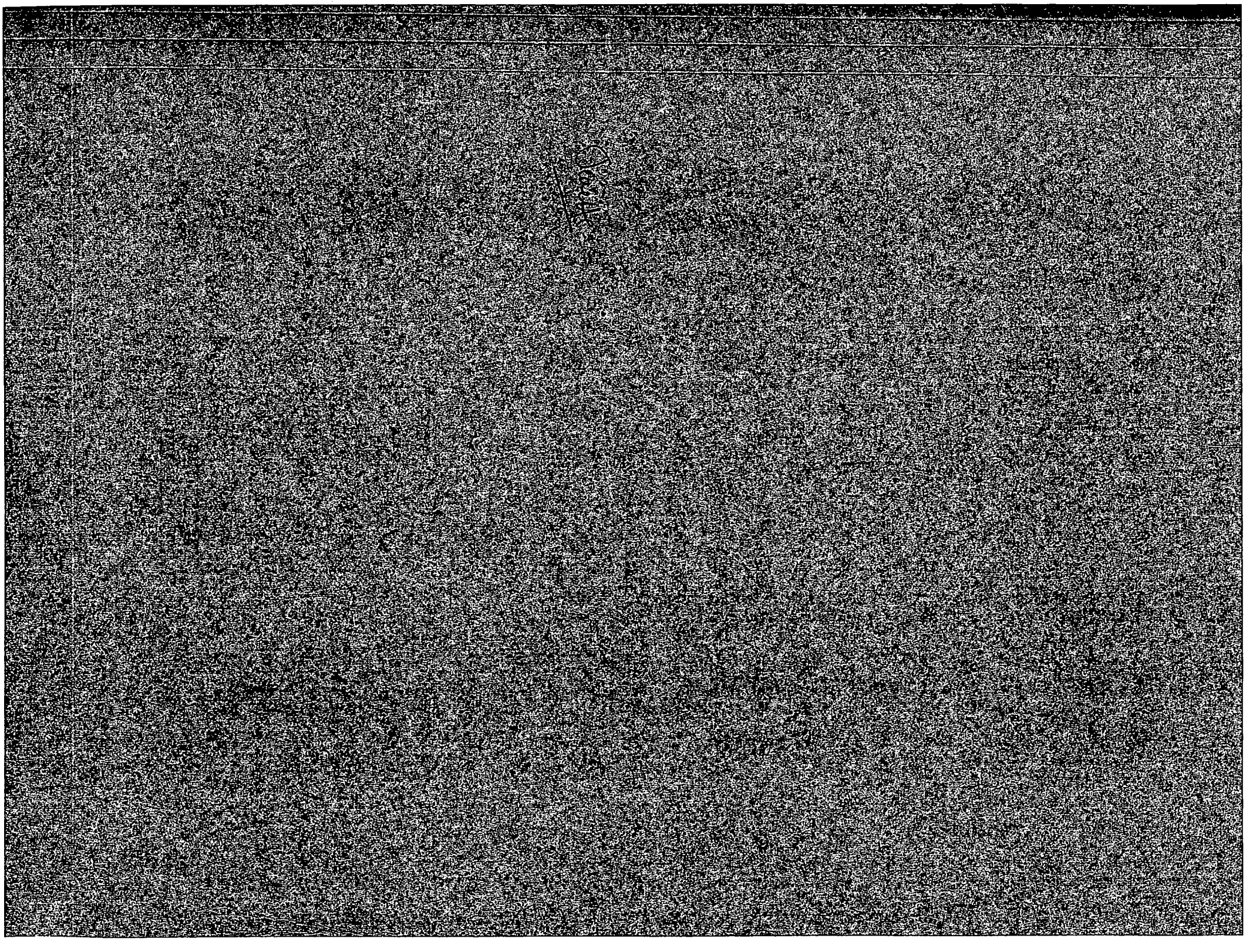

Nonzero : The Logic of Human Destiny

by Robert Wright

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Editorial Reviews

Amazon.com

Nonzero, from *New Republic* writer Robert Wright, is a difficult and important book--well worth reading--addressing the controversial question of purpose in

JOSH

Joshua S. Gottheimer
09/14/2000 04:13:32 PM

Record Type: Record

To: Mara A. Silver/WHO/EOP

cc:
Subject:

Towards the end the remarks, Clinton also cited the book "Non Zero" by Robert Wright as his favorite recent read.

Patients in these homes are more likely to lose too much weight, develop bed sores, and fall into depression. More than 30 percent of them are dehydrated, malnourished, and at a much higher risk for illness and infection.

Older Americans who have worked hard all their lives deserve respect, not neglect. That's why, for more than seven years now, Vice President Gore and I have acted to improve the quality of care in our nation's nursing homes.

In 1995, we put in place tough regulations to crack down on abuse and neglect, by stepping up on-site inspections of nursing homes.

THE WHITE HOUSE
WASHINGTON

Devorah R. Adler
09/15/2000 06:03:44 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:
Subject: edits from devorah; cj will review soon

call with questions
---------- Forwarded by Devorah R. Adler/OPD/EOP on 09/15/2000 05:49 PM ----------

Joshua S. Gottheimer
09/15/2000 04:40:55 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: DRAFT--Nursing Homes Radio Address. Comments pls to Gottheimer ASAP 62554.

1

Draft 9/15/00 4:30pm
Josh Gottheimer

PRESIDENT WILLIAM J. CLINTON
RADIO ADDRESS ON NURSING HOMES
WASHINGTON, DC
September 16, 2000

Good morning. I'm joining you today from the Washington Home, a nursing home in our nation's Capitol, that's been delivering quality care to older Americans for more than a hundred years. The seniors here with me receive top-quality assistance, from a dedicated and attentive staff.

Every one of the 1.6 million Americans living in nursing homes all across our country deserve the same quality care. And, as the baby boomers retire, the demand for quality care will continue to rise even higher. By 2030, the number of Americans over the age of 85 will double - making compassionate, quality nursing home care even more important.

But while the majority of nursing homes today provide excellent care, too many of our

seniors, in too many homes, aren't getting the proper attention they deserve. And, according to current research, the number one culprit is chronic understaffing. When there are too few caregivers for the number of patients, the quality of care goes down.

A recent study from the Department of Health and Human Services reports that more than half of America's nursing homes don't have the minimum staffing levels necessary to guarantee quality care. And too often the staff they do have isn't properly trained. Patients in these homes are more likely to lose too much weight, develop bed sores, and fall into depression. More than 30 percent of them are dehydrated, malnourished, and at a much higher risk for illness and infection.

Older Americans who have worked hard all their lives deserve respect, not neglect. That's why, for more than seven years now, our Administration has acted to improve the quality of care in our nation's nursing homes.

In 1995, we put in place tough regulations to crack down on abuse and neglect, by stepping up on-site inspections of nursing homes. That same year, when Congress tried to eliminate federal assurances of nursing home quality, I said no. Then, in 1998, I issued an executive order requiring all states to increase investigations of nursing homes -- fining those that failed to provide its residents with adequate care.

Thanks to the leadership of Senator Grassley, **and Congressman** Waxman, **Stark,** and Gephardt, **I have developed a bipartisan legislative proposal to improve nursing home quality. Next week, I'll be sending legislation to the Hill** that takes four new steps to improve conditions in nursing homes across America.

First, I'm announcing a $1 billion investment over five years in new grants to boost staffing levels in poorly-performing nursing homes, improve recruitment and retention, and give more training to caregivers. We will also reward the best-performing nursing homes.

Second, I'm directing the Health Care Financing Administration to establish, within two years, minimum staffing requirements for all nursing homes participating in Medicare and Medicaid.

Third, **as part of the establishment of minimum staffing requirements, we are reviewing Federal reimbursement rates for nursing homes to ensure that they receive the right level of funding for the number of patients they serve.**

Fourth, **we are taking new steps to educate providers and families about critical quality issues. My proposal requires nursing homes to post detailed information on their staffing levels in each facility to ensure . In addition, just this week,** we launched a new campaign to educate nursing home personnel on ways to prevent weight loss and dehydration in patients.

Of all the obligations we owe to one another, our most sacred duty is to our parents. They kept us safe from harm when we were children. We must do the same for them, as they grow older.

President Kennedy once said, "It is not enough for a great nation merely to have added new years to life – our objective must also be to add new life to those years." The steps we're taking today will help bring new life to our nation's seniors, by bringing a new level of quality to America's nursing homes.

Message Sent To: _____

Draft 9/15/00 1:30pm
Josh Gottheimer

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Today, more than 1.6 million Americans live in ~~nearly 17,000~~ nursing homes all across America. When the baby boom generation moves into retirement age, that number will rise even higher. ~~By 2030, the number of Americans over the age of 85~~ will double – making compassionate, quality nursing home care even more important.

At their best, nursing homes can be a godsend for older Americans and their families – providing a safe haven in times of great need. ~~But at their worst, nursing homes can actually endanger their residents, subjecting them to the worst kinds of neglect.~~

~~While~~ the majority of nursing homes provide excellent care, too many of our seniors, in too many homes, aren't getting the proper care ~~they deserve~~. And, according to current research, the number one culprit is chronic understaffing. ~~There is a direct correlation between the number of caregivers per patient and the quality of care a patient receives.~~

A recent study from the Department of Health and Human Services reports that more than fifty percent of America's nursing homes don't have the minimum staffing levels necessary to guarantee quality care. And too often the staff they do have isn't properly trained. Patients in these homes are more likely to lose weight, develop pressure sores, and experience depression. ~~And it's estimated that~~ more than 30 percent of them are dehydrated and malnourished, ~~putting them at~~ a much higher risk for illness and infection.

~~People living in nursing homes shouldn't have to worry about poor staffing and poor nutrition. Families shouldn't have to worry as much about a loved one living in a nursing home as one living alone.~~ That's why, for more than seven years now, our Administration has worked to improve the quality of care in our nation's nursing homes.

In 1995, we put in place tough regulations to crack down on abuse and neglect in our nation's nursing homes, by stepping up on-site inspections. That same year, when Congress tried to eliminate federal assurances of nursing home quality, I said no. Then, in 1998, I issued an executive order requiring all states to step up investigations of nursing homes -- fining those that failed to provide its residents with adequate care.

Today, with the help of Congressmen Grassley, Waxman, and Gephardt, we're taking three new steps to improve conditions in nursing homes across America.

First, I'm announcing a $1 billion grant program to help increase staffing levels in nursing homes, improve staff recruitment and retention, and provide increased training for caregivers. This program will reward the best nursing homes, as well as those that need the most help. We're also introducing new, immediate financial penalties for nursing homes that are currently endangering the health and safety of our most vulnerable population.

Second, we are taking new steps to make sure that all nursing homes provide the government with accurate information on their staffing levels -- so that they receive proper funding for their facilities. This will help keep our nursing homes accountable, and eliminate much of the wasteful spending that's getting in the way of good care.

Third, I'm directing the Health Care Financing Administration to establish, within two years, minimum staffing requirements for all nursing homes. This will help ensure that nursing home participants in Medicare and Medicaid programs have adequate staffing levels and well-trained caregivers. Additionally, this week, we launched a new campaign to educate nursing home personnel on ways to prevent weight loss and dehydration.

Of all the duties we owe to one another, our duty to our parents is the most sacred. When we are children, our parents do their best to keep us safe from harm; when our parents begin to need us, we must do no less. When that time comes, we need to know that our parents will be well cared for.

As President Kennedy once said, "It is not enough for a great nation merely to have added new years to life – our objective must also be to add new life to those years." The steps we're taking today will help bring new life to our nation's seniors – and a new sense of security to America's nursing homes.

Affluence

18 With breathtaking rapidity, we are destroying all that was lovely to look at and turning America into a prison house of the spirit. The affluent society, with relentless single-minded energy, is turning our cities, most of suburbia and most of our roadways into the most affluent slum on earth.

Attributed to ERIC SEVAREID. Unverified.

Aged

19 Yet somehow our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is in the way that it cares for its helpless members.

PEARL S. BUCK, *My Several Worlds*, p. 337 (1954).

20 Old age isn't so bad when you consider the alternative.

Attributed to MAURICE CHEVALIER.—James B. Simpson, *Contemporary Quotations*, p. 295 (1964), citing *The New York Times*, Sunday, October 9, 1960. Unverified.

21 As I give thought to the matter, I find four causes for the apparent misery of old age; first, it withdraws us from active accomplishments; second, it renders the body less powerful; third, it deprives us of almost all forms of enjoyment; fourth, it stands not far from death.

MARCUS TULLIUS CICERO, *De Senectute (Of Old Age)*, book 5, section 15.—Herbert N. Couch, *Cicero on the Art of Growing Old*, p. 21 (1959).

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

President JOHN F. KENNEDY, special message to the Congress on the needs of the nation's senior citizens, February 21, 1963.—*Public Papers of the Presidents of the United States: John F. Kennedy, 1963*, p. 189.

23 As one grows older, one becomes wiser and more foolish.

FRANÇOIS DE LA ROCHEFOUCAULD. The maxim, "En vieillissant, on devient plus fou et plus sage," was first published in his *Réflexions ou Sentences et Maximes Morales*, 1655. There are various English translations, including that above from his *Selected Maxims and Reflections*, trans. Edward M. Stack, p. 26 (1956).

24 Between the years of ninety-two and a hundred and two, however, we shall be the ribald, useless, drunken, outcast person we have always wished to be. We shall have a long white beard and long white hair; we shall not walk at all, but recline in a wheel chair and bellow for alcoholic beverages; in the winter we shall sit before the fire with our feet in a bucket of hot water, a decanter of corn whiskey near at hand, and write ribald songs against organized society; strapped to one arm of our chair will be a forty-five calibre revolver, and we shall shoot out the lights when we want to go to sleep, instead of turning them off; when we want air we shall throw a silver candlestick through the front window and be damned to it; we shall address public meetings (to which we have been invited because of our wisdom)

This week, I am proposing comprehensive legislation to protect older Americans with a national registry to track nursing home employees known to abuse nursing home residents, and criminal background checks to keep potentially abusive employees from being hired in the first place. I ask the Congress to put progress ahead of partisanship, and pass legislation to improve our nation's nursing homes this year.

Choosing to move a parent or a loved one to a nursing home is one of life's most difficult decisions. But with these steps, we are giving families the security of knowing that we are doing everything we can to make our nation's nursing homes safe and secure. Thank you very much.

Devorah R. Adler
09/14/2000 10:15:54 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:

Subject: members to praise

PRAISES A BIPARTISAN CONTINGENT OF MEMBERS FOR THEIR LEADERSHIP IN IMPROVING NURSING HOME QUALITY. In his radio address, President Clinton will praise Senators Grassley, Breaux, Reid, and Kohl, as well as Congressmen Gephardt, Waxman, and Stark, for their leadership on this issue and their efforts to improve nursing home quality nationwide.

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Today, more than 1.6 million Americans live in nearly 17,000 nursing homes all across America. When the baby boom generation moves into retirement age, that number will rise even higher. In fact, by 2030, the number of Americans over the age of 85 will double – making compassionate, quality nursing home care even more important.

At their best, nursing homes can be a godsend for older Americans and their families – providing a safe haven in times of great need. But at their worst, nursing homes can actually endanger their residents, subjecting them to the worst kinds of neglect.

But [while we've made progress] too many of our seniors, in too many nursing homes, still aren't getting the proper care they deserve. [expand on this ... malnourished, etc. ..., ratio ... FACTS] Today, I'm announcing several new steps to ...

For more than seven years now, we have worked hard to improve the quality of care in our nation's nursing homes.

We've learned that one of the best indicators -- having trained health care professionals in adequate numbers.

Too many patients are served by too few nurses and personnel. Demonstrable correlation between ratio nurses and other health care personnel. Ratio between patient quality and nubmer of personnel.

In aftermath of recent report, consensus has developed – no question about it. Number one means of quality is adequate staff.
[REFER TO REPORT]
Most nursing homes, like the Washington Home, are quite good – they deliver high quaility care. They have good people who are committed to high level care.

We have to ensure that all nursing homes are held accountable.

1. $1 bilion. More money for better trained staff to provide adquate care. We need to reward nursing homes who meet/ deliver high standards and deliver quality care. Rewarding nursing

Devorah R. Adler
09/14/2000 10:08:28 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:

Subject: summary of initiative

Create a new, $1 billion grant program to improve quality of care in nursing homes. Today, the President announced a new investment of $1 billion over 5 years in a competitive grant program to increase staffing levels in nursing homes nationwide by providing financial and technical assistance to nursing facilities, unions, non-profit organizations, or community colleges. States applying for funds would be required to develop, through an open public process, a proposal to enhance staff recruitment and retention efforts; establish career ladders for CNAs; provide increased training for staff; or conduct other staffing initiatives. States wishing to reward nursing facilities with exemplary quality of care records or staffing levels above the minimum levels proposed in the recent HCFA report on nursing home staffing can use up to 25 percent of their grant funds for bonus payments to these facilities. States receiving funds must demonstrate how the funds they receive increased staffing in nursing facilities within one year.

Ensure appropriate reimbursement for nursing facilities and provide the public with accurate information on staffing levels. Similar to legislation introduced by Representative Pete Stark (D-CA), nursing homes participating in the Medicaid and Medicare programs will be required to provide HCFA with detailed information on their current staffing levels, including the total number of hours; coverage levels per shift; identifying staff as CNAs, LPNs or RNs; and the average wage rate for each class of employees. This information will be used to ensure that Medicare is providing appropriate reimbursement to nursing facilities, and will be posted for the public to review on HCFA's *Nursing Home Compare* website.

Establish national minimum staffing requirements within two years. Today, the President will direct the Health Care Financing Administration to complete its comprehensive study on staffing ratios within 12 months and develop and publish Federal regulations establishing minimum staffing levels based on this report no later than September 1, 2002. As part of this process, HCFA will concurrently evaluate whether any changes in Federal reimbursement are necessary to implement the new staffing standards established by the report.

Determine the feasibility and advisability of increasing training requirements for CNAs. HCFA will include a recommendation on the feasibility and advisability of increasing training requirements for CNAs to 160 hours. Currently, CNAs complete just two weeks of training – less than beauticians, manicurists, and dog groomers.

Impose immediate financial penalties on nursing homes endangering patients. Currently, if a nursing home appeals the imposition of a fine for a quality violation, the Federal government does not collect the fine until after the appeal is settled, allowing many facilities to avoid paying fines for years

after the violation was committed. This initiative would require CMPs to be immediately withheld from future payments to the nursing home. If a nursing home appealed the imposition of the fine and won, the Federal government would return the funds with interest. In addition, under this initiative, civil money penalties will be invested in the new incentive grants to States, rather than returned to the Medicare Trust Fund.

(2) **Launch a new campaign to prevent unintended weight loss and dehydration among nursing home residents.** This week, HCFA sent every nursing home in the country a new set of training materials to prevent malnutrition and dehydration. These materials will help certified nursing assistants and other caregivers identify residents at risk for unintended weight loss and dehydration and then take the necessary action to prevent it.

back pa

Devorah R. Adler
09/14/2000 09:16:56 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:
Subject: problem statement on nursing homes

MORE MUST BE DONE TO IMPROVE QUALITY OF CARE IN NURSING HOME. About 1.6 million older Americans and people with disabilities receive care in approximately 17,000 nursing homes. The Clinton-Gore Administration has made the health and safety of nursing home residents a top priority – putting into effect the toughest nursing home regulations in the history of the Medicare and Medicaid programs. Most nursing homes provide high quality care to the frail and vulnerable elderly individuals they serve. However, more must be done.

Over fifty percent of nursing homes do not maintain the minimum staffing levels necessary to ensure the delivery of quality care. The Health Care Financing Administration recently released a report demonstrating that patients are significantly more likely to develop pressure sores, lose weight, and undergo unnecessary hospitalizations once staffing ratios fall below the level of two hours per resident for nurse aides daily. That amount of time is the minimum necessary for nursing staff to reposition residents and change wet clothes; assist residents with toileting; provide feeding assistance; provide morning care; and encourage or assist residents with exercise as appropriate.

Poor staffing results in many nursing home residents becoming malnourished or dehydrated, unnecessarily increasing their risk of infection and impaired mental function. Certified nursing assistants (CNAs) typically help seven to nine residents with their daytime meals, and as many as 12 to 15 residents with their meals in the evening. Residents are fed quickly or forcefully, and sometimes not fed at all. A recent study by the Commonwealth Fund estimates that over 30 percent of nursing home residents are malnourished, placing them at risk for infections, pressure sores, depression, confusion and impaired cognition, and hip fractures. Compared with well hydrated and nourished residents, these nursing home patients have a five-fold increase in mortality in the hospital.

Nursing home staff often need additional training to carry out their assigned duties adequately. A 93 percent turnover rate in CNAs compounds the problems caused by inadequate numbers of nursing home staff. A newly hired CNA may not know how to care for a resident already at risk for malnutrition and dehydration. A shortage of nursing supervisors leaves CNAs to do the best they can without assistance from professionals.

Devorah R. Adler
09/14/2000 10:08:28 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

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Subject: summary of initiative

Create a new, $1 billion grant program to improve quality of care in nursing homes. Today, the President announced a new investment of $1 billion over 5 years in a competitive grant program to increase staffing levels in nursing homes nationwide by providing financial and technical assistance to nursing facilities, unions, non-profit organizations, or community colleges. States applying for funds would be required to develop, through an open public process, a proposal to enhance staff recruitment and retention efforts; establish career ladders for CNAs; provide increased training for staff; or conduct other staffing initiatives. States wishing to reward nursing facilities with exemplary quality of care records or staffing levels above the minimum levels proposed in the recent HCFA report on nursing home staffing can use up to 25 percent of their grant funds for bonus payments to these facilities. States receiving funds must demonstrate how the funds they receive increased staffing in nursing facilities within one year.

Ensure appropriate reimbursement for nursing facilities and provide the public with accurate information on staffing levels. Similar to legislation introduced by Representative Pete Stark (D-CA), nursing homes participating in the Medicaid and Medicare programs will be required to provide HCFA with detailed information on their current staffing levels, including the total number of hours; coverage levels per shift; identifying staff as CNAs, LPNs or RNs; and the average wage rate for each class of employees. This information will be used to ensure that Medicare is providing appropriate reimbursement to nursing facilities, and will be posted for the public to review on HCFA's *Nursing Home Compare* website.

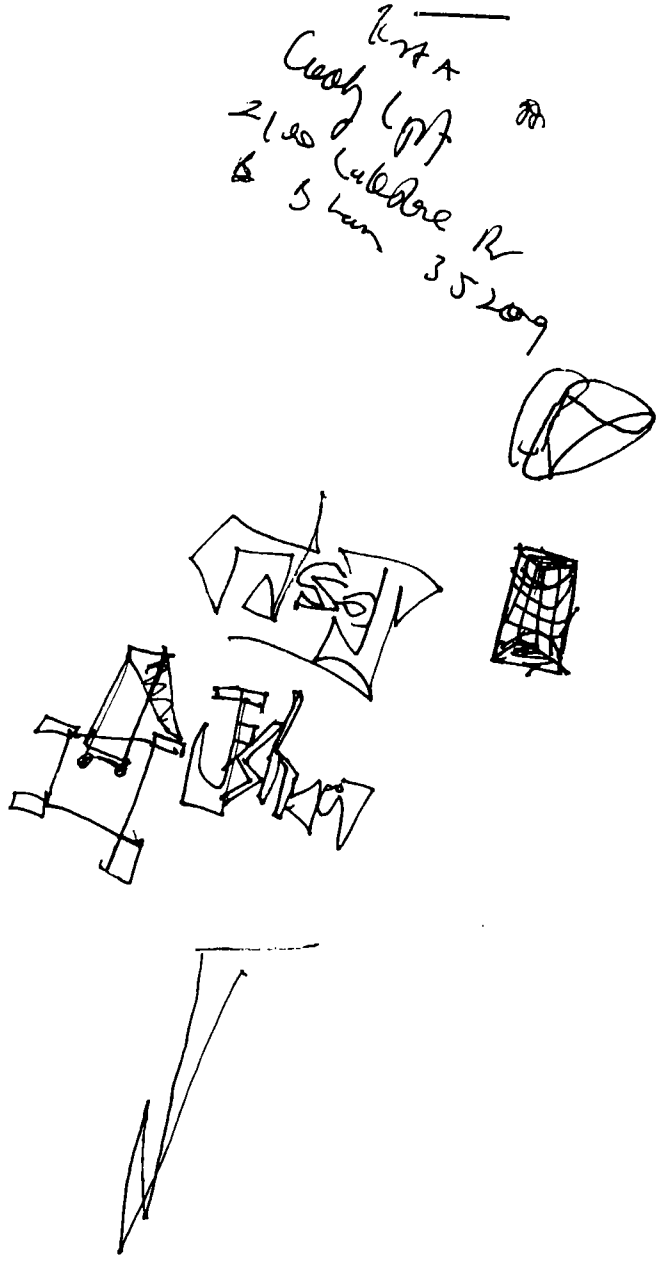
Establish national minimum staffing requirements within two years. Today, the President will direct the Health Care Financing Administration to complete its comprehensive study on staffing ratios within 12 months and develop and publish Federal regulations establishing minimum staffing levels based on this report no later than September 1, 2002. As part of this process, HCFA will concurrently evaluate whether any changes in Federal reimbursement are necessary to implement the new staffing standards established by the report.

Determine the feasibility and advisability of increasing training requirements for CNAs. HCFA will include a recommendation on the feasibility and advisability of increasing training requirements for CNAs to 160 hours. Currently, CNAs complete just two weeks of training – less than beauticians, manicurists, and dog groomers.

Impose immediate financial penalties on nursing homes endangering patients. Currently, if a nursing home appeals the imposition of a fine for a quality violation, the Federal government does not collect the fine until after the appeal is settled, allowing many facilities to avoid paying fines for years

after the violation was committed. This initiative would require CMPs to be immediately withheld from future payments to the nursing home. If a nursing home appealed the imposition of the fine and won, the Federal government would return the funds with interest. In addition, under this initiative, civil money penalties will be invested in the new incentive grants to States, rather than returned to the Medicare Trust Fund.

Launch a new campaign to prevent unintended weight loss and dehydration among nursing home residents. This week, HCFA sent every nursing home in the country a new set of training materials to prevent malnutrition and dehydration. These materials will help certified nursing assistants and other caregivers identify residents at risk for unintended weight loss and dehydration and then take the necessary action to prevent it.



Devorah R. Adler
09/14/2000 05:38:10 PM

Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:
Subject: The Washington Home

Here's some information for you:

The Washington Home is a non-profit nursing home, which was founded in 1888 and was the first inhouse hospice establishment in Washington, D.C. (President Clinton is the first President that has not visited the home thus far.) It originated as a facility to help "incurable cases" or who people who needed assistance caring for themselves, but had no money or family. Most residents are over 65 years old, but they will accept adults 18 years or older -- admission is based on medical need, not age, race, sex , or national origin. The Board of Directors set a precedent in 1896 when it admitted their first cancer patient -- a time when cancer was believed to be a contagious disease.

The Home provides a range of services including Long-Term Care, a 39-bed Special Care Unit for individuals with Alzheimer's disease and related conditions, hospice home care services and sub-acute services, and most recently it has added a new Health and Rehablitation Care Program for residents who need more specialized medical attention such as occupational, speech, and physical therapies. They also provide innovative programs such as pet therapy, music therapy, alternative medicine therapies, babies day, and theme days. This home is a 198 bed facility that operates 24 hours/day, seven days a week and is accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The residents are a racially diverse group and approximately 68 percent are Medicaid patients. The Home also has staffing affiliations with Georgetown University and George Washington University to provide medical services for the residents.

homes that have record of good quality care. Not just punitive, but provide rewards to do the job well.

2. Training and placement programs and/or incentives; rewards for nurising homes.

Helping those homes that need help – but rewarding those who are doing well by their residents/ patients.

II. medicare. Some nursing homes compensate for more staff than they have. Reduce payment rates in not staffing adequately. We're going to take more steps to cean up the system to ensure that nursing homes receive the right medicare payments for personnel that are taking care of the patients.

III. Today I'm instructing/ directing HHS to report back to the White House within 1 year.

Lastly, just this week, as part of our nursing home initaitive, we sent out ...

now that we recognize that issue – we shouldn't delay any longer; address shortcomings in the system.

We need more and better trained nurses.

CONCLUSION

Today Americans are living longer and healthier lives than ever before. But as President John Kennedy once said, "It is ... " [see JT conclusion]

Good morning. I'm joining you today from the Washington Home, a nursing home in our nation's Captiol that's been delivering quality care to older Americans for more than a hundred years. The seniors here with me receive top-quality assistance, from what is clearly an attentive and caring staff.

Of all the duties we owe to one another, our duty to our parents is the most sacred. When we are children, our parents do their best to keep us safe from harm; when our parents begin to need us, we must do no less. When that time comes, we need to know that our parents will be well cared for.

Today, more than 1.6 million Americans live in nearly 17,000 nursing homes all across America. When the baby boom generation moves into retirement age, that number will rise even higher. In fact, by 2030, the number of Americans over the age of 85 will double – making compassionate, quality nursing home care even more important.

At their best, nursing homes can be a godsend for older Americans and their families – providing a safe haven in times of great need. But at their worst, nursing homes can actually endanger their residents, subjecting them to the worst kinds of neglect.

[Most nursing homes have capable staff and provide quality care.] But too many of our seniors, in too many nursing homes, simply aren't getting the proper care they deserve. And the number one culprit the number one culprit is there's just not enough staff to meet the needs of simply not enough well-traine

According to a recent study from the Department of Health and Human Services, [expand on this ... malnourished, etc. ..., ratio ... FACTS] ... poor staffing results in malnourishment ... in fact ... 30 percent ...

[SOUNDBITE: a nursing home should be a ... not a ... should be a blanket ... place where you're X by attention ... not fighting for attention ... overwhelmed by attention ... not swimming in attention – not w.. blanket of protection/ care ... not left out to ... place where you're warmed by attention/ care ... not ... the steps we're taking today will do that ... should provide a shelter of safety ... should provide shelter and safety/ security – not]

For more than seven years now, we have worked hard to improve the quality of care in our nation's nursing homes. In 1995, we did ... in '98, I issued e.o. We simply must do more .....Today, I'm announcing several new steps . to Today I'm announcing X new steps

We've learned that one of the best indicators -- having trained health care professionals in adequate numbers.

Too many patients are served by too few nurses and personnel. Demonstrable correlation between ratio nurses and other health care personnel. Ratio between patient quality and nubmer of personnel.

In aftermath of recent report, consensus has developed – no question about it. Number one means of quality is adequate staff.
[REFER TO REPORT]
Most nursing homes, like the Washington Home, are quite good – they deliver high quaility care. They have good people who are committed to high level care.

We have to ensure that all nursing homes are held accountable.

1. $1 bilion. More money for better trained staff to provide adquate care. We need to reward nursing homes who meet/ deliver high standards and deliver quality care. Rewarding nursing homes that have record of good quality care. Not just punitive, but provide rewards to do the job well.
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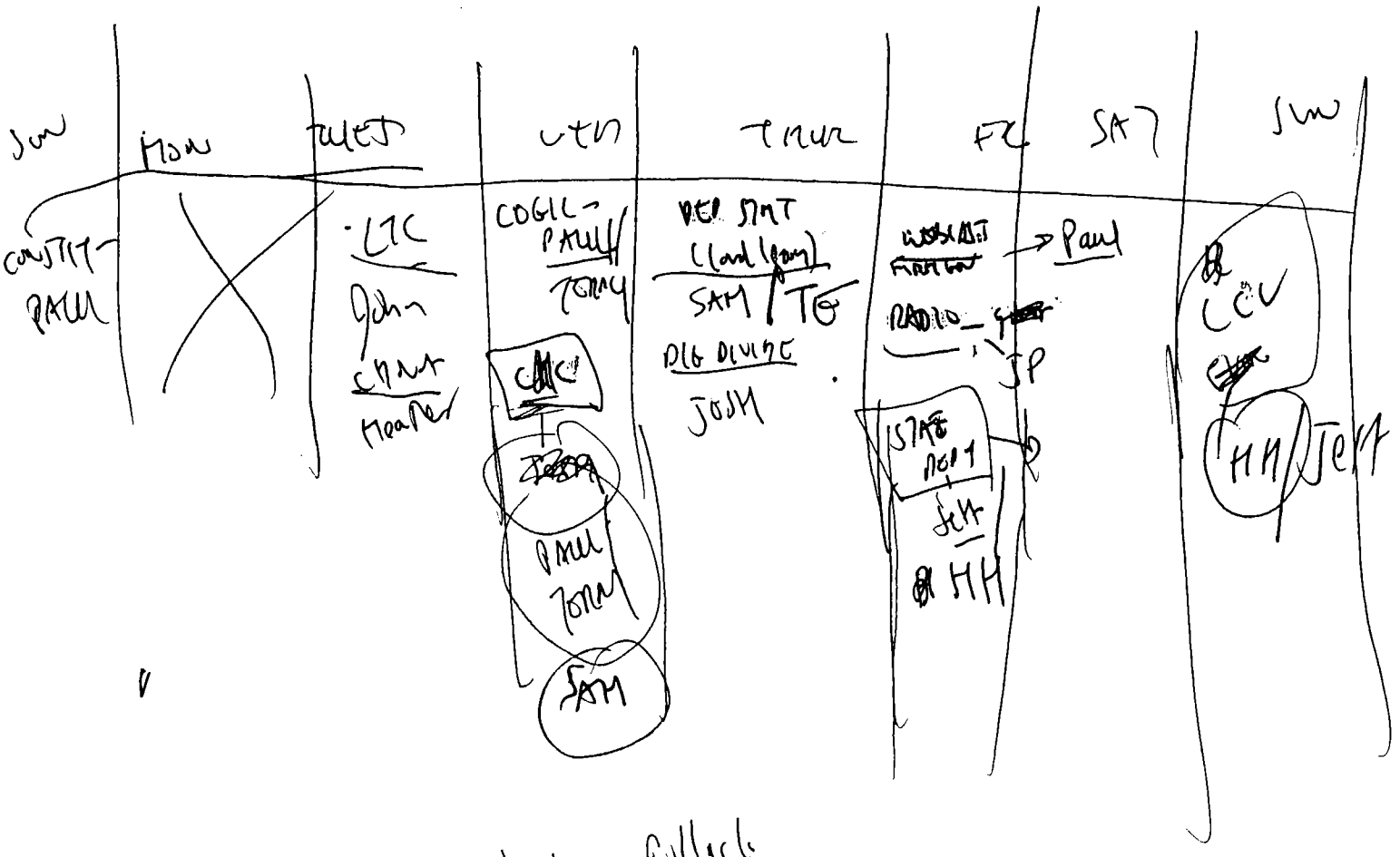
SAT
RADIO — JUSTIN
CBC — SAM



John Pollack
Noon
Sun

In 1995, we put in place tough regulations to crack down on abuse and neglect, by stepping up on-site inspections of nursing homes. That same year, when Congress tried to eliminate federal assurances of nursing home quality, I said no. Then, in 1998, I issued an executive order requiring all states to increase investigations of nursing homes -- fining those that failed to provide its residents with adequate care.

Today, with the help of Congressmen Grassley, Waxman, and Gephardt, we're taking four new steps to improve conditions in nursing homes across America.

First, I'm announcing a $1 billion in new grants to boost staffing levels in poorly-performing nursing homes, improve recruitment and retention, and give more training to caregivers. We will also reward the best-performing nursing homes.

Second, we are improving the way we measure staffing levels at nursing homes, so that they receive the right level of funding for the number of patients they have – and we get a better picture of the problems they have. This will help keep our nursing homes accountable, and eliminate much of the wasteful spending that's getting in the way of good care.

Third, I'm directing the Health Care Financing Administration to establish, within two years, minimum staffing requirements for all nursing homes participating in Medicare and Medicaid.

Fourth, this week, we are launching a new campaign to educate nursing home personnel on ways to prevent weight loss and dehydration in patients.

Of all the obligations we owe to one another, our most sacred duty is to our parents. They kept us safe from harm when we were children. We must do the same for them, as they grow older.

President Kennedy once said, "It is not enough for a great nation merely to have added new years to life – our objective must also be to add new life to those years." The steps we're taking today will help bring new life to our nation's seniors, by brining a new level of quality to America's nursing homes.

Message Sent To: _____

Second, we introducing new measures to make sure that all nursing homes provide the government with accurate information on their staffing levels -- so that they receive proper funding for their facilities. This will help keep our nursing homes accountable, and eliminate much of the wasteful spending that's getting in the way of good care.

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most, improve recruitment and retention, give more training to caregivers, and reward the best-performing nursing homes.

But while working to improve nursing home care, we have to act swiftly to keep nursing homes safe. That's why this legislation will impose immediate financial penalties on nursing homes that are endangering the safety of their residents. And it will use those funds to improve patient care.

Second, I'm directing the Health Care Financing Administration to establish, within two years, minimum staffing requirements for all nursing homes participating in Medicare and Medicaid. The agency will also develop recommendations to ensure that nursing homes receive the necessary payments for high-quality care.

Third, we are taking new measures to educate caregivers at nursing homes. In fact, just this week, we launched a new campaign in America's 17,000 nursing homes to identify residents who are at-risk, and prevent them from becoming dehydrated or malnourished.

Finally, to help families select the right nursing home, we will require all facilities to post the number of health care personnel serving their patients.

Of all the obligations we owe to one another, our most sacred duty is to our parents. They kept us safe from harm when we were children. We must do the same for them, as they grow older. Our parents shouldn't go one more day without the care they deserve.

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Draft 9/15/00 1:30pm
Josh Gottheimer

PRESIDENT WILLIAM J. CLINTON
RADIO ADDRESS ON NURSING HOMES
WASHINGTON, DC
September 16, 2000

Good morning. I'm joining you today from the Washington Home, a nursing home in our nation's Capitol. For more than a hundred years, this institution has been delivering quality care to older Americans. The seniors here with me receive top-quality assistance, from caring and attentive staff members.

Every one of the 1.6 million Americans living in nursing homes all across our country deserve the same quality care. And with the baby boomers retiring, and the number of Americans over the age of 85 doubling in 30 years, the demand for quality care will skyrocket.

But while the majority of nursing homes today provide excellent care, too many of our seniors, in too many homes, aren't getting the proper attention they deserve. And, according to current research, the number one culprit is chronic understaffing. When there are too few caregivers, the quality of care goes down and patients suffer.

A recent study from the Department of Health and Human Services reports that more than fifty percent of America's nursing homes don't have the minimum staffing levels necessary to guarantee quality care. And too often the staff they do have isn't properly trained. Patients in these homes are more likely to lose weight, develop pressure sores, and experience depression. More than 30 percent of them are dehydrated, malnourished, and at a much higher risk for illness and infection.

Older Americans who have worked hard all their lives deserve respect, not neglect. That's why, for more than seven years now, our Administration has worked to improve the quality of care in our nation's nursing homes.

In 1995, we put in place tough regulations to crack down on abuse and neglect in our nation's nursing homes, by stepping up increasing on-site inspections. That same year, when Congress tried to eliminate federal assurances of nursing home quality, I said no. Then, in 1998, I issued an executive order requiring all states to increase investigations of nursing homes -- fining those that failed to provide its residents with adequate care.

Today, with the help of Congressmen Grassley, Waxman, and Gephardt, we're taking three new steps to improve conditions in nursing homes across America.

First, I'm announcing a $1 billion in new grants to boost staffing levels in poorly-performing nursing homes, improve staff recruitment and retention, and provide increased training for caregivers. We will also reward the best-performing nursing homes.

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First, I'm announcing a $1 billion grant program to help increase staffing levels in nursing homes, improve staff recruitment and retention, and provide increased training for caregivers. This program will reward the best nursing homes, as well as those that need the most help. We're also introducing new, immediate financial penalties for nursing homes that are currently endangering the health and safety of our most vulnerable population.

Second, we are taking new steps to make sure that all nursing homes provide the government with accurate information on their staffing levels -- so that they receive proper funding for their facilities. This will help keep our nursing homes accountable, and eliminate much of the wasteful spending that's getting in the way of good care.

Third, I'm directing the Health Care Financing Administration to establish, within two years, minimum staffing requirements for all nursing homes. This will help ensure that nursing home participants in Medicare and Medicaid programs have adequate staffing levels and well-trained caregivers. Additionally, this week, we launched a new campaign to educate nursing home personnel on ways to prevent weight loss and dehydration.

Of all the duties we owe to one another, our duty to our parents is the most sacred. When we are children, our parents do their best to keep us safe from harm; when our parents begin to need us, we must do no less. When that time comes, we need to know that our parents will be well cared for.

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At their best, nursing homes can be a godsend for older Americans and their families – providing a safe haven in times of great need. But at their worst, nursing homes can actually endanger their residents, subjecting them to the worst kinds of neglect.

While the majority of nursing homes provide excellent care, too many of our seniors, in too many homes, aren't getting the proper care they deserve. And, according to current research, the number one culprit is chronic understaffing. There is a direct correlation between the number of caregivers per patient and the quality of care a patient receives.

A recent study from the Department of Health and Human Services reports that more than fifty percent of America's nursing homes don't have the minimum staffing levels necessary to guarantee quality care. And too often the staff they do have isn't properly trained. Patients in these homes are more likely to lose weight, develop pressure sores, and experience depression. And it's estimated that more than 30 percent of them are dehydrated and malnourished, putting them at a much higher risk for illness and infection.

worry about?

People living in nursing homes shouldn't have to fear poor staffing and poor nutrition. Families shouldn't have to worry as much about a loved one living in a nursing home as one living alone. That's why, for more than seven years now, our Administration has worked to improve the quality of care in our nation's nursing homes.

In 1995, we put in place tough regulations to crack down on abuse and neglect in our nation's nursing homes, by stepping up on-site inspections. That same year, when Congress tried to eliminate federal assurances of nursing home quality, I said no. Then, in 1998, I issued an executive order requiring all states to step up investigations of nursing homes, and fining those that failed to provide its residents with adequate care.

Draft 9/15/00 9:30pm
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A recent study from the Department of Health and Human Services reports that more than half of America's nursing homes don't have the minimum staffing levels necessary to guarantee quality care. And too often the staff they do have isn't properly trained. Patients in these homes are more likely to lose too much weight, develop bed sores, and fall into depression. More than 30 percent of them are dehydrated, malnourished, and at a much higher risk for illness and infection.

Older Americans who have worked hard all their lives deserve respect, not neglect. That's why, for more than seven years now, Vice President Gore and I have acted to improve the quality of care in our nation's nursing homes.

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Today I'm taking four new steps to improve nursing home conditions across America.

First, working with Senators Grassley and Breaux, and Congressmen Waxman, Stark, and Gephardt, I'm sending legislation to Congress next week that I believe can be enacted this year. It will create $1 billion in new grants to boost staffing levels in nursing homes that need it

To JDP 73112

Draft 9/15/00 7:30pm
Josh Gottheimer

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Second, we are improving the way we measure staffing levels at nursing homes, so that they can receive the right level of federal funding for the number of patients they serve.

Third, we are taking new steps to educate caregivers at nursing homes. In fact, just this week, we launched a new campaign to train nursing home personnel on ways to prevent weight loss and dehydration in patients.

Fourth, working with Senator Grassley, and Congressman Waxman, Stark, and Gephardt, I'm sending bipartisan legislation to Congress next week that we believe can get done this year. It will create $1 billion in new grants to boost staffing levels in nursing homes that need it most, improve recruitment and retention, give more training to caregivers, and reward the best-performing nursing homes.

But while working to improve nursing home care, we have to act swiftly to keep nursing homes safe. That's why this legislation will impose immediate financial penalties on nursing homes that are endangering the safety of their residents.

Of all the obligations we owe to one another, our most sacred duty is to our parents. They kept us safe from harm when we were children. We must do the same for them, as they grow older. Our parents shouldn't go one more day without the care they deserve.

President Kennedy once said, "It is not enough for a great nation merely to have added new years to life – our objective must also be to add new life to those years." The steps we're taking today will help bring new life to our nation's seniors, by bringing a new level of quality to America's nursing homes.

Final 09/15/00 10pm

TALKING POINTS FOR NURSING HOME VISIT

THE WASHINGTON HOME

WASHINGTON, DC

September 16, 2000

- **Ack**: Administrator Nancy Ann Deparle (HCVA).

- I am honored to join all of you here today. Since 1888, the Washington Home has been providing top-quality care to its seniors – and it's in no small part to the work you all do every day.

- In just a few minutes, I'm going to deliver my weekly radio address to the nation. Like you, millions of Americans around the country will hear it live, direct from this room.

- In my address, I will announce new steps to improve the quality of nursing homes. That's something that's been a priority to me and Vice President Gore for more than seven years now.

- When the radio address is over, we can spend a few minutes together -- getting to know one another better.

- Thanks again for coming out this morning.