# DRAFT Commission on Aging Minutes February 23, 2023

#### **Attendance** (taken by screen shot.)

Those in attendance: *Commission members*: Marsha Weber, Virginia Cain, Nikki Ezeani, David Engel, Janice Zalen, Morris Klein, Mary Sweeney, Wayne Berman, Barbara Selter, Jean Dinwiddie, Kendell Mathews, Joyce Dubow, Ryan Wilson, Beverly Rollins, Katie Smith, Laurie Pross, Betsy Carrier, Bob Levey, Sibo Ncube.

Others in attendance: Austin Heyman, Marcia Pruzan, Lindsay Luhn, Ingrid Lizama, Pazit Aviv, Yvette Monroe, Denise Israel, Patrice McGhee, Stacy Sigler, Odile Brunetto, Donna Smith, Tara Clemons Johnson, Sharath Mekala, Monique Gardner, Shawn Brennan.

#### AAA Director update - Dr. Patrice McGhee, Director Area Agencies on Aging

- The formatted version of last months' presentation on ARPA was sent to Pazit. Patrice noted that the oOffice of Broad Brand programs decided to offer inperson service, although this was not part of the original agreement. They are adding this component to circulate information about the program. Every ARPA project except those that require brokers is in an execution phase, including Access Hears. Brokers have been identified for Villages and the tablet program. They are interviewing a broker for the marketing program.
- The Maryland Department on Aging (MDOA) is having a budget hearing on February 23 and another in March. Patrice will attend the latter hearing. She will support the Aging and Disability Resource Unit's (ARDU) request for a budget increase— \$1 million- to be split among the 19 jurisdictions in the state. In MOCO, funding goes to the 311 line.
- Beverly asked about progress in implementing the Connector program. It's in the works. Jennifer Long will be in charge of this program.
- Patrice thanked Barbara Selter for her work drafting the report of the Home and Community Workforce task force. The report will be reviewed and distributed shortly. It's an in-depth examination of direct service workforce issues and includes recommendations from the taskforce on steps needed to improve the direct service workforce.

#### Odile Brunetto

Odile thanked those who worked on the workforce task force, especially Barbara.
The report is under review and the County Executive and Council will be briefed.
A Power Point presentation will be prepared to summarize and highlight the details.

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- She also announced her retirement in June at the end of the fiscal year. Her
  position was posted this morning. There will be a national search and
  applications will be received until late March.
- David thanked Odile for her significant and important contributions to the county and the commission. On behalf of the commission, he expressed its deep appreciation for her collaboration and support.

#### Liaison Reports

- Lindsay Luhn Americorps/ JCA Volunteer Center office of community partnership.
  - She works with people 50+ and connects people who have technical skills and are interested in volunteering.
  - She mentioned the Neal Potter award honoring two people 60+ who have given a lifetime of service. The award is given to those who have contributed in areas outside of their paid roles. Nominations are due by March 17.
- Ingrid Lizama-Asian American Health Program
  - She is working on several service fronts- Covid 1 vaccination, boosters, education, flu vaccine, school outreach, and a climate story project in Silver Spring.
- Monique Gardner, African American Health program
  - o A Black history event is planned for February 23.
  - Ms. Gardener is working on a range of therapeutic and recreational programming opportunities for African American older adults, including a four-week online program consisting of breathing exercises. She is working with University of MD on integrative health and complementary alternative approaches to medicine.
  - She is also working on an Alzheimer's and dementia program in partnership with the Smithsonian. < See Me at the Smithsonian >

# Discussion: HB-0933 (End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

David stated that he and members of the Executive Committee had tried to find a
speaker who opposes this proposal in order to have a balanced discussion about its
provisions. However, they were unable to find someone willing to address the
Commission. Therefore, David referred to the testimony of known opponents to the bill
and summarized the concerns they had raised when similar legislative had been
proposed in earlier sessions of the state legislature, as far back as 2015 and as recently
as 2020. (See below) He noted that many in the Montgomery delegation support the
bill.

- The present House bill was introduced by Delegate Pena-Melnyk. It authorizes an individual to request aid in dying by making certain requests; establishes requirements and prohibitions governing aid in dying, including requirements related to requests for aid in dying, consulting physicians, mental health assessments, the disposal of drugs prescribed for aid in dying, health care facility policies, and the effect of aid in dying on insurance policies; authorizes a pharmacist to dispense medication for aid in dying only to certain individuals under certain circumstances; etc. The bill was cross-filed in the Senate, SB-0845, and introduced by Senator Waldstreicher. Similar legislation has been enacted in OR, WA, NM, CA, VT, NJ, MT, CO, ME, DC, and HI.
- Below is a description of the provisions of the House bill:
  - Only the individual may request medicine to end his/her life.
  - o An individual must prove he/she is a Maryland resident.
  - An individual must be 18 years or older and have the capacity to make a medical decision
  - The individual must make the request 3 times for a life ending prescription. Request 1 is oral; -Request 2 is in writing, and signed by the individual and two
    qualified witnesses; -Request 3 is oral, at least 15 days after the initial oral
    request; and 48 hours after making the written request.
  - One of the 2 required witnesses to the written request may not be a relative of the individual and may not benefit from the individual's death.
  - At least once, the individual must be alone with the attending physician when the request for medicine to end his/her life is made.
  - Request form approved by all parties above must be provided to the consulting physician.
  - The attending physician and consulting physician must certify: that the individual has the capacity to make a medical decision.
  - That the prognosis for the individual is that death is likely within 6 months
  - If an individual is referred for a mental health professional assessment, the attending physician may not provide the medication until the mental health professional determines the person has the capacity to make medical decisions and communicates this to the attending physician in writing.
  - o The prescription may only be self-administered by the individual.
  - The individual may withdraw the request at any time and does not have to use the prescribed medicine.
  - Unused medicine must be disposed of in a lawful manner.
  - Aid in dying by a healthcare provider is voluntary, but if not participating, the provider shall expeditiously transfer medical records on request.
  - A health care facility may prohibit an associated health care provider from participation in this process under certain circumstances.
  - Death from the self-administered medication which was prescribed shall be deemed death from natural causes, as a result of the specified terminal illness.
  - There are criminal penalties for individuals who falsify a written request or coerce an individual with the intent of ending the individual's life.
  - This bill does not legalize lethal injection, mercy killing, or euthanasia.
  - The Department of Health and Mental Hygiene must adopt regulations to facilitate the collection of certain information and to produce and make available to the public a yearly report.

- David introduced Donna Smith, Area Campaign Director for Compassion and Choices. He asked her to describe how the present proposal differs from the bills that had been previously introduced and defeated. She said that previously, physicians had been concerned about liability and many expressed concerns that aid to dying individuals was inconsistent with their training and desire to heal. Others worried about who investigates complaints, who dispenses the medications. Further, members of the disability community worried about inherent dangers to people with disability and others raised concerns about the possibility of exacerbating disparities, with potential disadvantage to diverse populations. Some argued that the provisions might provide a boon to insurance companies who might be able to deny claims made by those involved in the process of dying. Finally, the Catholic Conference argued that passage undermined societal support for communities that are currently prone to higher suicide attempt rates young adults, adolescents and members of the military. They averred the proposal violated the most basic tenet of their belief in the sacredness of life; they also cited dangers this legislation might pose to vulnerable populations.
- Ms. Smith explained that the current proposal addresses many of the concerns raised by earlier versions of the legislation. For example, if a physician follows the law, there is no liability. Once a physician writes a prescription, a pharmacist dispenses the medication, as governed by state law. Advocates for the bill are currently working with the AMA to move this organization to a neutral stance. She noted that contrary to earlier fears, the experience in states that have enacted similar legislation, rates of suicide have not increased as a result. Oregon has been carefully monitoring its experience and has found no evidence of undue influence involving the disability community. Ms. Smith emphasized that the proposed legislation is optional to the individual and is in no way coercive. She emphasized that his is an option at the end of life. It's not for everyone. But for some, it's an important option.
- Ms. Smith reported that polling data this year and found that regardless of race, gender, politics, Marylanders want this option. One in five Americans have access to compassionate end-of- life options. Seventy-one percent of registered Maryland voters support the option of medical aid in dying for Marylanders. Seventy-four percent support it after learning that 10 states and Washington D.C. already have it. Fifty-four percent of Maryland State Medical Society physicians support medical aid in dying.
- Ms. Smith entertained questions from those in attendance.
  - Laurie asked why they retained the 15-day requirement- it's been a hurdle elsewhere. Are there other modalities other than pills—e.g., patches? Re other modalities—patches are not recommended but there are alternatives to pills, e.g., suppositories. Re the 15-day interval between conversations-- Some states have shortened this. A conservative approach will be followed initially and reassessed following experience with the law, if enacted.
  - Beverly asked how does this affect life insurance? The bill explicitly says that this
    process is not suicide so it should have no effect on insurance coverage.
  - Morris asked why they think the bill will succeed now if it has failed in the past.
     In DC, the bill passed but very few physicians participate. Ms. Smith responded that very few have used the DC provisions because they continue to feel

- vulnerable to liability due to the way the regulations were drafted. She said they had tried to amend the regulations but Covid interfered with the effort. They are still working to get the program up and running. Education is necessary to ensure every player understands the process.
- Donna thinks support has grown and newly-elected Maryland Governor Moore has endorsed the proposed legislation. The more that people understand the provisions the more likely it is to be enacted.
- Wayne asked how many people exercise their right to use this option? In Vermont, over a 7-year period, about 25-30 people a year use it. Many more start the process. Some don't live to go through the process. Those who require psychological clearance have a delayed process because they have to see a mental health specialist. Some start and don't go through with it. Inherent in this law, is a stimulus to educate about end-of-life options. Wayne noted that there is likely a spectrum of opinion among Jews—some orthodox oppose, while most reform Jews support.
- O Bob Levey commented that he sees another side of the issue. His concern is whether there is a moral or political argument about the implications of this proposal vis a vis older people. Shouldn't we argue that old people have had a long run—why waste resources to extend the lives of this cohort that might be better used by others?
- Austin asked whether Diane Rehm has been involved? Yes, she's testified before.
- If the commission were to support the bill- what should they emphasize in a letter? Ms. Smith responded with two suggestions: 1-this is an issue of bodily autonomy and people at the end of life deserve this option; 2- this is an issue of compassion. Sometimes, palliative care and hospice do not end suffering.

There followed a discussion about whether the Commission should write a letter of support for the legislation. Virginia wanted to defer the decision and simply write a letter raising questions about the proposed legislation. Janice made a motion in favor of obtaining a sense of the Commission. It was decided to immediately poll the members of the commission to get a directional sense of their support or opposition. The results were 16 members voted to have the public policy review the legislation and draft a letter, with 2 members voting not to do so. One commissioner abstained.

#### Old Business

- Approval of January CoA minutes.
  - The minutes were corrected to indicate that Janice Zalen and Laurie Pross attended the January meeting. The spelling of Kendell Matthew's name was corrected.
  - The minutes were approved with no other changes.
- Discussion of action items previously identified
  - Communications Committee sent information to Dr. McGhee regarding

- Connectors. They emailed the regional library directors regarding the materials for the older adult sections.
- Mary Sweeney is still working on getting information on Fairfax County housing.

#### Chair's Report

- David announced that in recognition of February as Black History Month, Sheree Renée Thomas, a New York Times best-selling writer will be the featured speaker at 7 p.m. -Thursday, Feb. 23, as part of the <u>Montgomery County Public Libraries (MCPL)</u> series, Contemporary Conversations. Ms. Thomas will speak at the free event at the Rockville Memorial Library on "Afrofuturism and Diversity in Sci-Fi."
- David thanked the two previous CoA Chairs, Barbara Selter and Jean Dinwiddie, for their energy and relentless effort to move the CoA forward to make positive contributions to the older adult community. He also thanked the Committee Chairs and Executive Committee members who have, and continue to do excellent work. He urged all commission members to volunteer in some capacity to further the work of the CoA. He emphasized the need for participation by all members of the commission. It takes the active engagement of all members to fill slots on the Executive Committee, the committee chairs and task force positions and to participate on these bodies. It is incumbent upon every commissioner to do so in order for the Commission to be fully functional and effective and to realize its vision and mission.
- The meeting materials included the 2022 Age Friendly Progress report. David encouraged everyone to read the report. Also included was a photo of Wayne and Barbara delivering the Community of a Lifetime Award to Austin Heyman. He congratulated Austin who continues to offer guidance, advice and support the CoA, Age Friendly, JCA and all those organizations dedicated to positively pushing an older adult agenda forward.
- David sent a letter to Carmel Roques, the new Maryland Department of Aging, Secretary. He reported she responded to the request to speak to the Commission on May 25th and asked commissioners to note this date on their calendars. She will also attend the Summit on Aging in October.
- David reported optimism that the commission's budget priorities will get favorable consideration. There have been face-to face meetings with almost every Council Member and once the FY 24 Budget is released on March 15th, we will start the process to meet again with the Councilmembers in small group settings to discuss our priorities and whether they were included in this FY 24 Budget. He requested that commissioners be on the lookout for the proposed new budget through press releases. He will send links to where to review the proposed Budget. There will also be Public Hearings on April 11 and 13. Information on how to attend or view those hearings online will be forthcoming.
- David described a recent article by David Brooks in The Atlantic that was pertinent to
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aging. "We have essentially created a new stage of life, Americans retire, on average, by their early- to mid-60s, yet many now remain vibrant into their mid-80s." Why it matters: A study from AARP and National Geographic found that happiness dwindles in middle age — but then spikes again in our 70s and 80s, as people find more free time and less stress. 34% of adults in their 80s, and 27% of those in their 70s, say they're very happy — compared with only 18% in their 50s. 51% of adults in their 70s say they're optimistic about their futures, compared with 44% in their 60s. The reality check is that there are, of course, plenty of stresses from getting older. The study found that independence, brain health and the strength of relationships were older adults' top worries. As discussed last month, we can add affordability to that list of worries. There is also a growing wave of older adults who are aging alone — without any close family around. The Commission research and reporting on that lack of kinship and isolation can contribute to deteriorating mental and physical health. The bottom line? David urged members to do our best to make the case for as many as our older Montgomery County residents as we can — making it a Community for a Lifetime.

#### **Budget Report**

Nikki- No changes to previous report. The current balance is \$3,990.12

#### **Update on Public Forum Planning Committee**

Wayne- thanked those who are working to organize the meeting. See earlier minutes for specifics. Moderators and Keynoters have been identified. They are working on finding additional exhibitors. Betsy asked that the save the date card be distributed to friends and colleagues. David announced this will be a hybrid event. The planning group is working on graphics for the advertising. A sub-theme will be intergenerational issues.

## Update on Community for a Lifetime Award

- Wayne discussed the award in relation to the commission's vision and mission. The
  criteria for the award are innovation, perseverance, risk-taking, and going above
  and beyond what is expected. He reviewed the guidelines for submission/judging
  and noted that not all criteria need to be met:
  - Impact- How does it contribute to making Montgomery County a community for a lifetime? What is the impact?
  - Did this affect a significant number of older adults? Where short and/or long-term impacts identified? Is there supporting evidence, either quantitative or qualitative?
  - Appropriate and Relevant- Is the contribution appropriate and relevant to the Commission's vision and mission? Does the contribution address: diversity, equity, and inclusion? Address the interests of older adults? Is there an interaction of needs (*e.g.*, housing and health)? Is this an emerging trend?
- Two Awards will be presented twice a year, likely at the annual Public Forum,

and at the CoA's in-person holiday program. David will send out details of the nomination process. Nominations are due by March 21 in order to announce the winners at the May Forum. Wayne urged commissioners to consider worthy nominees. Betsy asked if nominators must be commissioners. Yes. He also noted that this award runs in parallel to the Neal Potter award.

#### Summit on aging

• On behalf of Shawn Brennan, David noted that the steering committee is moving forward. The COA will play a leading role along with the Villages and Age Friendly. Austin again suggested focus groups would be useful to better understand what the public is thinking about aging—what are they thinking about, what are their concerns? He suggested that it is important to get a sense from the community rather than to assume we know. Shawn will consider electronic polling and informal focus groups. Barbara mentioned that the communications committee is getting feedback by going out to senior centers, etc., and suggested that perhaps this process could feed the thinking of the planning committee. The Connectors and the Ambassador programs may be able to identify pertinent themes. Libraries may be another site to hold focus groups.

#### **Committee Reports**

- Aging in Community
  - Wayne discussed planning for the forthcoming forum. The last meeting included a presentation from an experienced caregiver who shared technologies she used to care for several family members. He urged commissioner to think of questions they'd like to pose to presenters and also solicited names of representatives from the Villages who should be invited. Finally, he stated that this should not be a "one and done" program and that follow-up will be important. David suggested that a session at the Summit on technology may provide one means of followup.
- Health and Wellness
  - Marcia mentioned that the committee continues to work on the compilation of documents on life transitions. Each component is expected to be useful separately but the entire package will be a comprehensive resource. The committee aims to have the materials available in October for the Summit.
- Communications
  - Jean noted the Feb committee meeting was postponed one week. Dr. McGhee attended the January meeting. The Ambassador program being planned may start as a pilot. The March 50+ tv program will address intergenerational issues. Beverly noted the website has been updated and has a new

look. David asked that if you cannot find something on the website that you are looking for to please let them know.

### Public Policy-

Ryan reported the state budget will be released at the end of February. The committee discussed proposed state legislation. Morris noted that a summary of bills of interest to the commission had been distributed. He welcomed comments on any of the bills. We've already written a letter in support of tax credits for caregivers and one in support of hearing aids. He highlighted a few of the proposed bills that might be of interest to members of the commission. In connection with one proposal, Beverly asked if licensing certified nursing assistants would make it more difficult to find these. Wayne responded that some people are not providing good quality care. Barbara noted that a letter on supporting increased wages for homecare workforce is being drafted.

#### **New Business**

David asked if commissioners minded if their cell phone numbers could be shared with other commissioners. David will put this action item to follow-up with Tremayne.

Adjourn at 11:50