
Older Americans

REPORT

SLANTS & TRENDS

IT'S NOT FUNNY ANYMORE. On May 21, 2002, HHS Secretary Tommy Thompson was making a presentation at Iona Senior Services in Washington along with two of his subordinates: Administration on Aging chief Josefina Carbonell and CMS Administrator Tom Scully.

Thompson, with his deadpan wit, gave Carbonell a long wind-up. "She is such a friendly, helpful and cooperative individual," he said, and then paused as he turned to Scully — "unlike Tom Scully," as the roomful of public policy types broke into laughter.

Thompson repeated this shtick at other events, and Scully always took it in stride, joining in the amusement at his reputation for strong-headedness. Now, however, the disconnect between the senior official and the very experienced but junior administrator has resurfaced, as Thompson admits that Scully, who left the agency in December, probably laid too heavy a hand on CMS Actuary Richard Foster (*see story, p. 83*).

A CAMPAIGN ISSUE AT LAST. For most of the last year, as Democrats squared off with each other in a bid for their party's nomination, there was precious little attention to issues that affect seniors, apart from the occasional reference to a protracted dispute with Republicans over whether to privatize Social Security.

Just as Senator John Kerry (D-Mass.) has effectively wrapped up the nomination, however, the needs of seniors are getting more play. At a rally March 14 in Bethlehem, Pa., Kerry called the Medicare law a better deal for insurance companies than seniors and vowed to repeal it and start over if he wins in November. President Bush is pushing back, calling the addition of a prescription drug benefit a milestone, but the jury is out on whether voters will see their glasses as half-full or half-empty.

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Aging Advocates Ponder Strategy For Dedicated Funding Stream

Desperate for money, leaders of area agencies on aging in Oregon are mulling the possibility of putting an initiative on the ballot to obtain a funding stream of their own.

The most likely source would be a tax on alcoholic drinks, or maybe even coffee in a state where espresso is one of the basic food groups, according to Barry Donenfeld, executive director of the Mid-Willamette Valley Senior Services in Salem and immediate past president of the National Association of Area Agencies on Aging.

The discussions are very preliminary, but Donenfeld says he and his peers have nothing to lose. "We were cut about as deeply as the federal government will approve," he told *OAR*. "I don't think that if they try to cut any more of our clients, that the federal government would approve eliminating those people."

The problem is a state tax structure with only one leg: the income tax. As payrolls have shrunk, so have revenues.

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Oregon (*Cont. from p. 81*)

This makes it different from what is happening in the nation's capital, where the fight is over whether to extend certain tax cuts. In Oregon, there have been no tax cuts — just a steady drop in receipts from the taxes that exist.

There are two obstacles. One is anti-tax sentiment; last month, voters turned down a temporary income tax surcharge. The other is resistance from the sector to be taxed. "We really haven't come up with anything yet that wouldn't meet with significant opposition," Donenfeld said.

It would also take about \$500,000 to run an initiative campaign, Donenfeld says. Nonetheless, "we have come up with the daunting realization that if we want to be able to serve the elderly and people with disabilities and the aging boomers, we're going to have to have a dedicated funding source sometime in the next five or 10 years."

Who is Most Worthy?

The idea for a specialized tax comes from California, where Sen. Gloria Romero (D) has proposed a 5-cent wholesalers fee on alcoholic beverages, with the revenue earmarked for emergency medical services. The bill has stalled in the face of fierce opposition from the alcohol industry, a spokeswoman for Romero told *OAR*.

The California legislation also raises a question: Which social service is most worthy of a special tax? Donenfeld acknowledges the competition among human service providers. "We keep fighting over smaller slices of a smaller pie," he says, noting that schools have been forced to lop off as many as 20 days from the school year.

Thus, the search for a dedicated funding source "at some point may become more of a broad-based campaign." For now, however, Donenfeld wonders if an appeal to the special needs of seniors could overcome voters' resistance to spending.

Contact: Barry Donenfeld, Mid-Willamette Valley, (503) 304-3400, www.open.org/~mwvssa; Sen. Romero, (916) 445-1418.

Contact OAR

We are very interested in what you are doing to help seniors in your community and to get state and local lawmakers to provide adequate funding for home and community-based services. Please contact Mark Sherman, editor, at (301) 587-6300, ext. 360, or write to him at msherman@bpinews.com.

Aging Committee to Examine Crimes Committed by People with Dementia

On Monday, March 22, the Senate Aging Committee turns its attention to crimes committed by people who have dementia and thus may not understand their own actions.

Titled *Crime without Criminals? Seniors, Dementia and the Aftermath*, the hearing will be convened by Sen. John Breaux (D-La.), the panel's ranking member.

Witnesses include Gary Gotham, the son of a Florida man whose mental problems may have contributed to his death in an incident with police; Donna Cohen, a professor at the Florida Mental Institute; and Constantine Lyketsos of the Alzheimer's Association.

Contact: Aging Committee, (202) 224-1467, www.senate.gov/~aging.

States Continue to Abuse Medicaid On Behalf of Health Care Providers

A crackdown on states that abuse the Medicaid program by manipulating the formula for getting federal matching funds has not been enforced as strictly as it could have, according to the General Accounting Office.

In his Fiscal 2005 budget, President Bush says he wants to save \$9.6 billion over five years by putting an end, once and for all, to such "intergovernmental transfers," as they are known (*OAR*, Feb. 6, p. 38).

Testifying March 18 before the health panel of the House Energy and Commerce Committee, GAO analyst Kathryn Allen said CMS improperly allowed two states to take the maximum eight years permitted for phasing out such arrangements. As a result, these states obtained \$633 million more than they deserved.

Such excess dollars are typically used to draw down additional federal matching dollars, compounding the problem. Congress could help by banning payments to public health facilities in excess of their actual costs, Allen said. This would keep states from channeling extra money to those entities on behalf of all similar facilities, public and private, and then recapturing the funds.

Allen's testimony (GAO-04-574T) follows a longer report (GAO-04-228) on the same subject.

Contact: GAO, (202) 512-4800, www.gao.gov.

Charging Intimidation of CMS Actuary, Dems Seek New Vote on Medicare Bill

As various groups, including AARP, Families USA and the National Council on the Aging, educate seniors about drug subsidies under the new Medicare law, a fight has erupted on Capitol Hill over whether the Bush administration hid the cost of the measure from lawmakers.

If Democrats gain the upper hand in the November election, the furor is likely to prompt changes to the legislation, which does not go into full effect until 2006.

The controversy stems from reports that CMS Actuary Richard Foster was told to ignore Democratic lawmakers' requests for an estimate of the cost of the bill.

On June 11, 2003, Foster estimated that a Senate version of the legislation would cost \$551 billion over 10 years, but this estimate was never released to the public and surfaced only after a different version of the bill became law.

In January, the White House said its final tally was \$534 billion, not the \$400 billion figure the Bush administration had let lawmakers believe or the \$395 billion estimate from the Congressional Budget Office (*OAR*, Feb. 6, p. 39).

Using Two Sets of Figures

At Centrists.org, Executive Director Jeff Lemieux said he was not completely surprised by the larger number. "Everybody in town knew that this sort of thing existed, but it was kept under really tight wraps," he told *OAR*.

Lemieux said Rep. Bill Thomas (R-Calif.), chairman of the conference committee, tried to have it both ways, using CBO numbers when he wanted to prove the bill would be relatively inexpensive and actuary figures when he wanted to show that people would actually sign up.

Senate Minority Leader Tom Daschle (D-S.D.) was on the conference committee but was excluded, along with all but two other Democrats, from its day-to-day deliberations. "I think we ought to bring this bill back for another vote," he said this week. "If this and perhaps other information was withheld, members of Congress were called to vote under false pretenses."

At a March 14 rally in Bethlehem, Pa., Sen. John Kerry (D-Mass.) did not mention the growing controversy over Foster's estimates but said the bill should be repealed.

Senate Finance Committee Chairman Charles Grassley (R-Iowa), agreed that Foster's estimates should have been made public, but said Democrats like Kerry were being disingenuous because they had wanted to spend much more than Republicans, and thus were in no position to claim they had been tricked into doing so.

On Tuesday, Thompson said he would ask his inspector general to look into the matter. At press time, he had not yet requested a formal investigation or issued a statement to that effect, but a spokesman told *OAR* the inspector general was already gathering materials.

Contact: Jeff Lemieux, [CentristPolicyNetwork](http://CentristPolicyNetwork.org), (202) 546-4090, www.centristpolicynetwork.org/legislative_updates/files_2004/OACT_analysis_6-11-03.pdf.

GAO to Take New Look at Campaign By CMS to Promote Medicare Law

After initially saying a package of ads about the new Medicare law was not unduly partisan, the General Accounting Office this week said it would examine the Department of Health and Human Services' distribution of pseudo-TV news items called video news releases.

Just as printed press releases are written as if by a reporter, video news releases have the appearance of being offered by a reporter, when in fact the person "delivering" the news is an actor. A TV station that used the material without alerting viewers to this fact would thus give the report the appearance of independence.

The practice is not new, but in this case, has generated great controversy because the virtues of the Medicare law are hotly debated, and seniors groups, especially Families USA, are undertaking their own efforts to explain how the law works and what changes they seek.

"We became aware of these video news releases as a result of an earlier congressional request," GAO said, "and we plan to follow up with HHS to obtain more information. We will evaluate this information and the propriety of using appropriated funds to support these activities."

GAO spokesman Jeff Nelligan told *OAR* that the agency would issue a legal opinion "distinct and separate" from the one it rendered last week (*OAR*, March 12, p. 73).

Contact: Jeff Nelligan, GAO, (202) 512-4800, www.gao.gov.

McClellan Approved as Head of CMS; Panel Convened on Reimportation

The Senate last week voted to confirm FDA chief Mark McClellan as the new administrator of the Centers for Medicare and Medicaid Services, despite concern on the part of many lawmakers over McClellan's opposition to reimporting prescription drugs (*OAR*, March 12, p. 73).

At a hearing March 8 before the Senate Finance Committee, McClellan was asked if he would ever agree to let people reimport prescription drugs. In a written follow-up, he elaborated:

"Some people have consistently misinterpreted my views on importation," he wrote. "I have raised concerns about specific legislative proposals ... that would open a wide channel of drug importation by weakening or removing existing safety protections rather than providing the necessary resources or additional authorities to enable the agency to assure drug safety and security.

"That does not mean ... that we are opposed to exploring whether and how importation could be accomplished safely," he continued. "But this cannot be accomplished by fiat or with a presumption of safety."

Connection with Homeland Security

McClellan also raised an issue that has particular resonance in the current international climate: the possibility of deliberate tainting.

"Today, in part thanks to laws recently passed by Congress to ensure the safety of imported foods from the threat of a bioterrorist attack, we have specific authorities to protect the food supply. ... When it comes to beef, we go further to restrict entry points and USDA inspection facilities. ... And yet, when it comes to drug importation, some of the legislation pending before Congress is absent these types of protections."

Meanwhile, HHS Secretary Tommy Thompson named Surgeon General Richard Carmona instead of McClellan to head a task force on the reimportation issue. The panel was scheduled to hold its first meeting today, and will meet **April 2** for health care purchasers, **April 14** for members of the public and **April 28** for health care providers.

The task force will accept comments on Docket 2004N-01115 until June 1 at www.fda.gov/dockets/ecomments.

Contact: Karen Strambler, FDA, (301) 827-3360. Further information appears in the *Federal Register*, March 18, p. 12810.

States Anxiously Watching Congress For Hints of Relief from Budget Woes

Area agencies on aging and other groups were disappointed this week when a House committee approved a budget resolution that would make it harder to fund programs for seniors.

There are three issues:

- Whether to cut Medicaid, a mandatory program that cannot be shrunk unless benefits or eligibility rules are tightened.
- Whether to extend a temporary enhancement to the federal matching rate for Medicaid.
- Whether to limit discretionary spending for agencies like the Administration on Aging.

The Senate last week changed its mind about cutting Medicaid, but the House Budget Committee March 17 approved a plan to require the Energy and Commerce Committee to reduce mandatory spending by \$2.2 billion over five years.

No Details Set

The most likely place to cut is Medicaid, according to Bill Vaughan, director of governmental affairs for Families USA. "There's no specifics they're offering, because that would get people bouncing off the walls," he told *OAR*.

On retaining the enhanced matching rate, which expires June 30, Sen. Jay Rockefeller (D-W.Va.) tried to carve out dollars to keep the extra 2.95 percentage points flowing, but his proposed amendment was ruled out of order.

On limits to discretionary spending, the House Budget Committee in a separate action approved the Spending Control Act (H.R. 3973), which would reduce spending on domestic discretionary spending outside Homeland Security by \$120 billion over five years, according to the Center on Budget and Policy Priorities (CBPP).

Contact: Bill Vaughan, Families USA, (202) 628-3030, www.familiesusa.org; CBPP, (202) 408-1080, www.cbpp.org.

Correction

The date for a workshop in Ann Arbor, Mich., on aging issues for professional mediators is **May 16-18** (*OAR*, March 5, p. 68). Contact: Penelope Hommel, The Center for Social Gerontology, (734) 665-1126, www.tcsg.org/mediation/training2004.htm.

Seniors May Need Personal Assistance To Keep Working, Not Just Special Gear

As the notion of retirement changes from one of leisure to one of continued productivity, the challenge for many seniors is not so much how to stay out of a nursing home as how to keep their hand in at work.

With this in mind, researchers at the Center for Personal Assistance Services (CPAS) at the University of California, San Francisco want to know how seniors and people with disabilities get personal help to function on the job.

Assistive technology alone is not enough, they argue: For some tasks, an extra pair of hands is needed, but the regulations for Americans with Disabilities Act do not require employers to provide assistance for purely personal needs, such as eating, toileting or dressing.

Seniors who have successfully negotiated this issue with their bosses are encouraged to contact Susan Stoddard, president of InfoUse, which is coordinating this aspect of the center's research. "We want to talk with people who are solving this," she told *OAR*. "The employers, the human resource directors, don't seem to know."

What is Personal Assistance Really For?

The focus on work puts a new spin on the Medicaid personal care benefit, which was conceived to help seniors and people with disabilities stay out of nursing homes but which can also be used outside the home, if states permit.

The key to using this benefit at work is the Ticket to Work Act (P.L. 106-170), which lets people with disabilities pay premiums or make copayments to get Medicaid coverage for which they would ordinarily not be eligible.

At the National Conference of State Legislatures (NCSL), policy analyst Diana Hinton has looked closely at these buy-in programs, which have been created in more than 30 states, either as part of state Medicaid plans or as waivers.

In *Personal Assistance Services on the Job*, she shows how Iowa, Utah and West Virginia are grappling with several questions, such as whether to limit the number of hours of service, so as to spread available dollars more widely.

She also highlights the connection with the consumer-direction movement, under which the federal government is encouraging states to provide personal care services in the form of a voucher, to spend largely as beneficiaries desire.

Under the Ticket to Work Act, eligibility for buy-in programs is limited to people under 65, and the law was championed by people in that age group. But under the Balanced Budget Act of 1997 (P.L. 105-33), which also authorizes Medicaid buy-in programs, there is no age restriction.

Donna Folkemer, program manager at NCSL, says there remains a bias on the part of states toward helping younger workers on the theory that older workers want to retire. "I guess that states view the policy issues as different" for older workers, she told *OAR*.

Doing What's Right Anyhow

Beyond what the law requires — an analysis by Robert Silverstein of the Center for Study and Advancement of Disability Policy (CSADP) is instructive — there is the question of how much employers should invest simply to keep experienced workers on board.

"Employers are much more likely to make these kinds of accommodations to somebody they're committed to already," Stoddard says.

Later this year, Stoddard will survey several thousand employers to find out how they are dealing with workers whose needs fall outside the scope of the ADA. Meanwhile, she sees access to personal assistance as a growing issue for a society in which people are working as long as they can — either by choice or necessity.

In many cases, the extra help is provided without much fanfare, especially with things like opening a door or getting something from a top shelf. "A lot of that just happens naturally," she says. "The personal tasks, however, don't tend to come out at the workplace. They are less easy to arrange for and less easy to ask for."

Contact: Susan Stoddard, InfoUse, (510) 549-6520, www.infouse.com; CPAS, (415) 476-4030, www.pascenter.org; Diana Hinton and Donna Folkemer, NCSL, (202) 624-5400, www.ncsl.org; Robert Silverstein, CSADP, (617) 287-4300, www.communityinclusion.org.

FAST FACTS ON MEDICAID. The Public Policy Institute (PPI) at AARP outlines how states determine eligibility for Medicaid in a 40-page report, *Medicaid Eligibility Policy for Aged, Blind and Disabled Beneficiaries*. Lead author Brian Bruen argues that states could do more to expand eligibility for seniors, and are unduly concerned about costs. Contact: PPI, (202) 434-3840, http://research.aarp.org/health/2003_14_abd.pdf.

Arthritis Initiative Seeks Participants In Bid to Find Early Signs of Disease

An effort to help doctors identify people at risk of developing osteoarthritis got off the ground last month as four medical centers began enrolling participants in a set of trials.

Osteoarthritis involves the steady loss of cartilage and is the most common form of arthritis. A common affliction among seniors, it usually shows up in the hands, knees, hips or spine, but can affect any joint. There is no cure.

The Osteoarthritis Initiative involves the Ohio State University, the University of Pittsburgh and two pairs of institutions: Memorial Hospital/Brown University and University of Maryland/Johns Hopkins University. Each will collect blood, urine and other specimens from 1,250 adults over 45 every year for five years, including x-rays and magnetic resonance imaging scans.

As with imaging techniques being developed for people with Alzheimer's disease, the idea is to find a way to track the progression of osteoarthritis without going through long clinical trials — a real-time feedback system.

The initiative will be coordinated by the University of California, San Francisco. It is funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) and other federal entities with support from three drug companies: Merck, Novartis and Pfizer.

Contact: University of California, www.oai.ucsf.edu/clinics.asp; NIAMS, (301) 496-8190, www.niams.nih.gov.

Researcher Investigates Relationship Between Age, Environmental Chemicals

A scientist at Mississippi State University is looking at how susceptibility to environmental chemicals varies by age, using a \$100,000 award from the Society of Toxicology and the American Chemistry Council (ACC).

Nikolay Filipov will use adult and aged mice to examine the impact of chronic exposure on neurodegenerative diseases. "The ultimate goal is to understand potential mechanisms of effect of chemicals in the elderly," the funders say.

Contact: Society of Toxicology, (703) 438-3115, www.toxicology.org; ACC, (703) 741-5816, www.americanchemistry.com; Nikolay Filipov, MSU, (662) 325-3442, www.msstate.edu.

Civil Rights Project Invites Accounts From Struggles for Equality, Justice

History lives in the memories of the people who made it, and at AARP, those memories are being collected as part of an effort to document the civil rights movement of the last century.

Ordinary People: Extraordinary Stories is intended to be donated to the Library of Congress, but it is not just about the campaign for racial justice, according to Wade Henderson, executive director of the Leadership Council on Civil Rights, which is collaborating with AARP on the project.

It will also include recollections from the ongoing struggles for equality for women and people with disabilities, he says. About 1,000 stories have already been collected and will soon be available online. Meanwhile, submissions are welcome at www.voicesofcivilrights.org.

Contact: AARP, (202) 434-2560, www.aarp.org; Wade Henderson, LCCR, (202) 466-3311, www.civilrights.org.

Best Practices Wanted for Research On Ensuring Prescription Compliance

The National Quality Forum (NQF) is looking for proven methods for helping people — especially those with low literacy or limited English proficiency — use prescription drugs appropriately and as directed.

Submissions for the project, which is supported by the California Endowment, are due by **April 13**.

Contact: Helen Wu, NQF, (202) 783-1300, www.qualityforum.org.

National Eye Institute Lays Out Strategy For Learning More on Vision Problems

Releasing a strategic plan for combating vision loss, the National Eye Institute says it is working on several fronts to help Americans maintain and regain their vision.

Research and funding priorities include retinal diseases, including macular degeneration; diseases of the cornea, including dry eye; and ailments such as glaucoma, the leading cause of blindness among African Americans.

Contact: NEI, (301) 496-4308, www.nei.nih.gov/strategicplanning.

Sleep Disorders Rank High on List Of Ailments Affecting Seniors

Although more than half of people over 65 reporting sleep problems, only recently has the importance of sleep become apparent to those concerned with seniors' health.

The body's internal clock appears to change as people age, according to a report by the International Longevity Center (ILC), *Sleep, Health and Aging*. As a result, seniors find themselves in what amounts to an earlier time zone, going to bed earlier and waking up earlier.

That in itself is not so much of a problem, so long as it is recognized. But insomnia, resulting in sleep deprivation, can aggravate or even cause a host of other health problems by compromising the immune system.

Insomnia Poses Hazards

Occasional insomnia occurs at any age, according to the ILC report. But chronic insomnia appears to be a special problem for seniors, occurring in 20 percent of people over 65 in a telephone survey of 1,000 adults.

"Insomnia in older adults is not benign," it warns. "Insomnia patients were found to have slower reaction time, poorer balance and were more likely to forget numbers."

On the scientific question — is insomnia a function of age or merely a symptom of other problems — the ILC consensus is that "the old dogma that poor sleep is a natural part of aging has been disproved." The key, therefore, is to maintain optimum health — get exercise, keep one's weight down and so on.

Nonetheless, seniors are vulnerable to waking up too easily, according to the National Institute on Aging. This includes the tendency to have fragmented sleep, meaning they wake up periodically and have to fall asleep again.

Also, seniors tend to spend less time in the deepest part of the nondreaming portion of their sleep experience.

This has implications for health care facilities, according to a report in the February issue of *American Journal of Nursing*. The article, "Noise Control: A Nursing Team's Approach to Sleep Promotion," includes several steps that were taken in a nursing home, including reducing television volume, limiting the use of the intercom and identifying patients who did not need care at night and thus could be safely left alone.

The article includes dozens of ways that nurses found to keep noise to a minimum, including:

- Padding the bottom of chart holders outside patients' rooms so the charts made less noise when they were put back in place
- Getting the supply staff to do their stocking before 11 p.m.
- Holding their own conversations in special rooms instead of at nursing stations.

Contact: ILC, (212) 288-1468, www.ilcusa.org; NIA, (301) 496-1752, www.niapublications.org/engagepages/sleep.asp; AJN, www.nursingcenter.com/library/JournalArticle.asp?Article_ID=483241.

Epilepsy Is Focus of Collaboration Between NCOA, Other Groups

Saying epilepsy is not just something a person is born with but something that can develop as people get older, the National Council on the Aging (NCOA), the Epilepsy Foundation and UCB Pharma are working together to educate seniors about the disease.

People may not recognize epilepsy in seniors if they are looking for convulsions, according to Epilepsy Foundation President Eric Hargas. The symptoms can also be quite subtle, including blurred vision and hearing unusual sounds.

Epilepsy can be triggered by some of the common ailments of age, such as stroke, cancer or heart disease, and treating people for epilepsy and one of these other maladies simultaneously is not easy, especially when trying to avoid prescription drug conflicts.

Contact: NCOA, (202) 479-1200, www.ncoa.org; Epilepsy Foundation, (800) 332-1000, www.epilepsyfoundation.org; UCB Pharma, www.ucb-group.com.

MAKING AN IMPACT. A new appeals process that went into effect in December 2003 allows Medicare beneficiaries to challenge Local Medical Review Policies and thus alter the way future claims are handled in similar cases. In a brief, *Local Medical Review Policies*, the Center for Medicare Education (CME) explains the process and provides a flow chart showing the sequence of steps, both for beneficiaries and for contractors, from the administrative law judge to the departmental appeals board to federal court. Contact: CME, (202) 508-1210, www.medicareed.org.

Council Aims to Bring Order from Chaos In Federal Transportation Programs

Not the first time, the federal government is trying to make sure the left hand knows what the right one is doing when it comes to transportation for participants in human services programs. At least 62 such funding streams exist, according to the General Accounting Office.

Last month, President Bush issued an executive order creating an Interagency Transportation Coordinating Council on Access and Mobility within the Department of Transportation, to “minimize duplication and overlap.”

The effort dovetails with an initiative at the Federal Transit Administration called *United We Ride* (*OAR*, March 5, p. 71), and comes when Congress is making noise about the lack of coordination in federally transportation services.

Most recently, the issue arose in legislation (S. 1072) passed by the Senate to reauthorize transportation programs. Last spring, the House also held a hearing on the issue, in which administration officials blamed localities for uncoordinated services (*OAR*, May 2, 2003, p. 139).

Bush’s order says the various human-service transportation programs are “difficult to understand and access, and are more costly than necessary due to inconsistent and unnecessary federal and state program rules and restrictions.”

DOT Secretary Norman Mineta will serve as council chairman, with representatives from the departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Interior, Labor and Veterans Affairs, plus the Social Security Administration.

Contact: White House, www.whitehouse.gov/news/releases/2004/02/print/20040224-9.html.

This Just In

As Congress moves from setting the broad outlines of the budget to making specific appropriations, members of the Parkinson’s Action Network (PAN) are seeking support for the Army’s Neurotoxin Exposure Treatment Research Program, which is primarily aimed at helping military personnel but which may help find a cure for Parkinson’s and other neurodegenerative illnesses. “Dear Colleague” letters are circulating in both chambers, and with 79 projects in 22 states, there is a broad potential base of support. Contact: PAN, (202) 842-4101, www.parkinsonsaction.org.

FEDERAL REGISTER

AoA and FDA: Reaching Hispanics. The Administration on Aging and the Food and Drug Administration have issued a Memorandum of Understanding, detailing their efforts to teach Hispanic seniors and their caregivers about drug safety (*OAR*, Oct. 17, 2003, p. 321). Contact: Mary Hitch, (301) 827-4406. *Federal Register*, March 12, p. 11865.

FTC: Do-Not-Email. The Federal Trade Commission invites input on how to design a do-not-email system akin to the do-not-call system it operates in conjunction with the Federal Communications Commission (*OAR*, March 12, p. 78). Comments are due **March 31**. Comments on other aspects of the CAN-SPAM Act (P.L. 108-173) are due April 12. Contact: Michael Goodman, (202) 326-3071. *Federal Register*, March 11, p. 11776.

White House: Bioethics. The President’s Council on Bioethics, which guides federal research on stem cells and other matters, will meet **April 1-2** in Arlington, Va. Stem cell research is of particular importance to people with Parkinson’s disease (*OAR*, March 12, p. 79). To testify, contact Diane Gianelli, (202) 296-4669, info@bioethics.gov. *Federal Register*, March 15, p. 12153.

All Federal Register announcements can be found at www.access.gpo.gov/su_docs/fedreg/frcont04.html