

BIFOCAAL

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Bar Associations in Focus on Aging and the Law

New ABA Policies on Aging Issues

On August 6, 2012, at the American Bar Association Annual Meeting, the following three resolutions proposed by the Commission on Law and Aging were adopted by the ABA House of Delegates.

Resolution 106A: Advance Care Planning for Older Adults

Resolution 106A addresses a serious need for stronger mechanisms and protocols to ensure that patients and their families, especially those who rely on Medicare and Medicaid, receive the counseling and assistance they need to plan adequately for medical decisions that will inevitably face them. Some seventy percent of the adult population does not have a formal advance directive, although many of these adults have expressed their wishes in a variety of other ways, either orally or in writing. Nonetheless, the federal government lacks sufficient systemic prompts and supports to make advance care planning a normal and expected part of health care for persons on Medicare and Medicaid.

This resolution addresses the problem by calling on Congress to strengthen the only federal law that seeks to encourage the use and recognition of advance directives -- the Patient Self-Determination Act of 1990. The resolution also calls on the

Department of Health and Human Services to require that voluntary advance care planning be included in the annual Medicare wellness exam.

Resolution 106A has four elements. The first three points address Congress, urging it to amend the provisions of the Patient Self-Determination Act of 1990 to require: (1) That every patient or patient's authorized representative be given an opportunity to discuss issues relating to advance care planning with an appropriately trained representative of the provider organization; (2) That Health Insurance Exchanges developed pursuant to the Patient Protection and Affordable Care Act of 2010 be required to provide advance care planning information and resource options for follow-up assistance; and (3) That in the absence of a validly executed state advance directive, any clear and undisputed expression of a person's wishes with respect to health care should be honored by health care providers, as long as consistent with applicable law.

Finally, Resolution 106A urges Congress and the Centers for Medicare and Medicaid Services (CMS) to require that the annual Medicare wellness examination, or other periodic doctor-patient interactions, include an opportunity to engage in advance care planning for

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health decisions and to have resources available relating to advance care planning.

Resolution 106B: National Guardianship Summit Standards and Recommendations

The need for guardianship of incapacitated adults will grow as the population ages and the number of individuals with dementia, intellectual disabilities, mental illness and brain injury increases. The last twenty-five years has seen significant guardianship reform focused on procedural protections, determination of capacity, limited orders and court monitoring, with less attention to the post-appointment performance of the guardian. When the court appoints a

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guardian for an adult, what is the expectation of how the guardian will fulfill this daunting and powerful role on behalf of vulnerable at-risk individuals? Despite some degree of guidance in state laws and court rules, as well as some existing standards, nowhere is there a universally recognized set of standards defining how a guardian should perform and make decisions. While research is scant, anecdotal evidence, governmental reports and press accounts indicate guardian practice is markedly uneven.

Thus, the National Guardianship Network (comprised of ten national organizations working for effective adult guardianship law and practice) in 2011 convened a landmark Summit to examine what standards should guide guardians. The Summit focused on post-appointment performance across several key areas of guardianship practice.

The Summit resulted in forty-three standards for guardians and twenty-one additional recommendations for action by legislatures, courts and others, providing a durable guide for guardians and a solid blueprint for continuing reform. The ABA Resolution endorses the Summit Standards and Recommendations, and urges courts and all levels of policy-making bodies to implement them, thus allowing for a strong ABA voice in the implementation.

Resolution 106C: Court-focused Elder Abuse Initiatives

The older adult population is growing and the incidence of elder abuse is rising. State legislative action and growing emphasis on legal remedies are expanding the number of elder abuse cases in the state courts. With funding from the U.S. Department of Justice through its National Institute

of Justice, the Commission on Law and Aging recently studied what were then the only five court-focused elder abuse initiatives in the country and concluded that they are beneficial and should be replicated.

The Commission coined the term "court-focused elder abuse initiatives" and defined it as initiatives that serve victims or potential victims of elder abuse through either a court or a court-based program, or a program conducted in partnership with a court. Resolution 106C supports the development of such initiatives to improve the justice system's response to victims of elder abuse. This resolution urges state, territorial, tribal, and local courts and community organizations to collaborate in establishing court-focused elder abuse initiatives that, as appropriate for each initiative and each jurisdiction, implement seven principles that mirror the findings of the Commission's study. The resolution also urges the courts and community organizations involved in these initiatives to develop comprehensive plans for collecting and analyzing data to demonstrate the initiatives' impact and outcomes.

You can read these and other ABA policies proposed by the Commission on the Commission's web page, http://www.americanbar.org/groups/law_aging/policy.html



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Join **Elderbar**, the listserve that brings together public and private sector legal advocates and the aging network.

Elderbar is for you if you are an:

- Elder law attorney
- Title III-B legal services provider
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- OAA-funded elder rights advocate
- LSC, IOLTA-funded, or other non-profit or public sector legal services organization
- Law school elder law or clinical staff
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Elderbar gives you the opportunity to communicate across the boundaries of the law and aging networks and the public and private legal sectors. Share ideas and information about programs, bar section and committee activities, and learn how others are responding to the increasing demand and finite funding for legal services for seniors.

Elderbar is a project of the **ABA Commission** as part of its role in the National Legal Resource Center, funded by the Administration on Aging. It is a closed list; messages can only be posted and read by members. To get connected to **Elderbar** send your name, e-mail address, and professional affiliation to david.godfrey@americanbar.org.



Probate Courts & Community Connections: One Professional's Career Path

Mary Joy Quinn

As a result of retiring earlier this year from San Francisco Superior Court as the Director of the Probate Department, I was asked to give a keynote speech reflecting on my work and life. At first, it seemed a daunting assignment; I didn't think of myself as "retiring," but rather as "graduating" from thirty-four years of employment with the Court. After all, I plan to continue my work in the fields of elder mistreatment and guardianship. In the end, the task allowed me to review my life, and I was filled with deep gratitude and appreciation for all that has gone before.

As a child, I was fascinated by nursing and medicine. As a teenager, I worked as a nurses' aide and wanted to become a physician. However, in 1950's America, this was not a realistic aspiration for a young woman so, instead, I attended a diploma school of nursing and later graduated from the University of Oregon with a Bachelor of Science in Nursing. I taught operating room nursing for two years and then served as a public health nurse in the Sunset District in San Francisco where I worked with elders in the community and organized various nursing, baby, and immunization clinics. After seven years as a public health nurse, I decided to work as an operating nurse at a small hospital.

Soon after starting my new job, I learned that Jack McKay, a well-known gerontologist at the San Francisco Council of Churches, was searching for a nurse to work with

three of the Council's programs providing mental health services for community-dwelling older adults (e.g., home visits), managing a psychiatric day center, and organizing activities for people living in residential care homes. Eventually, I became the Director of the Geriatric Day Treatment Center. We were doing cutting edge work with psychiatrically ill older people. There was no other program like it in the United States at the time. We carefully worked with psychotropic medication which often had unexpected effects on older people. We began to tease apart the differences between mental illness and the various dementias. And we became familiar with paranoid states specific to older adults as well as the temporary acute delirium caused by medical conditions.

While working at the Geriatric Day Treatment Center, I earned a master's degree in clinical psychology at Lone Mountain College where I focused on both gerontology and psychology of women. My master's thesis was on the connection between reviewing one's life and late-life depression. I learned that people who refuse to review their lives are likely to become depressed. I graduated in 1977 with a specialty in gerontology years before it became a field or an area of study in universities.

Why did I study aging? I enjoyed older people and was fascinated by their wealth of knowledge. I'd had a very interesting maternal grandfather

and grandmother and was fascinated by older people in general. They seemed certain and calm about so many of the life dilemmas I was dealing with. They had fountains of information that they could easily access. They seemed to know how to detect fakery. While I've learned a good deal from older people, I also slowly learned that I had to live my own life to gain the knowledge that they have.

About four years after I started working with the Council of Churches, a lawyer friend told me about new legislation that had been passed in 1977 which created the role of the Court Investigator in Probate Courts in California. Federal funding for community mental health was winding down and I knew it was only a matter of time before I'd need another job. My friend said the work would involve visiting older adults with physical and mental deficits, advising of them of their rights with conservatorships (termed guardianships in other states), and reporting, contacting family members and third parties such as physicians, social workers, and discharge planners. After distilling this information, and including the proposed conservatees' express statements, written report had to be made for the judge. I applied for the job and was hired; I came to the Probate Court from the community perspective, with knowledge about older people, and with a medical background.

When I started with the court, it was a bit of a culture shock to go from the medical model to the legal model. It was also shock to go from being the director of a psychiatric day treatment center for older adults in a small private non-profit agency to being a court investigator with a very public role. Fortunately there were many

threads of knowledge I could apply as I was accustomed to being on the cutting edge of a field, creating protocols and procedures, working with a team, and advancing knowledge. Together with others, I created new forms, figured out how to apply the new conservatorship laws, became familiar with legal and court culture and learned how to interact with judges and other court personnel. I became accustomed to thinking that all the cases that came before the court had two--and probably more--sides to the case. It was up to the court to find the truth among the conflicting information, to weigh and measure the application of the law, and then to make a decision. This was very unlike the medicine model where there was usually only one scenario which was defined and controlled by the physician.

Several significant events happened in 1977. That year marked the first congressional testimony in the US Congress about elder abuse that sparked the movement into existence. The role of the Court Investigator was created and I was the first one hired in San Francisco Superior Court. Additionally, on a personal note, I received my master's degree and met Frank Quinn, the man who would become my husband.

While these connections seem obvious now, it was not so while I was living them. It was a jig saw puzzle that got assembled over the years, and it was not a traditional career path. It was dependent on increases in funding for mental health and in the courts, the various civil rights movements (i.e., women's rights and disability rights), the societal interest in psychology and, eventually, gerontology. Additionally, I was fortunate to have various mentors and colleagues who were steadfast and encouraging. My parents too deeply influenced me.

They valued hard work and had a positive outlook on life. They were curious, innovative, had great senses of humor, and knew how to enjoy life. My marriage to Frank Quinn, a civil rights worker all his life, also helped me understand what leadership was about as well as the value and pleasures of a diverse work force.

My contact with elder abuse and neglect began when I started working as a Court Investigator. I couldn't believe what I was seeing and hearing in the cases especially the financial abuse and the neglect of elders. It was astonishing and far outside my moral code of ethics. I was indignant and outraged by the cases and the rationalizations alleged abusers gave. That, by the way, never changed. Up to the date I left the court's employment, I could always be surprised by the amount and types of abuse and neglect we were seeing, usually before a conservatorship was established. As recently as a week ago, I was told about a case where family members left Probate Code and proceeded to get into a physical fight in one of the court's elevators. They left a trail of blood from the elevator to the door out the courthouse. They were quarreling about who should be their mother's conservator.

During the twelve years as an investigator and twenty-two years as the director of the Probate Court, the judges, staff, and I were able to reduce the amount of elder abuse and neglect in existing conservatorships. We did this by paying attention to the cases that had "gone wrong" and by fashioning new judicial procedures. For instance, the court started requiring full bonding for all liquid assets and the recording of all conservatorship appointments with county government. We also initiated much closer monitoring of conservatorship cases by scheduling



them for review on the court's calendar rather than waiting for conservators to file their accountings.

Early on in my work with the Probate Court, I became aware that I was encountering situations that were not commonly seen by professionals working with impaired older adults in the community. I felt an obligation to inform and educate others because I had this unique knowledge and because they expressed interest. I began making presentations locally and nationally. In 1983 at the American Society on Aging (ASA) meeting in Albuquerque, I met Susan Tomita, a geriatric social worker from Harborview Medical Center in Seattle. We both were presenting on elder abuse and neglect and we were appalled by it. We were both seeing elder abuse and neglect in our respective work settings and we combined forces to publish the first clinical book in 1986 entitled Elder Abuse and Neglect: Causes, Diagnosis, and Intervention Strategies. We also did training for Adult Protective Services workers around the country.

I've gone on to write various articles on elder abuse and neglect, guardianships and conservatorships, and undue influence as it occurs with living elders. I wrote another book,

this time on my own, which was published in 2005--Guardianships of Adults: Achieving Justice, Autonomy, and Safety.

In time, my curiosity led me to two major research projects. I received funding from California Administrative Offices of the Courts to examine the nature of existing guardianships in 2005. In 2010, I received funds from a private foundation, the Borchard Foundation Center on Law and Aging, to research undue influence as it occurs in community dwelling elders. These studies yielded important information and implications for clinical practice.

In addition to the day-to-day work of the Probate Court, by giving presentations, publishing articles, and conducting research I felt I discharged my duty to impart information that was needed by other practitioners. I'm grateful for the opportunities I've had and am pleased that I was able to recognize them as opportunities when they surfaced. Further, I'm grateful for the advice, assistance, insights from others over the years. It has been a good run. And, it's not over.

Ms. Quinn's essay is based on her keynote speech for the 7th Annual Conference on Elder Abuse sponsored by Legal Assistance for Seniors of Oakland, California. The title of the conference, which was held on May 21, 2012 in San Francisco, was *Rising to the Challenge: Protection, Advocacy, Empowerment*.

Annual NLRC User Needs Survey

The National Legal Resource Center provides resources, training, technical assistance and case consultation services to professionals in aging and law. Our annual user needs survey is your opportunity to tell us what resources and services you need most. The survey will close on September 27th, 2012.

Click on this link to complete this short survey:

https://abanet.qualtrics.com/SE/?SID=SV_821jYjxRoVDMSfX





The Longevity of Elder Law

By Charles Sabatino

Some years ago I wrote a speculative article on the future of elder law, which began by noting three characteristics that distinguish it from traditional practices of law.

First, elder law places emphasis on issues arising from a long life, rather than death. The average person today who reaches age 65 will likely live to age 84. As 2010 came to a close, the media lit up with the news that the oldest baby boomers were about to turn 65. Meanwhile, the 85-plus population remains the fastest growing subgroup of older persons. Americans are living their later years in better health than their forbearers, but most will also live for some number of years with chronic conditions that will impair and eventually kill them. It is the quality of life while living that concerns both aging Americans and Americans with disabilities today, much more than what happens to their estate after dying.

Second, elder law integrates legal planning and problem solving into a larger picture of personal planning needs. Clients' "non-legal" personal goals regarding health, housing, personal autonomy, and quality of life, ultimately intersect with legal planning and protection. Isolating the

purely "legal" part from the larger picture risks short-sightedness and is non-responsive to the client's perspective. Thus, elder law has always embraced a "big-picture," holistic approach.

Third, elder law strives for an interdisciplinary planning perspective. Social workers, geriatricians, other health practitioners, geriatric case managers, financial planners, and others all serve as allies in the legal planning work of elder law attorneys. Often, elder law practitioners provide an entry point for clients into aging and disability community resources. Experienced elder law attorneys know how to connect to or provide the supportive services their clients need.

These three characteristics still hold true today, but they are insufficient in themselves to define the practice. The field is dynamic and ever changing. If thought of as a practice specialty, it turns the notion of "specialty" on its head. Instead of a targeted and narrow expertise, elder law cuts across a multitude of legal matters, making it almost impossible for any one practitioner to focus on every subject that fits within the concentration. The ABA-approved elder law certification program of the National Elder Law Foundation tests applicants for

certification on five separate core substantive topics and eight "extended topics."

What then, conceptually, defines elder law today? My own paradigm has emerged over many years. It starts by identifying the underlying values or goals of representing older persons and persons with disabilities. These core goals are the preservation and enhancement of:

- Autonomy,
- Dignity, and
- Quality of life

These goals apply to adults of all ages, but, not surprisingly, they become particularly important and acutely stressed in the face of old age, chronic disease, frailty, or disability.

Arising directly from these goals is a core set of legal issues—matters of decision-making capacity, surrogate decision-making, and protecting those with diminished capacity. Thus, core legal tools of elder law include planning devices such as durable powers of attorney, inter-vivos trusts, advance directives for health care, and, when protection is needed, guardianship and conservatorship.

Beyond these immediate issues of personal decision-making, elder law issues tend to concentrate around three broad, but concrete focal points connected to these underlying goals:

- Housing issues (or, more broadly speaking, one's entire living environment);
- Financial well-being; and
- Health and long-term care.

When you populate the myriad subtopics of these issues, you have a very full picture substantively of what elder law encompasses. An advantage of this paradigm is that it avoids defining elder law merely by the clients it serves. It is increasingly common for elder law attorneys to serve younger generations of clients who seek to do their own planning and, especially, younger clients with special needs. "Elder and special

2012 National Aging and Law Institute: “The Post Election Special Edition”

November 8-10, 2012,
Washington, D.C.

The National Aging and Law Institute provides elder and special needs law professionals an unparalleled opportunity to learn, network, and engage with leaders within the field. Several advanced educational sessions on vital topics, such as health care, Medicare and Medicaid, guardianship, public benefits, practice management, consumer issues, housing, income/estate tax planning, special needs planning, and ethical issues that all professionals face makes this conference one you can't afford to miss.

Take advantage of what will be an exceptional conference experience, incorporating innovative ideas for creating the solutions to help you meet the needs of your clients. The National Aging and Law Institute is a merger of the NAELA Advanced Fall Institute and the National Aging and Law Conference. It is hosted by the National Academy of Elder Law Attorneys and a coalition formed by the American Bar Association Commission on Law and Aging, the Center for Medicare Advocacy, the National Senior Citizens Law Center, the Center for Social Gerontology, the National Consumer Law Center, the AARP Foundation, and the National Association of States United for Aging and Disabilities.

Space is Limited. Register Early to Secure Your Place. Online Conference Registration, Online Hotel Reservations, Draft Agenda are available at www.naela.org.

needs law” more accurately describes a large segment of the practice today. In addition, the paradigm allows for a great deal of flexibility in the evolution of elder and special needs law. While the core goals and general challenges remain the same over time, the particular benefits, financial planning options, housing options, and health care options and issues are likely to change significantly in the years to come.

The maturation of elder law stands out in relief when you look back in history. Elder law claims its roots in the Older Americans Act of 1965, which made senior citizens' law programs a permanent fixture in the aging network. Support programs, such as the National Senior Citizens Law Center and our ABA Commission on Law and Aging, nurtured the beginnings of a national identity of this type of law. Gradually, the field matured to include national private bar groups, particularly the National Academy of Elder Law Attorneys (NAELA), which emerged in 1988. On the state level, some 39 state bar associations have elder law sections or committees encompassing both aging and disability issues.

Within the ABA, elder law issues have become established in the collective ABA entities that address the diverse issues of aging, including Senior Lawyers, Real Property Trust and Estate Law, Health Law, Family Law, General Practice/Solo, Criminal Law, and Young Lawyers. These groups network through quarterly conference calls hosted by the Commission on Law and Aging and through a variety of collaborations in CLE programming. Dedicated journals on elder law in ABA publications, such as *Experience* and *Bifocal*, signal the importance of the field today within the bar. And, the special ethical issues of elder law have gained more meaningful attention in the last two decades, first in the changes to Model Rule 1.14 (Clients with Diminished Capacity) that were enacted as part of the *Ethics 2000* initiative, and,



currently, in the debate over alternative practice of law structures in the *Ethics 20/20* initiative. Because many elder law practitioners work hand in hand with social work and nursing professionals, the opportunity for non-lawyer ownership in elder law firms is of heightened interest.

The longevity of elder law is now a fact of life. But, it will continue to develop with the times. In future columns, I will examine some of the emerging issues in law and aging that the Commission on Law and Aging is addressing and attempt to shine a light on opportunities we have to bring to life those goals of autonomy, dignity, and quality of life for aging members of society, of any age.

Charles Sabatino is Director of the ABA Commission on Law and Aging.

Risk Management Essentials for Village Leaders

Adrienne Lyon Buenavista¹

Older adults love their communities—they have spent decades building their current home and social life. Although some aging adults choose to move to a retirement community or to assisted living, the majority of older Americans would like to continue living in their own homes for as long as possible.² Grassroots organizations called “Villages” can make “aging-in-place” a viable option by easing the access to services without which persons would often be forced to move from their homes.

The first Village, Beacon Hill Village in Boston, was founded in 2001 and has served as a model for community organizers across the nation.³ Today, there are ninety Villages in the United States, with another thirty in development.⁴ The basic Village structure is straightforward: Members (i.e., older residents) pay an annual fee of approximately \$600 in exchange for an unlimited number of services such as transportation, housecleaning, meal preparation, computer assistance, and home maintenance.⁵ Most of these services are provided by volunteers—able-bodied Village members or younger neighbors. However, if a requested service requires an expert, the Village provides contact information for vendors such as home health care aides, plumbers, or electricians.⁶

The Village movement has tremendous potential, but one challenge to its growth involves liability concerns. Village organizers may well be concerned about possible liability incurred by a Village if a volunteer or vendor commits a tort—a private civil wrong resulting in an injury or loss to a person or property. As with all organizations, there are

steps that Villages can take to limit liability. Based on exploratory research,⁷ this essay reviews two primary means of controlling tort liability: risk minimization and risk allocation.

Risk Minimization

Nonprofits should employ various risk management techniques to minimize the probability and impact of liabilities. By implementing certain procedures or by avoiding certain activities, Villages can decrease the likelihood that they will be held liable for any accident.

1) Screening Volunteers

Village volunteers are typically neighbors or Village members, often already known to the Village board and members. However, since nonprofit organizations can be held liable for negligent selection or screening of volunteers, Villages should put the same amount of effort into screening volunteers as they do for paid employees. Specifically, Villages should investigate the criminal record, driving record, skills set, and temperament of each volunteer to minimize the risk of volunteer inadequacy.⁸

One of the best ways to implement a consistent screening process is to appoint or hire a volunteer coordinator to establish screening guidelines and perform criminal record, driving record, and character reference investigations.⁹ When determining whether a volunteer is adequately qualified for a position, the coordinator should examine the nature of the volunteer services, the anticipated contact with vulnerable

members, and the degree of supervision needed.¹⁰ For instance, screening volunteer driving records is more critical for volunteers that will be driving than it would be for volunteers doing office work.

The coordinator should make a file for all prospective volunteers that includes all investigation materials.¹¹ For example, keeping notes of conversations with references can show due diligence in volunteer screening should a third party later sue the village for negligently selecting a volunteer.¹²

2) Training Volunteers

Training is critical in ensuring that volunteers safely perform activities. Some Villages give volunteers handbooks and provide orientation sessions while other Villages are more informal, giving lessons based on a particular task at hand—for example, educating volunteers on proper lifting techniques when assisting an older person in and out of a car. Handbooks could include policies such as wearing seat belts when driving and not speaking on a cell phone while assisting Village members.¹³ If a Village provides handbook materials, the Village must ensure that the handbooks are regularly updated.

3) Supervising Volunteers

Nonprofits can be held liable for the tort of their volunteers, and therefore Villages should establish consistent procedures for volunteer supervision. For example, a Village might instruct volunteers that they can only perform the particular task assigned. Thus, if a volunteer is sent to member’s home to assist in putting away groceries, the

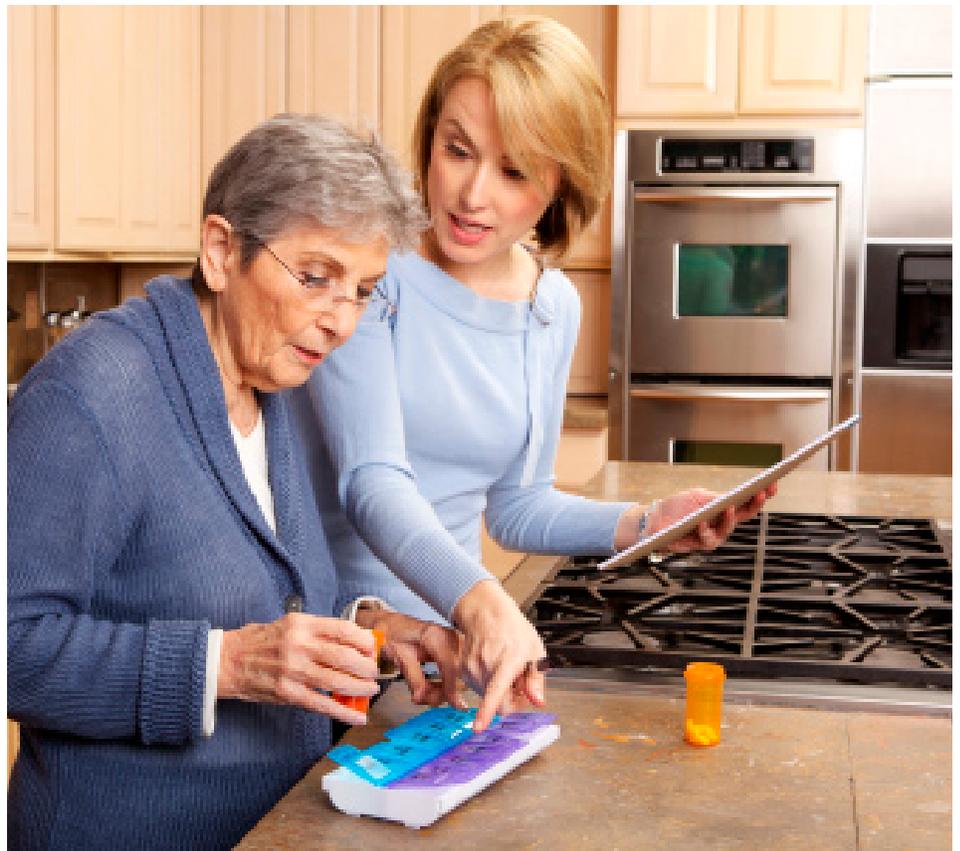
volunteer would not be permitted to perform additional tasks such as replacing light bulbs or arranging furniture. Villages should write policy and procedure manuals as well as volunteer position descriptions that define the scope of duties.¹⁴

Villages could face liability if volunteers act on their own, but with the appearance of acting with Village authority.¹⁵ Accordingly, Villages should require that members always request services through the organization and not directly through volunteers. Villages must also make it clear to members that if a volunteer assists them, but the member has not called the Village asking for help, then the volunteer is not helping the member as a Village volunteer, but as an independent neighbor or friend.

Villages have a duty to exercise care in supervising their volunteers. However, supervising volunteers can be problematic because of the variability of their schedules and work locations.¹⁶ Village staff or board members cannot follow each volunteer to each house call to monitor performance. The Village's volunteer coordinator should develop member evaluation and complaint procedures, and a protocol for timely follow-up on any complaints. The goal would be to spot problems in certain services as well as allow the Village to identify and eliminate careless or inattentive volunteers.

4) Screening Vendors

Villages can be found liable of negligently endorsing an unqualified vendor. There are two primary ways of minimizing this type of referral liability—Villages can either thoroughly screen vendors prior to recommending them to members or decline to formally recommend any vendors at all.





For Villages that prefer to recommend vendors to Village members, there should be a structured vetting process that maps out how a Village will select and investigate vendors. Member referrals can be useful, but Villages should also perform independent vendor investigations. Villages can begin by checking opinions in local guides, national guides, or online. Once a Village determines a vendor has potential, the Village board or staff should contact the prospective provider for an interview.¹⁷ The Village should then follow up by checking references, performing a criminal check, and verifying the vendor's insurance, certification, and bonding documents (if applicable).¹⁸ Villages should also search the local public court records (which in some cases may be online) to see if the service provider has had contract or tort suits filed against them.¹⁹ After a vendor has been added to the Village referral list, the Village should periodically review the vendor's information. It is important for Villages to maintain records on all vendor screenings so that, if challenged, the Village can prove due diligence.

Although vendor screening is a big draw, some Villages may decide that they do not have the resources to

adequately screen vendors. Instead, these Villages might decide to keep an informal neighborhood list or provide members with an online subscription to consumer rating services.²⁰ If the Village is not screening vendors, to protect themselves, these Villages must make it clear that they offer no endorsements or opinions regarding vendors and that they are merely passing along information provided by third parties—Village members or rating services. To eliminate confusion, the Village should include a prominent clause on all relevant documents stating that the Village does not make referrals.

Risk Allocation

Unlike risk minimization, risk allocation techniques are not designed to prevent losses but help nonprofits once a loss has occurred. Risk allocation determines who is responsible for damages, and is essential to prevent the individual members of the Village from being held responsible for damage awards against the Village.

1) Incorporation

Most if not all Villages choose to operate as nonprofit corporations to isolate liability. The members of an

incorporated nonprofit benefit from limited liability, and therefore any debts are satisfied out of the corporation's assets. Village members will not be held personally liable for a tort claim against the organization.²¹ Villages that are loosely organized community groups should consider becoming incorporated to protect their members from potential liability.

2) Insurance

Liability insurance shifts the burden of covered claims to the insurance company, limiting the liability of the Village and the members of the Village. It offers some assurance that resources are available to pay a damages claim, should a covered loss occur. Liability insurance protects the Village, Village members, and third parties by providing a means of paying damages.

General liability insurance for businesses and nonprofits typically covers the liability of the organization for negligence, but not for intentional harms.²² Thus, "slip and fall" (negligence) cases would be covered, but "push and fall" (intentional tort) cases would not. Typically, purchasing general liability insurance has been the primary form of risk management for nonprofits, including Villages.²³

Liability insurance purchased by volunteers, such as a homeowner's policy or automobile insurance policy can also shield the Village. For instance, a typical homeowner's policy covers a certain extent of the volunteer's negligence, regardless of whether the injury or damage occurred on the volunteer's property.²⁴ Additionally, a volunteer's automobile policy covers liability, vehicular damage, and medical expenses incurred by the volunteer driver, passengers, and others.²⁵ Villages should require volunteer drivers to have personal automobile policies and to provide proof of insurance to the Village at each time of renewal.²⁶

Villages should insist that private vendors have commercial general liability insurance that will cover a vendor's negligence.²⁷ The vendor will always be named an "insured" party in the insurance contract, but to further protect itself, a Village can request that the Village be listed as an additional insured party.²⁸ However, the vendor will probably only agree to this if the vendor does a large volume of business through the Village. At a minimum, Villages should verify that vendors have liability insurance so that if something goes wrong, liability can be easily allocated between the Village and the vendor.

3) Member Liability Waivers

Villages can shift liability away from their organization by employing release waivers to limit potential member lawsuits. For example, a typical waiver provision could release the Village from all negligence, personal injury, or invasion of privacy liability arising from employee, volunteer, or third-party vendor activities. Some Villages already require members to sign waivers releasing the Villages from all liability before they can receive services.

A common misconception is that waivers are not enforceable. However, according to recognized legal principles, generally an agreement not to sue or an agreement excepting a party from liability for future damages will be upheld as long as the clause is clear and unequivocal.²⁹ Villages wishing to have members sign waivers should make sure the clause is clearly written and readily apparent to a reader (e.g., large font and prominent placement).

Two exceptions where public policy renders waivers unenforceable are when waivers request releases for intentional torts or crimes and when the contracting parties have grossly unequal bargaining power—that is, the party requesting the waiver provides an "essential" service that the other party cannot do without.³⁰ Because Villages do not have a monopoly on the services they render and the membership is purely voluntary, it appears likely that a properly written waiver would be upheld.³¹

4) Vendor Indemnification Clauses

Villages rarely contract with vendors, but in the rare instances they do, Villages should require vendors to sign an indemnification clause. In such an indemnification agreement, the vendor would promise to compensate the Village for any future loss to the Village that was caused by the vendor.³² For instance, if the Village is found liable for negligently referring or endorsing the vendor, the Village could collect the damages they paid the plaintiff from the vendor.

Conclusion

To preemptively reduce the risks of liability, Villages can take key steps such as screening, training, and supervising volunteers as well as screening vendors. Villages should also set up a system to receive feedback from members on volunteer and vendor activities. To safeguard in case it is ever held liable for personal injuries or property damage, Villages should become incorporated nonprofits and maintain liability insurance within reasonable limits based on state laws. Additionally, Villages should verify the insurance of their volunteers as well as any recommended vendors. As further protection, Villages may choose to require members to sign waivers and vendors to sign indemnification clauses.

Villages can serve a vital role in the lives of older Americans. By enabling aging adults to remain in their own homes for longer, these organizations can prevent people from having to prematurely enter nursing homes or assisted living. Yet, the threat of tort liability can impact Village organizational momentum and viability. Village organizers fear tort lawsuits because of the potential for monetary loss, but also the loss of reputation or funding, and the loss of the volunteer or vendor base that can result from a tort allegation.³³ However, liability concerns should not prevent to progress of the Village movement. Consistent risk management should be able to shield Villages from fear of liability.

A longer, more detailed, discussion of these concepts is available at:

http://www.americanbar.org/content/dam/aba/administrative/law_aging/village_manual_long.authcheckdam.pdf

¹ Adrienne Lyon Buenavista is a law student at the Catholic University Columbus School of Law. She served as the 2012 Coleman Summer Intern at the American Bar Association Commission on Law and Aging.

² Jon Pynoos et al., Aging in Place, Housing, and the Law, 16 *Elder L.J.* 77, 79 (2008) (citing a 2000 AARP survey that found that 80% of respondents aged forty-five and over would like to stay in their current residences for as long as possible).

³ Villages: Helping People Age in Place, AARP, <http://www.aarp.org/home-garden/livable-communities/info-04-2011/villages-real-social-network.html> (last visited July 25, 2012).

⁴ E-mail from Natalie Galucia, Project Coordinator, Vill. to Vill. Network, to Adrienne Lyon Buenavista, Coleman Intern, Am. Bar Ass'n, Comm'n on Law and Aging (Jun. 27, 2012, 11:22 EST) (on file with author).

⁵ In addition to providing services, some Villages organize social events for members such as book clubs, restaurant outings, and yoga classes.

⁶ AARP, supra note 3.

⁷ The author researched basic tort principles, examined relevant statutory and case law, reviewed the Beacon Hill Village Founder's Manual, and conducted informational interview with a small sample of Villages with varying structures. This research is exploratory only and the views expressed have not been approved by the House of Delegates or the Board of Governors of the American Bar Association and should not be construed as representing the policy of the American Bar Association.

⁸ Brenda Kimery, Tort Liability of Nonprofit Corporations and Their Volunteers, Directors, and Officers: Focus on Oklahoma, 33 *Tulsa L.J.* 683, 703 (1997-98).

⁹ Melanie L. Herman, Ready in

Defense: A Liability, Litigation, and Legal Guide for Nonprofits 51 (2003).

¹⁰ Id. at 52.

¹¹ Id. at 51.

¹² Id.

¹³ Workplace Safety Toolkit, Nonprofit Risk Management Center, <http://nonprofitrisk.org/tools/workplace-safety/public-sector/wsp-ps.htm> (last visited July 31, 2012).

¹⁴ Kimery, supra note 8.

¹⁵ Liability Basics for Nonprofit Organizations, PERI—Public Entity Risk Institute, https://www.riskinstitute.org/peri/index.php?option=com_bookmarks&task=detail&id=560, (last visited July 31, 2012).

¹⁶ Kimery, supra note 8.

¹⁷ Beacon Hill Village, The Village Concept: Learning from Experience 27 (2009).

¹⁸ Id.

¹⁹ See Court Cases Online, District of Columbia Courts, <http://www.dccourts.gov/internet/CCO.jsf> (last visited July 25, 2012).

²⁰ See Yanase v. Automobile Club of So. Cal., 212 *Cal.App.3d* 468, 473 (*Cal.App.4.Dist.* 1989).

²¹ J. Dennis Hynes & Mark J. Loewenstein, Agency, Partnership, and the LLC 195 (1997).

²² Insurance, Britannica Online Encyclopedia, <http://www.britannica.com/EBchecked/topic/289537/insurance> (last visited July 31, 2012); 43 *Am. Jur. 2d Insurance* § 672 (2012).

²³ Myths of Volunteer Risk Management—Part 2, Nonprofit Risk Management Center, <http://www.nonprofitrisk.org/library/articles/volunteer09001998.shtml>, (last visited July 31, 2012).

²⁴ Does Homeowners' Insurance Cover Personal Liability?, 360 *Degrees of Financial Literacy*, <http://www.360financialliteracy.org/TOPICS/Home-Ownership/Homeowners-Insurance/Does-homeowners-insurance-cover-personal-liability> (last

visited July 31, 2012).

²⁵ Britannica, supra note 22.

²⁶ Billie J. Ellis, Michael S. Goodrich & Alan D. Hegi, Insurance Issues in the Owner/Contractor Relationship, 5 *Prac. Real Est. Law.* 43, 48 (1989).

²⁷ Id. at 45.

²⁸ Id.

²⁹ *Restatement (Second) of Torts* § 496B (1965).

³⁰ See Seigneur v. National Fitness Institute, Inc., 752 *A.2d* 631 (*Md.App.* 2000); Prosser, Wade and Schwartz's Torts: Cases and Materials 629 (Victor E. Schwartz, Kathryn Kelly, David F. Partlett, eds., 12th ed. 2010).

³¹ Patricia C. Kussmann, Annotation, Validity, Construction, and Effect of Agreement Exempting Operator of Fitness or Health Club or Gym from Liability for Personal Injury or Death of Patron, 61 *A.L.R.* 147, § 2-3 (2011).

³² See Hercules Inc. v. U.S., 516 *U.S.* 417, 418 (1996); See Restatement (Third) of Torts: Apportionment Liab. § 22 (2000).

³³ Kimery, supra note 8, at 687.



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New Members of the ABA Commission on Law and Aging 2012-2013

Each September 1, a new roster of commissioners appointed by the ABA president takes the helm of the Commission on Law and Aging. Most commissioners continue to serve for multiple years with a handful of new faces starting in any given year. This year, there are an unusually large number of new faces--seven in all out of the total of fifteen. Plus, one veteran commissioner Professor David English of the University of Missouri Law School steps into the role of chair of the Commission, assuming the role held by Jeff Snell for the last three years. The following pages provide short biographies of the new commissioners. You will find them to be a diverse and highly expert group in their individual disciplines. The full roster of this year's Commission is to the right.



DAVID M. ENGLISH is an old hand with the Commission having just completed his third consecutive year as a member, but this year he takes on a new role as Chair. He is

the William Franklin Fratcher Endowed Professor of Law at the University of Missouri-Columbia. Within the ABA, Prof. English has dedicated a considerable amount of work to aging and disability issues. This includes presidential appointments to the Commission on Law and Aging, the Special Committee on Bioethics and the Law, and the Commission on Mental and Physical Disability Law. He has held numerous leadership positions in the Section of Real Property, Trust and Estate Law. Currently, Prof. English represents the section in the House of Delegates and is a member of the section's executive committee. He was previously a member of the section council and group chair in charge of the elder law/disability group of committees. In his capacity as a delegate for the Real Property section, Prof. English has spoken frequently to the House of Delegates on resolutions sponsored by the Commission

Commission Roster 2012-2013

David English, JD – Chair, University of Missouri Columbia School of Law, Columbia, MO
Walter Burke, JD, Burke & Casserly, PC, Albany, NY

Anthony R. Palermo, Woods Oviatt Gilman, LLP, Rochester, NY

William L. Pope, JD, Columbia, SC

Dorothy Siemon, JD, AARP, Office of Policy Integration, Washington, DC

Richard Milstein, JD, Akerman Senterfitt, Miami, FL

Lynn Friss Feinberg, MSW, AARP Public Policy Institute, Washington, DC

Gloria Ramsey, JD, RN, Uniformed Services University of the Health Sciences, Bethesda, MD

New members:

Marcos Acle, JD, Organization of American States, Washington, DC

Hon. Patricia Banks, JD, Circuit Court of Cook County, Chicago, IL

Claire Curry, JD, Legal Aid Justice Center, Charlottesville, VA

XinQi Dong, MD, Rush University Medical Center, Chicago, IL

Jason Karlawish, MD, University of Pennsylvania Medical School

Nina Kohn, JD, Syracuse University College of Law, Syracuse, NY

Kerry Peck, JD, Peck Bloom, LLC, Chicago, IL

on Law and Aging. As a Uniform Law Commissioner for the state of Missouri he was involved in the drafting of numerous uniform acts directly relevant to the legislative projects and educational work of the Commission, including the 2007 Uniform Adult Guardianship Jurisdiction Act (Reporter), the 2000 Uniform Trust Code, and the 1993 Uniform Health-Care Decisions Act. He was a member of the drafting committee on the Uniform Power of Attorney Act, the Uniform Anatomical Gift Act, and an advisor on the Uniform Guardianship and Protective Proceedings Act. In his current position as executive director of the Joint Editorial Board for Uniform Trusts and Estates Act, Prof. English has oversight responsibility for all uniform legislation relating to aging and disability issues.



MARCOS ACLE, born in Montevideo, Uruguay, Attorney and Doctor of Law and Social Sciences from the *Universidad de la República Oriental del Uruguay,*

has undertaken post-graduate studies in

International Law with the Inter-American Juridical Committee in Rio de Janeiro and the University of London, as well as in the area of Consumer Law at the *Universitat Pompeu Fabra of Barcelona.* After practicing law in private firms and the United Nations Development Programme in Uruguay, he joined the Organization of American States (OAS) where he coordinated the Program on Access to Justice for Vulnerable Groups in the Department Special Legal Programs. Currently, he is a Specialist at the Department of Social Development and Employment of the OAS in charge of the Consumer Protection Program and the Technical Secretariat of the Working Group on Human Rights of Older Persons, which has the mandate to negotiate an Inter-American Convention on the subject. As Coordinator of the Technical Secretariat of the Working Group on Human Rights of Older Persons, Mr. Acle represents the OAS before specialized forums and organizations internationally and has engaged in different research and cooperation activities aimed to developing the international law on human rights of older persons and creating awareness of the subject within the OAS Member States.



HON. PATRICIA BANKS serves on the Executive Committee of the Circuit Court of Cook County and is Presiding Judge of the Elder Law and Miscellaneous

Remedies Division of the Circuit Court. She served as a trial judge in the Domestic Relations and Law Divisions prior to her current assignment. Immediately prior to her judicial career, Judge Banks practiced extensively in the areas of probate and family law. Other employment included a position with Sears Roebuck & Company as its first African American Attorney specializing in advertisement and employment law from 1974-78, and staff attorney with the Leadership Council for Metropolitan Open Communities and the United States Department of Labor. Judge Banks has several certifications in mediation, including advanced training in Adult Guardianship and Eldercare mediation. Additionally, she has held various leadership positions, including Chairperson of the Illinois Supreme Court Alternative Dispute Resolution Coordinating Committee, Chairperson of the Judicial Council of the National Bar Association and member of the Chicago Bar Association Board of Managers. Currently, Judge Banks is a member of the National Council of Juvenile and Family Court Judges' Family Violence Advisory Committee and the Center for Conflict Resolution Board of Directors. She is a 1972 graduate of the University of Wisconsin Law School.



CLAIRE E. CURRY graduated from the University of Virginia School of Law in 1982. She became interested in public interest law through her work as a VISTA volunteer. As a

staff attorney with Client Centered Legal Services, she worked in the Appalachian coalfields for a year before scholarships

moving to Charlottesville to join the staff of the Charlottesville-Albemarle Legal Aid Society (now the Legal Aid Justice Center) in 1983. In addition to over twenty-five years as an attorney with Legal Aid, she was the Director of the Community Mediation Center in Charlottesville from 1994-1998. Since 1998 Claire has been Legal Director of the Civil Advocacy Program of the Legal Aid Justice Center. Her areas of practice included public benefits, domestic relations, and housing law, before turning to a concentration on elder law, especially nursing home advocacy. She co-supervises two law school clinics, the University of Virginia School of Law's Advocacy Clinic for the Elderly and Mental Health Law Clinic. She has also coordinated the work of Charlottesville's Community Partnership for Improved Long-Term Care since its founding in 2003. She currently serves on the Leadership Council of the National Consumer Voice for Quality Long Term Care and on the Board of Directors for the Direct Care Alliance. At the state level, she is on the Board of Directors for the Virginia Elder Rights Coalition and is Co-Chair of Virginia's pilot project with the National Consumer Voice known as Quality Care, No Matter Where.



XINQI DONG, MD, MPH, is the Director of the Chinese Health, Aging and Policy Program and the Associate Director of Rush Institute for Healthy Aging and

an Associate Professor of Medicine, Nursing, and Behavioral Sciences at Rush University Medical Center. Dr. Dong's research focuses on the epidemiological studies of elder abuse and neglect both in the U.S. and China. Currently, he is leading an epidemiological study of 2,500 Chinese older adults who live in US to explore the relationships between family violence and psychosocial wellbeing. Dr. Dong is an American Political Sciences Association (APSA) Congressional Policy Fellow/Health and Aging Policy Fellow and serves

as a Senior Policy and Research Advisor for the U.S. Administration on Aging (AoA) and a Senior Policy Advisor for the U.S. Centers for Medicare and Medicaid Services (CMS). Dr. Dong also is a recipient of the Paul Beeson Scholar in Aging Award, National Physician Advocacy Merit Award, the Nobuo Maeda International Aging and Public Health Research Award, and the Maxwell A. Pollack Award in Productive Aging by the Gerontological Society of America. Dr. Dong currently serves as the Board of Directors for the Chinese American Service League, the largest social services organization in the Midwest serving the needs of Chinese population. He is a fellow of the Institute of Medicine of Chicago (IOMC) and member of the Institute of Medicine (IOM) Global Violence Prevention Forum.



JASON KARLAWISH is a Professor of Medicine, Medical Ethics and Health Policy with tenure, Senior Fellow of the Leonard Davis Institute of Health

Economics, and Fellow at the Institute on Aging at the University of Pennsylvania. He is the Associate Director of the Penn Memory Center and the Director of the Alzheimers Disease Center's Education, Recruitment and Retention Core. His clinical practice focuses on the diagnosis and treatment of persons with Alzheimers disease and related disorders. He serves on the Board of Directors of The Greenwall Foundation, the largest foundation dedicated to supporting research in bioethics. He studied medicine at Northwestern University and Johns Hopkins University, and did post-graduate fellowships in bioethics and geriatric medicine at the University of Chicago. Dr. Karlawish's research focuses on neuroethics, particularly in research and care of older adults, and persons with late-life cognitive disorders such as Alzheimers Disease and Parkinsons Disease. His has investigated issues in dementia drug

development, informed consent, quality of life, research and treatment decision making, biomarkers, and voting by persons with cognitive impairment and residents of long term care facilities. He developed the ACED (the Assessment for Capacity for Everyday Decisionmaking), an instrument to assist in judging a person's capacity to manage their functional deficits. His current research is examining the clinical and policy implications of how risk is changing concepts of disease, medicine, health and aging. This work has introduced the concept of "desktop medicine," a model of medicine grounded in a concept of disease as risk and treatment as risk reduction.



NINA A. KOHN is a Professor of Law at the Syracuse University College of Law where she teaches elder law, family law, torts, and an interdisciplinary gerontology course.

Her research focuses on elder law and, in particular, the civil rights of senior citizens. Recent articles have addressed such issues as the unintended consequences of elder abuse legislation, the potential for an elder rights movement, financial exploitation of older adults, surrogate and supported decision-making, and elder law education. In 2011, the Syracuse College of Law's graduating class selected Professor Kohn for the *Res Ipsa Loquitur* award for teaching. In 2012, she was selected as Syracuse University's Judith Greenberg Seinfeld Distinguished Faculty Fellow. In addition to her work at the College of Law, Professor Kohn is a faculty affiliate with the Syracuse University Gerontology Center, Chair of the Elder Rights Committee of the Individual Rights and Responsibilities Section of the American Bar Association, and the 2009 Chair of the Aging and the Law Section of the American Association of Law Schools. She earned an A.B. summa cum laude from Princeton University and a J.D. magna cum laude from Harvard University. She clerked for the Honorable Fred I. Parker of the United States Court of Appeals for the Second Circuit.



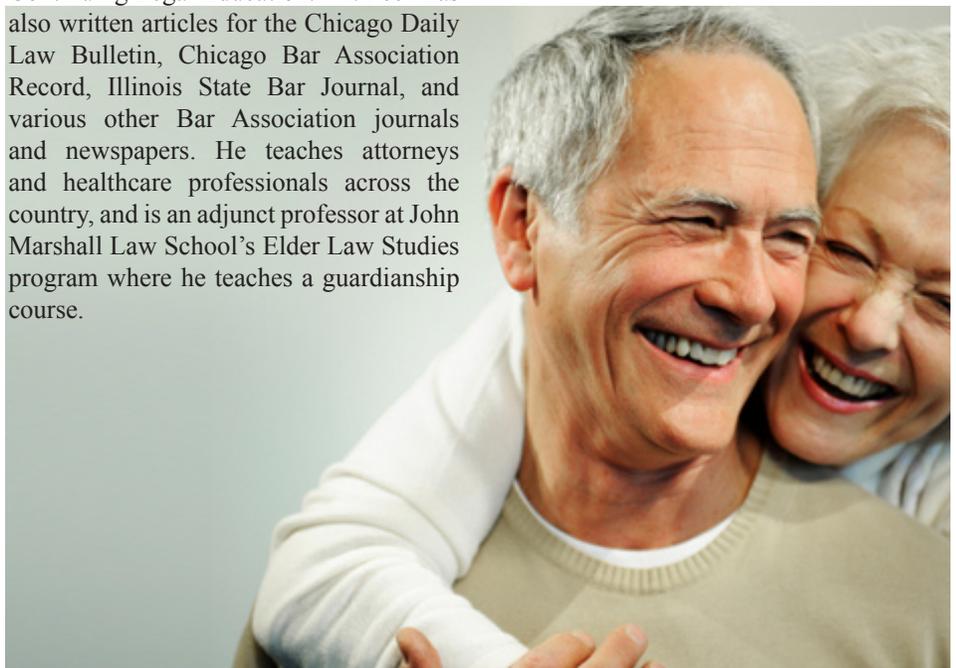
KERRY R. PECK is the managing partner of the Chicago law firm Peck Bloom, LLC where he concentrates his practice in Trust and Estate Litigation, Estate Planning/Administration, Guardianship and Fiduciary Litigation, and Elder Law. His clients include families, hospitals, banks, the State of Illinois, County of Cook, and City of Chicago. Mr. Peck is past President of the 22,000-lawyer Chicago Bar Association, current member of the American Bar Association's Commission on Law and Aging, and Chair of the Elder Law Section Council of the Illinois Bar Association. He was named chair of the State's Attorney Anita Alvarez's Elder Abuse Task Force and was retained by the City of Chicago Department of Aging to rewrite the State of Illinois Elder Abuse and Neglect Act. He was also appointed by the Illinois Supreme Court to serve on the Supreme Court's committee on professional responsibility. Mr. Peck was recently asked to co-author two chapters, "Will Contests" and "Guardianship Litigation," in a publication for practicing attorneys by the Illinois Institute of Continuing Legal Education. Mr. Peck has also written articles for the Chicago Daily Law Bulletin, Chicago Bar Association Record, Illinois State Bar Journal, and various other Bar Association journals and newspapers. He teaches attorneys and healthcare professionals across the country, and is an adjunct professor at John Marshall Law School's Elder Law Studies program where he teaches a guardianship course.

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*David Godfrey, ABA Commission on
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With funding from the AARP Foundation in honor of Jerry D. Florence and other sources, the organizers of the National Aging and Law Institute are pleased to award 16 scholarships of \$1,000 each to defray part of the cost of attending the 2012 National Aging and Law Institute. Over 70 scholarship applications were received this year. Selection was based on demonstrated financial need, a commitment to meeting the legal needs of older persons and impact on diverse communities. When the request for

applications for scholarships went out this summer, we had funding for 11 scholarships, we were able to expand this to 16 as a result of the generosity of NAELA and Institute speakers. Please consider donating to the 2013 NALI Scholarship fund.

This year's awardees include legal aid attorneys, legal hotline attorneys, and new solo practitioners. They practice in a broad spectrum of settings in 15 different states from coast to coast and in between. The awardees are: Ferris G. Solomon, Jr., West Palm Beach, FL; Lucinda "Cindy" Troyer, Knoxville, TN; Hans Slette, Wenatchee, WA; Jennifer Russell, Philadelphia, PA; Shari Polur, Louisville, KY; Natalie J. Miller, Mooresville, NC; Emily Jackson Miller, Florence, SC; Kathleen McGarvey, Columbus, OH; Letitia Lee, St. Louis, MO; Michael Kleps, Bellingham, WA; Cheryl Diane Feuerman, Willimantic, CT; Lindsey A. Elya, Lansing, MI;

Lorrina M. Duffy, Los Angeles, CA; Norma Gonzales Baker, Austin, TX; Mary Lyn Goodman, Oak Ridge, TN; Jayne Mitchell, Butte, MT. We look forward to seeing all of you in November.

For information on the 2012 National Aging and Law Institute see www.NAELA.org/2012NALI.



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Upcoming Conferences

National Adult Protective Services Association

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<http://www.apsnetwork.org/Training/conference2012.htm>

The National Adult Protective Services Association, the only national organization representing the interests of Adult Protective Services (APS) programs, staff, and the victims they serve, has partnered with the Arizona Attorney General's Office and many others for the 2012 conference. This joint conference will provide outstanding training opportunities for APS line staff, administrators, law enforcement officials, prosecutors, court personnel, service provider agencies, health care professionals, long-term care advocates, and domestic violence advocates and staff.



The Diane Abbey Law Center for Children and Families, Justice Action Center, and The New York Law School Law Review present:

Freedom of Choice at the End of Life: Patients' Rights in a Shifting Legal and Political Landscape

Date: Friday, November 16, 2012

Time: 8:15 a.m.–5:00 p.m. (Reception to follow.)

Location: Events Center New York Law School

The concept that individuals have the right to choose the manner and time of their death and the right to decline unwanted treatment has been a relatively recent development, as is the law that a person does not lose these rights upon incapacity. However, individual rights are not uniformly recognized in practice and there are many limits on when and how they can be enforced. This conference will address a broad range of issues including impediments to honoring those rights, advance planning tools for persons to ensure compliance with their choices and how to enforce them, legislative and decisional developments, surrogate decision making for patients whose wishes are not known, pain management and palliative care, hospice, aid in dying, ethical dilemmas in decision making, medical ineffectiveness of treatment (“futility”), concerns of persons with disabilities, the effect of religion on law and policy, and how the media treats and influences these issues.

Formal invitation and registration information to follow.

For any questions, contact: jac@nyls.edu.

Co-sponsors:

Compassion & Choices of New York • Collaborative for Palliative Care, Westchester/NYS Southern Region • National Academy of Elder Law Attorneys (NAELA) • Elder Law Section of the New York State Bar Association • Commission on Law and Aging- American Bar Association

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