Recent Study Questions Appropriateness of Promoting Informed Choice for Medicare Beneficiaries

By Kim Glaun, Esq.

In recent years, a constant objective for many legislators and policymakers in Washington D.C. has been to promote private plan participation and more health care options in the Medicare program. In the Balanced Budget Act of 1997, Congress established the Medicare+Choice (M+C) program to encourage private plan participation in Medicare and to provide beneficiaries alternative choices to the traditional fee-for-service Medicare program. In addition, prominent reform proposals have been offered by Senators John Breaux (D-LA) and William Frist (R-TN), and endorsed by the Bush Administration. Known as “premium support,” the proposals call for transforming Medicare into a program of subsidies for beneficiaries to purchase private insurance, including prescription drug coverage, from an array of health plans, including the traditional Medicare program. The supporters of premium support argue that it will expand choices for beneficiaries, instead of requiring them to enroll in the traditional Medicare fee-for-service program. In addition, proponents argue that premium support proposals will make beneficiaries more attuned to the cost of health care and provide strong incentives for plans to limit costs, thus improving Medicare’s long-term financial prognosis. Further, soon after his appointment to head the Health Care Financing Administration (HCFA), HCFA Administrator Thomas Scully announced his plans to move 30 percent of beneficiaries into

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Let me tell you about the 2001 NAELA Board of Directors Retreat and the exciting direction that our organization continues to take. These are the inner workings of your organization and something you all influence directly. The board spent three busy days in Beaver Creek, CO discussing current issues, determining how best to harness technology for the benefit of members, and addressing the ever-challenging new issues confronting our organization. Here is a summary of the issues discussed and the decisions made:

1. I will start by noting the board’s disposition of the pending bylaw proposal to create a non-lawyer affiliate membership status, since that issue galvanized so much debate at NAELA’s 2001 Symposium in April. The board, at the urging of Immediate Past President Judy Stein, reconsidered the affiliates proposal that was slated to go to the membership at the NAELA’s 2001 Symposium in April. After a lengthy discussion, it was decided to withdraw this proposal completely. The vote was unanimous.

On a personal note, let me add that the action comes from a full year of hearing member views on the issue, almost all of whom place a very high value on maximizing the interdisciplinary capacity of NAELA members, but at the same time embrace quite disparate strategies for accomplishing that goal. Clearly, the affiliates proposal energized many differences and fears, rather than the positive. So we could only conclude that either it was the wrong approach to a worthy goal or the wrong time for a worthy approach. In either case, there are so many important challenges and opportunities laid out before us in our long-range plan that I believe it is important to keep our momentum moving forward and not get stuck on one divisive issue.

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Recent Study Questions Appropriateness of Promoting Informed Choice for Medicare Beneficiaries

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Medicare+Choice plans by 2005.2
But, a recent study questions the wisdom of policy approaches that would increase available choices for Medicare beneficiaries, finding that a large number of beneficiaries lack the comprehension skills to accurately understand comparative information about plans.3 The study, which was funded by the Robert Wood Johnson Foundation, the AARP Public Policy Group, and HCFA, compared the ability of a sample group of Medicare beneficiaries (age 65 and older) and a sample group of non-Medicare beneficiaries (ages 18 to 64) to interpret comparative information, the most basic skill involved in decision making. The Medicare sample included recruits from senior centers who were younger and in better health than the average Medicare beneficiary. Non-faculty staff at the University of Oregon comprised the non-Medicare sample. The findings from the study groups were then compared with a sample from the Medicare Current Beneficiary Survey (MCBS) to generalize the results to the larger Medicare population.

The study’s authors found that 56 percent of Medicare beneficiaries experienced difficulty in accurately interpreting comparative health plan information and were more likely to have made errors in comprehension than their younger counterparts. In addition, the study found that among both the Medicare and non-Medicare sample groups, persons with weaker comprehension skills were more likely to desire to delegate decision making responsibilities, although they were no more likely to have sought assistance in the past. Similarly, persons with lower comprehension skills were more likely to perceive the imposition of additional choices and information as undesirable and burdensome. In contrast, persons who desired more options and information tended to have better comprehension skills.

In light of the study’s findings, the authors conclude that policymakers should aim to re-examine the goal of increasing the amount of choices and information provided to beneficiaries and to reduce the number of health delivery options available. In addition, the study’s authors recommend that policymakers identify lower-skilled persons, examine ways to make information more comprehensible for them, and deliver assistance to this population.

Kim Glaun, Esq. is a staff attorney at the National Senior Citizens Law Center’s Washington D.C. office.

Footnotes
1. Senate bills S. 357 and S. 358
President’s Message
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2. The Technology Steering Committee Task Force, chaired by Past President Becky Morgan, did a tremendous presentation on how to revamp our website so that virtually everything we are and everything we do is enhanced by the internet. As you know, I have made this a priority for my term as president and we are definitely embarking on major changes to make NAELA’s website an indispensable resource for the practice of elder law. The board was so impressed with the task force’s recommendations and plan, that we allocated $25,000 from unallocated reserves to speed up and complete the process.

3. Past President Scott Severns lead a reflective and thoughtful discussion of the current practice environment in which elder law attorneys operate and compete. This discussion included the effect of the federal estate tax repeal on the practice of elder law and NAELA’s role in assisting members in meeting the challenge. A substantive piece on the tax changes, written by Steve Silverberg, is currently on the NAELA website. That information will be mailed to all members along with some practical suggestions of how to cope with changes in the practice. The NAELA Program Committee will also feature sessions on this topic at the St. Louis Institute and the Baltimore Symposium.

4. The board approved as NAELA policy a white paper entitled “Assisted Living: A Good Innovation in Need of Fixing.” Tom Begley, Jr. and Morris Klein ably shepherded the public policy subcommittee that produced this paper over the last several months. We extend our gratitude to them and to the whole subcommittee for their excellent work. The white paper with its recommendations can be read on the NAELA website.

5. The board approved the use of funds to assist the three Diversity Project student interns who are working in NAELA member offices this summer to attend the 2001 Institute in St. Louis. The students will have an opportunity to experience a NAELA conference and to share their experiences and perspectives of the summer internship program with board members and others, so that we may decide whether to continue this experimental program.

6. The bylaws committee, chaired by Bill Browning, gained the board’s approval to resubmit a revised bylaws amendment to the membership at the April 2002 business meeting. The amendment seeks to establish a vote-by-mail procedure for future bylaw amendments. The revisions address concerns raised in the debate over the first version of this amendment that was defeated at the business meeting of the Vancouver symposium. The revised proposal requires a simple majority to pass the amendment (rather than a 2/3 supermajority), a minimum voting return of 350 ballots or 10 percent of the membership census, and a 30-day time period for receiving ballots.

7. The president appointed a NAELA Staffing Models Task Force, chaired by President-Elect Bernard Krooks, to look at the pros and cons of various staffing models for the Academy. This task force will interview a sample of associations to compare effectiveness, efficiency and costs to NAELA’s current situation and report back to the board at its November meeting.

8. The board approved NAELA’s co-authoring of an Amicus Brief in the appeal of Blumer v. Wisconsin (615 N.W.2d 647) to the U.S. Supreme Court. Blumer held that Wisconsin violated federal law by applying the “income-first” rule when determining whether to increase a community spouse’s resource allowance.

Bill Browning will be the lead NAELA author.

This was the first meeting of the newly constituted board. Even as faces change, I am reminded of one constant of NAELA life that never ceases to impress me: the commitment of the NAELA Board Members to serve the members of the Academy. Returning board members include: Bernard Krooks (president-elect), Bill Browning (vice-president), Lawrence Davidow (treasurer), Stuart Zimring (secretary), Judy Stein (immediate past president), Donna Bashaw, Dennis Christensen, Ron Fatoullah, Jo-Anne Jeffreys, Dan Kellogg, Julia Merkt, Alex Moschella, Craig Reaves, and Mark Shalloway. We welcomed the following new board members to their first official meeting: Betsy Angevine, Andy Hook, Ruth Phelps, Aimee Rudman, Steve Silverberg and Dan Tully.

We are also grateful for the participation of Scott Severns (NAELA’s third president) and Becky Morgan (NAELA’s 11th President). They added a great deal to this retreat. Scott commented that the “Spirit of NAELA” has not changed from the days of the first 35 members…the emphasis is still on serving our clients, meeting the needs of our members and doing well by doing good. Now, that is something we can all be proud of!
NAELA Members in the News

NAELA was mentioned as a resource in the following publications.

- The Pennsylvania Lawyer, in the May/June 2001 issue in “In No Hurry to Specialize.”
- New York Law Journal, in the July 6, 2001 issue in “New Elder Law Intern Program” and “Period of Ineligibility for Medicaid if Those Over 65 Transfer Funds?”


Judith Copeland, Esq., was elected to the California State Bar Board for a three-year term. She also received the President’s Award from the National Association of Women Attorneys.


Daniel G. Fish, CELA, wrote an article for the May 21, 2001 issue of New York Law Journal, entitled “Spousal Refusal Lawsuits Increase.” He was also quoted in the Journal’s July 6, 2001 edition in “New Elder Law Intern Program,” as were Charles P. Sabatino, Esq. and Joseph Rosenberg, Esq.

Morris Klein, Esq., was elected chair of the Elder Law Section of the Maryland State Bar Association.

Bernard A. Krooks, CELA’s, article “Elder Law; Think You Are Not an Elder Law Attorney?” was published in the May 21, 2001 issue of the New York Law Journal.

Charles F. Robinson, Esq., wrote an article for the July/August 2001 issue of ABA Law Practice Management Section, entitled “Parens Patriae in the 21st Century.”

Stanley M. Vasiladis, CELA, was featured in the May/June 2001 issue of The Pennsylvania Lawyer in an article entitled “Specialization: Just How Special?”

Shirley B. Whitenack, Esq., was elected chair of the Elder Law Section of the New Jersey State Bar Association.

Calendar of Events

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SEPTEMBER 13 - 16, 2001
National Association of Professional Geriatric Care Managers’ Annual Conference, “The Beat Goes On,” Sheraton Music City, Nashville, TN. For more information contact Jenifer Mowery at (520) 881-8008, ext. 114 or jmowery@mgmtplus.com.

OCTOBER 10 - 13, 2001
National Aging and Law Conference, Crystal Gateway Marriott, Arlington, VA. For more information contact Ada Albright at Aalbright@aarp.org.

OCTOBER 20 - 24, 2001
National Guardianship Association 2001 Conference, “Reaching Out,” Marriott Delray, Delray Beach, FL. For more information contact Jenifer Mowery at (520) 881-6561, ext. 114 or jmowery@mgmtplus.com.

Available Resources

- Do you need to know the 2001 Medicaid and SSI income and resource limits? The 2001 Benefits Checklist includes information on 16 vital programs that benefit older persons in New York State, including a description of benefits, eligibility criteria, income and resource limits and phone numbers of agencies that handle applications. The 2001 Checklist comes in two versions, one for New York City and one for the rest of New York State. The 2001 Benefits Checklist costs $5.75 and is available at a discount for bulk copies. To order, indicate whether you want the New York city or outside New York City version, send a check payable to the Brookdale Center on Aging to: Brookdale Center on Aging, Sadin Institute on Law, 425 East 25th Street, New York, NY 10010-2590.

- Taking Care After 50: A Self-Care Guide for Seniors has just been published by Optum, a leader in health education, information and support. The book deals with such topics as taking charge of your health and lifestyle choices, common health problems for seniors, how to handle emergencies and first aid, staying safe from accidental injuries and crimes, mental health issues, and sections for men only and women only. To order, contact Optum, 8201 Greensboro Drive, Suite 500, McLean, VA 22102, or call 800-717-2878.
**Book Reviews**

**Building Healthy Communities Through Medical-Religious Partnerships**
by W. Daniel Hale, Ph.D. and Richard G. Bennett, M.D.
(John Hopkins University Press, 2000)

*Reviewed by Rebecca C. Morgan, Esq.*

This book, to use the authors’ word, is a blueprint for building collaborative health education programs by health care professionals and religious congregations. The book, based on six years of work, is a how-to manual for initiating and running such collaborative programs.

The book is divided into five sections: (1) The Religious Congregation and Health Care, (2) Suggested Topics for Congregational Programs, (3) Patient Advocacy, (4) The Laity at Work in the Congregation and the Community and (5) the appendices that include sample forms and suggested readings.

The authors point out the increasing advantages of the importance of preventative medicine and have designed a program for communities, in this case religious communities, to bring preventative medicine to people in non-health care settings. The authors outline the advantages from religious institutions offering such programs:
- They can integrate health prevention programs into regularly scheduled programs and thus have a ready-made audience.
- The information can be presented at different times and in different formats.
- Inter-generational programs are possible because congregations have a spectrum of age groups.
- Barriers, such as time and transportation, are easily overcome.
- Clergy in leadership roles, compile and disseminate information, organize support groups, and recruit volunteers.

Although the program suggested by the authors would be valuable to any person, such a program would be particularly valuable to elderly individuals, especially the supportive aspects of the program.

The authors posit that in order for such a program to succeed, proponents must get the attention of prospective participants, persuade them that action produces benefits, that benefits will outweigh costs, and bring them together in a group setting to support each other.

The authors design the program structure, tell you the needed tools, give you topics for programs, suggestions, sources and examples from actual programs, as well as the forms used in their programs. Program topics include dementia, depression, advance directives, medication management, accidents and falls, heart disease and more.

The patient advocacy section sets out how to create a program for training patient advocates. The authors provide the necessary forms and checklists. The next section, The Laity at Work, tells the advocates stories and details the value of participating in the program to them.

The book is well written and the plans easily understandable. The authors convey great enthusiasm for their topic, built from their six years of success in developing such programs. Although focused on medical-religious partnerships, the model could be easily adapted to other institutions and to a broader array of topics of fundamental interest to elderly individuals and their families.

*Rebecca Morgan is professor of law and director of the Center for Law & Aging at Stetson University College of Law in St. Petersburg, FL. She is a Fellow of the National Academy of Elder Law Attorneys and a member of the National Judicial College Faculty.*

**Health Care Law: Desk Reference 2001**
by Alison Barnes, Steve Fatum, Robert Gatter, Kevin Gibson, Ken Smail, and Paul Van Grunsven
(American Law Institute–American Bar Association.)

*Reviewed by William Josh Ard, Esq.*

I must admit I was skeptical. The book is so thin. When I think of a desk reference, especially in areas such as law and health I think of heft. Fortunately, my prejudgment was wrong. This is an excellent book that should prove useful for NAELA members.

The book provides a needed service. If my local law school library is typical, there is no other source a lawyer could turn to in order to learn so much about health care law so quickly and accurately.

It consists of eleven chapters by six different authors. All are listed as authors, but the guiding force behind the book is the lead author, NAELA member **Alison Barnes, Esq.**, who invited other experts who had taught courses in the health care law program at Marquette University Law School to contribute chapters. The resulting chapters are:

I. Quality Care and Patient Satisfaction.
II. The Physician and State Regulation.
III. Physicians and Hospitals.

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Getting to Know NAELA’s Newest International Members

The National Academy of Elder Law Attorneys recently voted to open its membership to attorneys licensed or authorized to practice law in countries other than the United States. In order to give the NAELA membership an understanding of how elder law is emerging internationally, we will be featuring our newest international members in the NAELA News. In this issue, Judith Wahl, executive director of the Advocacy Centre for the Elderly (ACE) in Toronto, Canada, discusses the growth of elder law in Canada and her affiliation with NAELA.

Judith Wahl may be reached at: Advocacy Centre for the Elderly, 2 Carlton St., Ste. 701, Toronto, Ontario, M5B 1J3, Canada. Phone: 416-598-2656; Fax: 416-598-7924; e-mail: wahlj@olap.org.

This is an edited version of a longer interview. A full text version of the interview can be viewed at www.naela.org.

Editor’s Note: Special thanks go to Allan Bogutz, CELA and Kate Mewhinney, CELA, for their assistance in preparing questions for this profile. Your help is truly appreciated.

NAELA News (NN): Tell us a little about yourself and your law practice:

Judith Wahl (JW): I am currently the executive director of the Advocacy Centre for the Elderly (ACE) in Toronto. I am a graduate of the University of Toronto, St. Michael’s College (Honours BA in English) 1974 and York University, Osgoode Hall Law School (LLB) 1977. I was called to the Bar in Ontario in 1979 and am a member of the Law Society of Upper Canada. Prior to joining ACE, I was in private practice (general practice with focus on immigration, family, estates, and civil litigation).

ACE is a legal clinic, funded by Legal Aid Ontario, to provide free legal services to low income seniors in Toronto and public legal education, law reform services, and community development services on seniors issues in the Province of Ontario. In operation since 1984, ACE is the only legal service in Canada specifically dedicated to elder law. Main areas of service include (but not limited to) matters related to consent and capacity, long term care facility and community care, guardianship, powers of attorney, advance care planning, other health law, problems in retirement homes, public pension issues, and elder abuse.

In addition to client services, ACE also does extensive public legal education to seniors and service providers such as doctors, nurses, social workers, other health care professionals dealing with seniors. ACE does presentations for members of the bar through programs offered by the Law Society of Upper Canada Continuing Legal Education and the Canadian Bar Association Ontario. ACE recently assisted in the organization of the Canadian Basics Day at the NAELA Symposium in Vancouver, BC.

Clients who use our services must be financially eligible for service (low-income) however exceptions are made in order to provide access to justice and for law reform matters that could impact on broader client community. No financial assessment of clients is done to provide telephone summary advice and information.

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NN: How did you learn about NAELEA?

JW: I learned about NAELEA as a result of attending a conference in Washington D.C. that was in part sponsored and organized by NAELEA. As a result of attending that conference, I went on a People to People International elder law trip to London, Moscow, Kiev and Budapest in 1990 led by Eli Cohen. One of the other participants was Allan Bogutz, CELA. Needless to say, I learned a lot more about NAELEA during that trip.

NN: Why have you joined NAELEA?

JW: I am impressed by this organization and how it connects elder law attorneys from all over the United States, and now internationally. This interconnection stimulates education, helps attorneys develop and improve their practices, and provides a forum in which to exchange ideas, approaches, and lessons learned for the benefit of elder clients.

I feel that I can benefit from membership as these same ideas/best practices/approaches to the law that I learn about from NAELEA U.S. members can be adapted to similar matters in Canada.

Also, because part of my practice is in law reform and legal policy, I regularly look at practices in other jurisdictions when putting together recommendations for changes in Ontario law and practice. By being a member of NAELEA, I not only have access to excellent materials and resources through NAELEA conferences but also have direct contact with elder law experts in the United States. With the membership of NAELEA now expanding to attorneys in other jurisdictions, this will further facilitate this exchange with attorneys in countries other than the U.S.

NN: Is elder law a recognized area of practice in Canada?

JW: It is still not a broadly recognized area of practice in Canada although ACE has been engaging in an elder law practice for 17 years. However, this is changing—courses have started to be offered in continuing legal education programs that focus on elder law and some lawyers have started to advertise themselves as providing elder law, as opposed to just “estates” or “health law” services.

NN: What special legal needs do you see for elders in Canada?

JW: My perspective on this is influenced by the type of practice that I am in, which focuses on low-to middle-income seniors.

I see the demand for services at ACE has consistently been in the following areas:

- **Long Term Care**—although we have a universal health system, issues still arise in respect to access to and eligibility for various health programs and services, such as long term care facilities and community long term care services (community nursing, home care, homemaking etc).

- **Consent and Capacity**—this is the term we use to include all issues related to “decision making”—powers of attorney, guardianship, substitute consent, health care consent, capacity determination, etc. The types of legal problems on which we act for clients in this area include defense of the alleged incapable person in both financial and personal guardianship proceedings and in matters before the Consent and Capacity Board. This board is the tribunal to which a person asks for a review of a finding of incapacity to consent to treatment or incapacity to consent to admission to a long term care facility as well as reviews of all mental health matters such as involuntary committal. We also deal with abuse of power of attorney, acting for clients for compensation and recovery of assets mismanaged by attorneys (named in a Power of Attorney).

- **Elder Abuse**—there is a need for advice to seniors who have been victimized by family members or by others in a position of trust to them (care providers etc). This covers many areas of law as abuse is not one issue but takes many forms and therefore there are many different types of remedies. In addition, legal advice may be needed to prevent abuse from occurring.

- **Retirement Accommodation**—we are seeing an increasing need for advice on retirement accommodation options. Seniors need advice on the pros and cons of “seniors’ ” condominium, life leases, retirement home contracts and so forth.

- **Pension Planning**—even for people with low to middle incomes, there is need for advice on pension planning, tax issues, all financial issues related to planning for retirement

NN: Are there differences you have noticed in particular between laws in Canada and those in the United States, relating to the elderly?

JW: I certainly can’t comment on this with any great degree of authority as I don’t know American legislation very well. However, based on my general
Last month, NAELA Account Manager Janice Phillips and I polled several NAELA members about how the recent tax changes have impacted or will impact their practices. There was nothing scientific about this survey, it was referred to a “paper focus group” and represented members from all over the country and in different types of practices. It was interesting to note that a few members noted a down turn in their estate planning practices as early as February of this year and are now, for the most part, seeing a slow up turn. The majority of members polled stated that there was either no impact or an increase in the number of clients coming to see them. These answers seemed to reflect how entrenched these folks were in a traditional estate planning practice or if they were primarily providing other services to their clients.

The second question we asked was about what changes they planned to make in their practices in the next 12 months. Several members are adding receptionists or paralegals to their staffs. Many stated that they would increase their marketing efforts and/or diversify their services to clients. Areas most popular for diversification are Special Needs Trusts and long term care planning. Several members noted that “change” is the one constant in their practices.

We then turned our attention to the number of attorneys entering elder law practices. Almost universally, our members stated that they see other attorneys on a frequent basis who are looking for a “kinder and gentler” area of law to go into and many of them have identified elder law as the place to be. While there are a few pockets of the country that have a extraordinary number of elder law attorneys for their populations, most of our members tell us that there is more than enough work to go around. NAELA members, by and large, recognize the onslaught as an opportunity to hone their marketing skills and expand their client services.

The next three questions were probing how NAELA could best support its members in the short and long runs and if NAELA’s mission was in-sync with the mission of its members. Most responses centered around NAELA’s obligation to “keep members informed.” Many members noted that they look to NAELA for timely information and quality educational programs. Several members also mentioned that NAELA should more widely publicize the “concept of elder law” to consumers to increase awareness of why consumers should seek advice from elder law attorneys. It was noted that NAELA is currently in-sync with the missions of its members, however, with the environment changing so quickly, it could be easy to go astray without good member involvement and communication between the members and NAELA leaders and staff.

Our final questions focused on whether NAELA should continue as a professional association (focusing on substantive changes) or move more toward a trade association (focusing on practice management and development). The response was a resounding “we are doing both and we do it well!” Our members recognize that we are a professional association (and they want it that way) that also cares about the well-being and livelihood of our members.

Many thanks to the NAELA members who participated in this informal survey and who so diligently returned our calls. This information was used as a basis for our discussions at the board retreat as the board grappled with how to meet the needs of our members.
Getting to Know NAELA’s Newest International Members
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research and from attending a number of U.S. conferences, I make these comments:

- With elder abuse, most Canadian provinces have not gone the route of mandatory reporting legislation or adult protection legislation that is similar to child abuse legislation that seems to be prevalent in the United States. There is more of an emphasis in Canada on using the federal criminal law (the Criminal Code) and in finding remedies in existing legislation rather than specialized elder legislation. I have been a strong proponent of this latter model as I feel that it fits this jurisdiction better than the reporting/protection models.

- Also, in advance care planning—the Ontario law appears to place a greater focus on substitute decisions and the role of the substitute in interpreting living wills and advance directives than some of the U.S. state laws. One example of this is the way advance directives and living wills are used. Directives and living wills are considered to be directions to the person you name as your substitute decision maker and who acts for you when you are not mentally capable. The substitute “interprets” these directives/living wills and any other “wishes” about health care that you expressed while you were mentally capable. The directives/living wills do not “speak” to the health practitioner. The health practitioner must get consent or refusal of consent to treatment from your substitute when you are incapable even if the directive addressed the health decision that needs to be made for you. Only in an emergency does the directive “speak” to the health practitioner directly. Again, this system seems to work well in this jurisdiction.

The more I work in law reform and legal policy, the more I appreciate that it’s important to look at legislation in the context of the jurisdiction where it was created. Differences in culture, community, population mix and so forth impact greatly on what legislation works or doesn’t work. I think we can learn a great deal from looking at different models of legislation from different jurisdictions but need to “adapt” the models to fit our own jurisdiction rather than just “adopt” the same model “holus bolus” as it just won’t work the same from place to place.

**NN: Does your jurisdiction have durable powers of attorney (or an analogue)? Living wills?**

**JW:** Yes. In Ontario, a person may create “continuing powers of attorney for property” and “powers of attorney for personal care.” We use the term “continuing” rather than “durable.” The Continuing Powers of Attorney for property may come into effect on signature and give immediate authority to the named attorney to manage your property. The document can also be set up to “spring” into effect only on a finding of incapacity of the grantor. Powers of Attorney for Personal Care (POAPC) only come into effect on the grantor being incapable to make a personal care decision.

A person may write into the POAPC any “wishes” that he or she has in respect to health care. This is sometimes referred to as the “living will” portion of the POAPC. Also, our law recognizes any “wishes” expressed about health care that are communicated in any way—in writing, orally, by alternative means such as a Bliss Board. Therefore people may also create documents called “living wills” or “advance directives” that do not name a substitute decision maker (an attorney) but only lists these wishes or outlines a persons values, beliefs, etc. to guide the substitute when the substitute is making health decisions for the person after the person becomes mentally incapable.

If a person has not created a POAPC and therefore has not named a substitute decision maker, our health consent legislation includes a list, a hierarchy of substitutes, to which health practitioners turn in order to get consent or refusal of consent to treatment if the person is incapable. This hierarchy is primarily composed of family of the person i.e. spouse or partner, parents, children, brothers and sisters, other relatives, however if a person has no one in his/her life on this list that is willing to act as substitute, the Public Guardian and Trustee must act as substitute for that person.

**NN:** Will elder law in your jurisdiction include any planning for the expenses of long term care? How is long term care financed in Canada?

**JW:** This planning should take place even though we have a universal health program that finances a large portion of long term care expenses.

Long term facility care is financed in part through the provincial health budget and in part by the person residing in the long term care facility. In Ontario, the Ministry of Health pays for the health portion of the long term care expense. The health portion includes all the health care services except drugs, most equipment, even health products (incontinence products, dressings and so forth).

The resident of the long term care facility pays for the accommodation portion of the long term care costs, but the government regulates the maximum that can be charged for the accommodation. The accommodation rates are at three levels—ward, semi private, and private. “Ward” used to mean four beds to a room, but four bed wards have now been discontinued and are being phased out of all long term care facilities as the new standard is a maximum of two residents to a room. Ward will therefore in the future mean two residents in one room with a shared bathroom. “Semi private” has meant two people to a room but is also being changed to two people in two separate rooms with a shared connecting washroom. “Private” has and still means one person in a room but in new facilities it is now one person in a room with a private bathroom.

“Ward” charges to an individual are about $1300 per month. If a person cannot afford to pay that full amount from his/her own income, then that person may apply for a “rate reduction.”

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Who’s Who on the NAELA Staff?

There are often questions as to who is who on the NAELA staff. As you know, we have a staff of 15 people working for us, and everyone is responsible for very specific things. Our offices are located at 1604 North Country Club Road, Tucson, Arizona 85716 and are open from 8:00 a.m. to 5:00 p.m., Mountain Time, Monday through Friday, except holidays. The telephone number is (520) 881-4005. The fax number is (520) 325-7925. We also have voice mail and therefore, you may leave messages 24 hours a day, seven days a week! To help you in your endeavor to get through the maze, we are listing who you should contact for what things:

<table>
<thead>
<tr>
<th>Name/Telephone Ext.</th>
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<td>Jenifer Mowery, ext. 114 <a href="mailto:jmowery@naela.com">jmowery@naela.com</a></td>
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<td>Chapters</td>
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<td>Executive Director</td>
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<td>Finances</td>
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<td>NAELA News/Quarterly Articles</td>
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<td>Listserv</td>
<td>Celeste Wilson, ext. 105 <a href="mailto:cwilson@naela.com">cwilson@naela.com</a></td>
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Getting to Know NAELA’s Newest International Members

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that this is purely an income assessment. Assets are not considered when a person is seeking a rate reduction. Rate reductions are available only for people seeking a ward room. There are no rate reductions for semi private or private rooms. Forty percent of every long term care facility must be allocated to ward rooms.

The rate reduction means that the Ministry of Health pays a portion of the accommodation fee to the long term care facility on your behalf. If a person is eligible for the rate reduction, he or she then ends up paying approximately $875 of the ward fee. As the Canadian Guaranteed Income for seniors is approximately $1000 per month, this should mean that the senior has at least $112 per month from his/her income as “pocket money” to pay for personal items such as clothing.

This funding system and the regulated rates for all room costs mean that any senior in Ontario should be able to afford the cost of a long term care facility.

Please note that long term care facilities are either operated by for profit private companies (many of the same chains as in the United States) or by municipal governments on a non-profit basis. In both cases, the facilities must comply with the Ontario legislation to operate as a “long term care facility” and to get this funding from the Ministry of Health. The same funding is provided to the for profit and non-profit operators.

There are also “retirement” facilities in Ontario, however these facilities are not supposed to provide heavy levels of care, although many do. These retirement facilities are all private pay and people moving into that accommodation must pay for all the health care as well as accommodation costs. These facilities are considered to be tenancies and not health care facilities. One of the problems in Ontario is that the government has refused to regulate retirement homes other than through tenancy legislation and a number actually operate as what advocates call “bootleg” long term care facilities.

For long term community care, there

(continued on page 13)
is also coverage for seniors but to a much less degree than for facility care. Community care is also funded through the provincial health budget. It is administered through organizations called “Community Care Access Centres.” Until June 2001, the community care included home nursing, other professional services (OT, physiotherapy, social work counseling, speech-language services, audiology services) homemaking, home support and a variety of other community based services. The services did not necessarily meet all the needs of a person at home and there were maximum levels of services that could be provided. A person with a lot of needs would therefore need to private pay for services in addition to the publicly funded services.

Seniors also get drug coverage, although it is not a totally universal program. Seniors with incomes greater than $16,000 per year must pay for the first $100 of drugs and must pay dispensing fees that cannot be greater than $6.11. Seniors with incomes less than $16,000 have full coverage for drugs and pay a maximum of $2.00 for dispensing fees.

There is a need, even with the universal health program for people to plan for long term care expenses, particularly if they want to remain in their own homes for as long as possible. Also, who knows whether this level of funding will continue for long term care. The Ontario government is very concerned at the proportion of the provincial budget that is allocated to health costs and we have seen an increasing movement to more private pay programs despite the fact that Canadians have indicated to both the provincial and federal government the desire to protect and continue the universal health system.

NN: What would you like NAELA to offer elder law attorneys in Canada?
JW: I am most interested in opportunities to attend conferences, exchange information on elder law topics, and to discuss practice issues with other attorneys that primarily provide services to seniors. I think that I will get these opportunities through NAELA.

NN: Would your firm handle, or assist in referring, contacts from NAELA members in the U.S.? How would you like the U.S. attorneys to initiate the contact—e-mail, fax, call?
JW: Yes. E-mail wahlj@olap.org or a call (416) 598-2656 is preferable.

NN: Are law schools teaching elder law in Canada?
JW: The University of British Columbia did have an elder law seminar and specific elder law elements show up in a variety of courses at a number of law schools—usually in the courses on estates, health law, tax, disability law. However the term “elder law” has not yet been popularized here and therefore that label is not appearing in course curricula.

NN: How can U.S. members of NAELA be most helpful to you?
JW: I hope that I can call on U.S. members of NAELA for advice and direction and reference to resources when I am doing my research on elder law issues, particularly for law reform and legal policy projects. Reading legislation and about how a law works in a book is never a replacement for talking directly to a practitioner who can explain how the law actually works in practice! I promise not to wear out my welcome with anyone I call!

NN: Alexis de Toqueville, a French man who traveled in the United States early in its history, observed that we are a country of joiners. We join groups and undertake “causes.” Would you expect, in your county, that lawyers who primarily represent the elderly would join together to form an organization like NAELA?
JW: Yes, I think that will happen eventually although I would want to retain membership as well in NAELA. NAELA will be and already has been an impetus for Canadian lawyers who are interested in elder law to communicate with each other. As a result of the Canadian Basics program at the recent NAELA conference in Vancouver, BC, a number of the Canadian attendees discussed communicating through the internet with each other. NAELA was the impetus for this.

NN: Have your bar associations formed subgroups that focus on elder law issues? What are these groups doing?
JW: Not yet. A section may develop in Ontario in the Canadian Bar Association-Ontario as there have been a number of elder law specific continuing legal education programs in the past few years. The interest is growing. It just may not be enough to sustain a separate section as yet.

NN: On a more personal note, what are some of your hobbies and interests?
JW: Canoeing and kayaking, hiking, reading, watching hockey—do I sound stereotypically Canadian?
Wanted: a Great American willing to die for his or her country. Big names only need apply. Preference given to ex-presidents, statesmen, war heroes, astronauts and venerable news anchors. Position offers no compensation, other than love of a grateful nation.

I don’t wish anyone harm, but our nation sorely needs role models for healthy dying and loving care. We’ve had a few good examples in recent years–Jackie Kennedy, Cardinal Bernardin, Barry Goldwater, James Michener–but because the national attention span is so short, there is a continuing need for beloved public figures who are able to capture our hearts and minds as they live graciously through the end of life.

Death is inevitable, but the state of dying in America is a disaster. Seriously ill patients are at high risk of suffering needlessly in pain—as many as 40 percent die without receiving even basic pain relieving medication. Communication with busy doctors is often pressured and sparse, leaving patients and families bewildered. And many Americans die knowing that the costs of their care consumed their family’s life-savings and left a legacy of debt. Confused, fragmented and unreliable care marks the American way of death. It is a genuine public health crisis.

And the worst is yet to come. A virtual tsunami way of caregiving needs is racing toward us. The 78 million baby boomers are aging. (My bathroom mirror daily reminds me of the graying of America.)

Who’s going to care for us? The labor pool of nurses is aging and not being replenished by young graduates. The shortage of workers is already dire among aides in nursing home and home health care. Little wonder—the average nursing aide makes under seven dollars an hour; many qualify for food stamps and few have health insurance. It’s time to ask, “Why are the people who care for our grandparents and parents paid less than entry level workers at McDonald’s or Wal-Mart?”

The real backbone of our nation’s care system is still the family. Currently more than 25 million Americans spend an average of 18 hours per week caring for frail relatives. Most are wives or daughters—this is definitely a women’s issue—and they provide care at significant cost. The average caregiver sustains $560,000 of losses in wages and benefits over the course of their loved one’s illness. Caregiving often takes an emotional and physical toll. In a recent health surveillance study, caregivers who reported chronic stress had a 63 percent higher mortality risk than non-caregivers.

We 40 and 50-somethings are gradually realizing that caring for the most ill, infirm and advanced elderly is the central social and moral challenge confronting our generation. A poster of Rosie the Riveter hangs in my office, a reminder that we are not the first generation of Americans to face unprecedented threats to national security. Our grandparents had World War I, our parents had World War II. The coming tidal wave will test us in very different but equally profound ways.

For boomers, the issue is not merely one of social responsibility, it is also enlightened self interest. Unless we take bold action, by 2030 the current sad state of affairs will look nostalgically like the good old days. I draw hope from knowing that although we boomers are older, we’re still the “me” generation. In our childbearing years we transformed the way obstetrics was delivered. Today no hospital is without a home-like birthing unit and Lamaze classes, and none fails to invite fathers into the delivery room. Now it is time to take back responsibility for the care our loved ones need as they make the transition from life.

Advocacy and activism are warranted. Absent a public outcry politicians and policy makers will continue to hide behind America’s cultural denial of infirmity and death to avoid confronting this crisis. There are no ribbon campaigns for generic dying. But something of the sort is called for. What can we do? I suggest we start by demanding that medical licensing boards require doctors to demonstrate competence to treat peoples’ pain. We can insist that nursing homes employ enough nurses aides to help our frail loved ones eat and keep them clean—and take names when they don’t. A public watchdog group could post staffing ratios on the web. While we’re at it, let’s take to the airwaves and the streets in support of fair wages and benefits for those nurses aides. It’s time to accord them the respect they richly deserve.

Meeting this challenge will demand a degree of social and political commitment rivaling that required to prevail in the world wars of the twentieth century. Now as then, American heroes are needed to galvanize national attention and show us the way. This time around, it is not weapons, but our voices, our care and public expectations. Our tools are our arms that we must raise, but standards of care and public expectations. Our tools will not be weapons, but our voices, our health care dollars, our letters, our petitions and our votes. Now as then, our efforts will be fueled by our love of country and for one another. Defeat is unthinkable. Rosie’s declaration reverberates across the decades, “We can do it!”

Ira Byock, a physician in Missoula, MT, is author of Dying Well. He serves as chief medical consultant for Partnership for Caring, a Washington, DC-based consumer advocacy group working to improve end-of-life care.
We Want Your Clients’
Human Interest Stories

by Ronald A. Fatoullah, CELA

One of the best ways to get a point across to the public, media and legislators is by “painting a picture” with real life stories to which people can relate. As elder law attorneys, we learn about the trials and tragedies experienced by our clients on a daily basis. The NAELA Public Relations Committee would like to publish the more compelling of these real-life stories on a regular basis in the NAELA News. We are seeking submission of your clients’ stories, those that have motivated you to use your legal knowledge to protect your clients’ interests. We are looking for stories that have propelled you to the status of “hero” or “heroine” in the eyes of your client.

The public and media often describe elder law attorneys as “Medicaid planners,” and a segment of our population perceives elder law attorneys as simply helping the rich obtain Medicaid benefits. We would like to share our stories with the media and our legislators to help dispel this myth. The public should be made aware of exactly what elder law attorneys do, in a way to which they can relate. We have the ability to change the public’s perception of elder law attorneys by explaining how we truly help our clients during some of the most trying times of their lives.

We are looking for more than cut and dried “fact patterns.” Rather, we seek descriptive real-life “dramas” experienced by your clients... dramas that we hear all too often during our initial consultations.

An example of such an experience is a 55-year-old client (the “Client”) who was very active in the New York City theatre scene. When I met the Client, I found this young, handsome, intelligent and very articulate man lying in a nursing home bed, unable to move most parts of his body. He was a “prisoner” in the true sense of the word. In April, 1994, he experienced chest pains, which did not result in any diagnosis. In December, 1994, the Client gave a performance one evening and found that he was unable to speak after the show. He was consequently diagnosed with a disease that affects electrical impulses in the blood. The disease is treatable, but not curable, and the Client subsequently regained his voice. In 1995, doctors also discovered that the Client had cancer that had spread. Towards the end of 1995, he underwent an operation that was successful. However, in March, 1998, the cancer returned, and the Client had another surgery, which was also successful. He stayed healthy until August, 2000, when during a performance he fell into a coma, from which he awoke in October, 2000. The coma was caused by conflicting prescription medications that the Client was taking.

However, when the Client awoke from the coma, he found that he could not move any part of his body, as his muscles atrophied. Although he is expected to have a complete recovery, the Client will need to stay in the nursing home until October, 2001 in order to receive necessary physical therapy. In the meantime, Client has a tracheotomy and a feeding tube as precautionary measures.

At the time of the initial consultation, the Client had only approximately $80,000 to his name, and needed to preserve his assets so that he could return home once he is discharged from the facility. I gave him the option of gifting part of his assets to either his close friend or to an irrevocable trust and using the remainder to pay for his care during the period of ineligibility (the “rule of halves”); creating a self-settled supplemental needs trust; entering into a private annuity agreement with his close friend; or a combination of the options. Client chose a combination of the private annuity and gifting $10,000 to his friend, because he will be eligible for Medicaid within a month of the transfer (in New York, City), and will receive needed income upon returning home in October and for several years thereafter.

The Client is very happy and relieved to know that virtually all of his life savings have been protected, enabling him to go home upon his discharge. He also has the security of receiving a monthly annuity income for several years to come. He is an intellectually active individual, who is now making plans for his future. Had the Client not planned and just used his money towards the cost of his care, all of his assets would have been used up prior to his discharge... he would have become impoverished.

This Client’s story is one of many that reflect the counseling and guidance provided by elder law attorneys. The advice given to this particular individual, as well as many other individuals, gives peace of mind, financial security and hope for the future. We want to learn of your compelling cases, which can be passed on to the public and our legislators, increasing the awareness of what we truly do as elder law attorneys.

Send your stories to Jihane Rohrbacker at NAELA, 1604 N. Country Club Rd., Tucson, AZ 85716-3102 or jrohrbacker@naela.com.
Reflections on the NAELA Minority Internship Program

Jim O’Reilly and his summer intern Caesar Almase

“At the end of the day, elder law gives me a warm feeling inside and leaves me feeling good about myself.”
Lumarie Maldonado Cruz, NAELA Summer Intern

Lumarie’s feelings about elder law were echoed by all three second-year law students who participated in the inaugural year of the NAELA Minority Internship Program. While most of the students were not very familiar with elder law issues prior to starting their internships, they all agreed that the experience provided them with a better understanding of legal issues affecting the elderly.

“I learned that elder law has a high human component, and to flourish in this kind of practice, a lawyer must help resolve more than just legal issues,” said Caesar Almase, who interned in the Law Office of James O’Reilly in Las Vegas, NV. “I am now more aware of the vulnerability of older persons and that infirmity is an inevitable part of aging; however, loss of dignity and feelings of alienation need not be,” he added.

Established by NAELA President Charles P. Sabatino, Esq., as an experimental project, the NAELA Minority Internship Program aims to introduce elder law to minority law students. “Minority representation in the legal profession is only 10 percent. Combined African American and Hispanic representation among lawyers is only seven percent,” said Sabatino. “NAELA as an organization has even less minority representation than the profession at large.”

The internship has had such an impact on Kathy Thompson, who interned in the Law Office of Margaret Kreiner in Cuyahoga Falls, OH, that she plans to practice elder law upon graduating from law school. “I most enjoyed interacting with clients—it was most rewarding to know that my assistance with their disability or Medicaid claims would help them to achieve a positive outcome at a time when their lives were in turmoil,” said Thompson.

When asked if she plans to practice elder law, Lumarie Maldonado Cruz’s response was a very enthusiastic: ABSOLUTELY! “A new world has been introduced to me through this internship,” she said. “I know I’ve found my calling!”

Elder Law Attorneys Can Benefit Too

NAELA members who hosted the summer interns also benefited greatly from having the students in their office. Jim O’Reilly, CELA, was taken aback by his intern’s youth and enthusiasm. “Caesar is a joy! Was I ever that young, enthusiastic and intelligent?” O’Reilly asked. He adds that the value of a summer intern cannot be measured by money. O’Reilly notes that the experience is about “mentoring, about going back and giving back, it is an acknowledgment to some of the older attorneys who were there for me when I was just starting my practice several decades ago.”

Margaret Kreiner, CELA, viewed the internship as beneficial to both her and her intern. “Kathy was valuable to me from minute one!” she said. She noted that the most valuable facet of the internship was finding a potential elder law attorney who held promise to practice in that field of law.

Diverse Clientele, Diverse Concerns

Daniel Fish, CELA, participated in the internship program because he is concerned about the lack of minority lawyers, in general and in elder law, in particular. He believes that as the U.S. population is becoming increasingly diverse, it is essential for elder law attorneys to be attuned to the cultural needs of their diverse clientele.

Fish, who is fluent in Spanish, is very much aware of the

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Reflections on the NAELA Minority Internship Program  
(continued from page 16)

language and cultural barriers faced by minority clients. “It is something different when there’s a Lumarie sitting across from a [Puerto Rican] client,” he said. “There’s a greater level of empathy, a greater connection.” He added that minority clients are too often not aware of their legal rights and will accept “what they are told by a hospital or a social worker.” In his view, training minority elder law attorneys is one way to help minority elders and those with disabilities.

After evaluating this summer’s program, the NAELA Board will decide whether and how to continue the program. An expanded program might also persuade more law schools to establish elder law clinics.

For more information on the NAELA Minority Internship Program, contact Janice Phillips at the NAELA office at (520) 881-4005, ext. 121 or by e-mail at jphillips@naela.com.

Effective August 1, 2001, our New York operation has consolidated as Fine Newcombe & Winsby, covering the metropolitan New York area, including Long Island, Northern New Jersey and Connecticut. Cambridge Companions will continue as the homecare division of Fine, Newcombe & Winsby.

Effective July 2001, our Florida operation consolidated as Florida Elder Watch, covering Broward, Palm Beach and Dade counties.

SeniorBridge Family Companies, Inc. is a nationwide organization dedicated to delivering complete, highly personalized, premium-class eldercare through leading local member companies rooted in communities throughout America.

Last Acts Friend Kit Meshenberg Passes Away

Kathryn “Kit” Meshenberg, 58, who was dedicated to improving end-of-life care throughout much of her professional career, died of cancer July 2, 2001. Although serving the health care community through a variety of management and leadership positions over her career, her passion was caring for the terminally ill. In 1999, Mrs. Meshenberg began working with the Education of Physicians in End-of-Life Care (EPEC) project at the American Medical Association, which has moved to Northwestern University Medical School. After she was diagnosed with cancer two years ago, she continued to teach others how to care for terminally ill patients. Kit initiated a dynamic final project that will seek to document her trip through the multitude of family, spiritual, and medical issues she faced while dealing with a terminal illness. The project will ultimately manifest itself in a uniquely interactive website including downloadable video and audio segments of Kit’s interactions with her health care team. More information on this project will be made available at a later date.

A copy of the complete obituary can be found at: http://chicagotribune.com/news/obituaries/article/0,2669,SAV-0107040315,FF.html
Pop Quiz #2
See How YOU Rate.

Attorney Susan Que of Doe, Doe, Que and Public needs to keep in touch with about 150 current and past clients. Also, Susan wants some direct contact with her clients on a regular basis.
What should she do?

A. Mail each one a $3 greeting card on five national holidays (annual cost: $2,250).
B. Send each one a $30 bouquet of flowers once every six months (annual cost: $9,000).
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HEADLINES

Estate Q&A
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Q: I am currently married to my second wife and have two children from a previous marriage. I want to leave my IRA to my wife when I die, but I also want to make sure that my children inherit what remains of my IRA after my wife's death. I've heard a QTIP trust may help, but can I use a QTIP trust with IRA assets?

National Notes
Bush Signs Tax Cut Bill

Top Site of the Week
National Association of Financial and Estate Planning
Matching senior's needs with the best living choices.

Book of the Week

*Free offer does not include distribution costs.
Mark Your Calendar

Saturday, November 3, 2001

Health Care Decision Making SIG Breakfast Meeting at the NAELA Institute
8:00 a.m. to 9:00 a.m.
Arthur R. Derse, MD, JD
Center for the Study of Bioethics
Medical College of Wisconsin
Milwaukee, WI
Dr. Derse will present another module in the series from the Project to Educating Physicians on End-of-Life Care, (c) EPEC Project, The Robert Wood Johnson Foundation, 1999.

NAELA Missouri Chapter Announces New Board of Directors

The NAELA Missouri Chapter has recently announced its 2001-2002 Board of Directors as follows:

- **President**
  John L. Walker, Esq.
  Camdenton, MO

- **President-Elect**
  Virginia Rice, Esq.
  Clayton, MO

- **Vice-President**
  Anita B. Butler, Esq.
  Kansas City, MO

- **Secretary**
  Barbara A. Braznell, Esq.
  St. Joseph, MO

- **Treasurer**
  Courtney L. Fletcher, Esq.
  Springfield, MO

- **Director**
  Reginald Tumbull, Esq.
  Jefferson City, MO

- **Director**
  Linda Hart Tabory, Esq.
  Kansas City, MO

- **Past President**
  William L. Hubbard, CELA
  Kansas City, MO

Congrats to CELAs

NAELAs In Cyberspace

If you currently have an e-mail address and would like to have it listed in the next issue of the NAELA News, please call Kay Nelson at (520) 881-4005, ext. 106 or fax it to her at (520) 325-7925 or by e-mail at knelson@naela.com.

- **Ron Fatoullah, CELA**
  Great Neck, NY
  rfatoullah@fatoullah.com

- **Ian Oppenheim, CELA**
  Halifax, MA
  ioppenheim@seniorlaw.net

Certified Elder Law Attorneys

The following individuals have recently completed the requirements to become a Certified Elder Law Attorney by the National Elder Law Foundation. Congratulations!

- **Dean S. Bress, CELA**
  White Plains, NY

- **Marielle F. Hazen, CELA**
  Harrisburg, PA

- **Robert W. Fechtman, CELA**
  Indianapolis, IN

- **Ronald A. Spirn, CELA**
  Westbury, NY

For more information on how to become a Certified Elder Law Attorney, contact Lori Barbee at (520) 881-1076, ext. 120, e-mail: lbarbee@naela.com.
Attention NAELA Members!

The NAELA Public Policy Committee has recently mailed to you a Grassroots Advocacy Survey. The survey results will enable NAELA to more effectively contact legislators about issues affecting the elderly and disabled. We urge you to complete the survey and return it to the NAELA office at your earliest convenience. For more information contact Janice Phillips at (520) 881-4005 or by e-mail at: jphillips@naela.com.

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How to Enjoy Greater Income, Respect, Prestige and Satisfaction in Your Elder Law Practice

Overland Park (KS) -- The market demand for a variety of elder law services is exploding. In just over 48 months, starting from scratch, NAELA attorney William G. Hammond built a million-dollar practice. You too can dramatically accelerate the growth of your elder law practice.

Mr. Hammond’s entire experience has been transformed into a “cookie cutter” system for developing this kind of a successful practice. And the rewards are far more diverse than just financial gain. This is a means of escaping the negative trends affecting our profession, avoiding the “commoditization” of legal services, and of earning an exceptional income from the meaningful legal work NAELA attorneys feel so good about.

Now you can earn new-found respect and prestige in your community. You may even discover a “lost passion” for being an elder law attorney!

To get all the details, Mr. Hammond has prepared a Special Report entitled How To Enjoy Greater Income, Respect, Prestige And Satisfaction Practicing Elder Law.

We’re happy to send this Report to you, free of cost or obligation, to your office or residence, as you prefer.

To obtain it, simply call the special toll-free number for a free recorded message available 24 hours a day, 7 days a week -- TOLL FREE. Call 1-866-288-7572 ext. 1238, or fax your request to 1-913-498-0184.