

MINUTES
Utah Commission on Aging
December 5, 2007
1:00 – 3:00 pm

Commission Member Attendees:

Norma Matheson	Chair
Maureen Henry	Executive Director
Senator Alan Christensen	Utah Senate
Representative Steven Mascaro	Utah House of Representatives
Laura Polachek for Rob Ence	AARP
Mark Supiano	U of U Center on Aging
Mayor JoAnn Seghini	Midvale City
Alan Ormsby for Lisa-Michele Church	DAAS, Utah Department of Human Services
Michael Deily for David Sundwall	Utah Department of Health
Joy Erickson for Deborah Bayle	United Way
Kent Alderman	Parsons, Behle, & Latimer

Other Attendees:

Lynn Samsel	LDS Church
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The meeting was called to order by Chair Norma Matheson.

1. Welcome. Norma welcomed all attendees..

2. Utah Advance Health Care Directive Act/ End of Life Committee. Maureen discussed in detail a presentation given at the September Advanced Directive Training, which was held at the Utah Bar. A review of the major points and the reasons why advanced directive planning is so important was included in the discussion. Maureen has met with many of the providers to let them know the change is coming. The physician groups are enthusiastic about the new law. The Salt Lake Tribune ran an article regarding the new law; the public push will be after January 1. There will be a another training at the Utah Bar on December 18; the September facilitator training will be replicated in February and as an ongoing continuing education academy by the U's Continuing Education Division. Currently, 80 people have completed the training.

- **Definition of Advance Health Care Plan:** An advance health care plan indicates preferences for *who* should make health care decisions if the person loses the ability to make his or her own decisions, and gives direction for *how* health care decisions should be made. Some issues not included on the presentation slides include:
 - Surrogate Decision Making: defined as “substituted judgment” rather than “best interest”. This is an explicit change in the statute in order to help move to a more person-oriented and flexible approach.
 - A person who might benefit from the signing of a directive may not be the witness. A health care employee may be a witness if not providing direct care.

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- Mental health treatment is included in the mainstream law; a patient can disqualify an agent, even if the patient lacks decision-making capacity. In some cases, the court may become involved for guardianship purposes.
- POLST form is not an advanced directive; it is a physician order. The form is a good way to translate advanced directives into specific instructions from a physician to medical providers about the kind of medical care desired. The POLST and the Advanced Directive forms meet two different needs in the State of Utah.
- It is the obligation of the provider to understand and implement the new law.
- Training needs to be ongoing; ample opportunities are being provided.
- Information will be on as many web pages as possible.
- The forms and instructions will be posted on the web next week, pending receipt of instructions from Department of Health.
- Senator Christensen and the Commission thanked Maureen for her work on the Advanced Directives.

3. Review of Recent Activities. Please refer to Special Committee and Commission Staff Highlights for recent activity highlights. In addition, Alan Ormsby reported on a community based pilot project:

The Medicaid Interim Committee has been meeting for the last year and one-half. One of the outcomes is a cost-effective strategy to get more people on the Waiver Program. The Waiver Program is a Medicaid waiver that allows individuals to be served in their home at one-sixth of the cost. One of the reasons people don't get on the Waiver and instead are placed in a skilled nursing facility is that, upon hospital discharge, issues such as eligibility, time, and lack of knowledge prevent a person from a home community-based option. A new pilot program was proposed whereby the hospital discharge system will be notified about the Waiver Program. Aging Services will do the assessment, determine eligibility, and place the patient in a dedicated slot (with authorization from CMS).

The plan is for the Medicaid Interim Committee to make a recommendation to the Executive Appropriations Committee for a small appropriation of approximately \$60,000 of new money, with the needed balance to come from the Health Department. There are 36 slots available; one slot per hospital. Patients are eligible for the Waiver program if they are Medicaid eligible and meet the skilled nursing level of care requirement.

- Mental Health– Maureen Henry
The Committee will be drafting a written proposal for the Commission's vote to seek legislative approval for a pilot program to create a community ethics committee authorized to make routine health care decisions for individuals who lack decision-making capacity and who also lack an appropriate surrogate decision-maker. Utah has no legal authority in place to make decisions regarding treatment.
- Utah 2030 – Maureen Henry

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The report was presented to the Governor's Office; it was received with enthusiasm. The Governor's Office will launch the report at the end of the Legislative Session via a media blitz and a statewide tour. This report will provide positive attention on how the state can prepare for the aging population. The final report will be issued in March 2008.

- Annual Report – Maureen Henry
This report will be paired with the Utah 2030 Report.

The meeting adjourned at 3:05 p.m.