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About the Author:

Charles P. Golbert is the Acting Public Guardian of Cook County, Illinois, which includes Chicago and the surrounding suburbs. He directs one of the largest public guardianship offices in the country, serving some 700 adults with cognitive disabilities and managing more than $100 million in estate assets. Mr. Golbert has taught elder law as an adjunct professor at John Marshall Law School, and is a former Editor in Chief of the Journal of the National Academy of Elder Law Attorneys (NAELA Journal). He has presented nationally and internationally about elder abuse, has published widely on the topic, and has served on local and national committees to fight the problem.

Combatting Financial Elder Abuse

by Charles P. Golbert

Elder financial abuse is an exploding problem in our society. To give a flavor, according to a joint study by the National Committee for the Prevention of Elder Abuse, Virginia Tech University, and the Metlife Mature Market Institute – known as the Metlife Study – victims of elder financial abuse in the United States lost at least $2.9 billion (yes, that’s billion with a “b”) in 2010. That represents a 12% increase from just two years earlier, 2008, when the amount was $2.6 billion. And the problem continues to grow.

These numbers are low, as elder financial abuse is underreported, under-recognized, and under-prosecuted. A 2011 study by Cornell University Medical Center, Lifespan of Greater Rochester, and the New York City Department for the Aging, found that 98% of incidents of elder financial abuse went unreported.

The growth in elder financial abuse is due in part to the demographics of our aging population. Many baby boomers are vulnerable to exploitation because of Alzheimer’s disease and other types of dementia. Moreover, seniors are often targets of financial exploitation because they have accumulated wealth during their lifetime, which they saved for their golden years.
According to the Metlife Study and other research, older women in the United States are about twice as likely to be victims of financial exploitation as older men. Most victims are between the ages of 80 and 89, live alone, and need assistance. Cognitive impairment is a prominent risk factor. In other words, exploiters seek out and prey upon the most vulnerable and isolated members of our society. The Metlife Study describes elder financial abuse as the “Crime of the 21st Century.”

My office, which serves as the last-resort public guardian for approximately 700 adults with cognitive disabilities in the Chicagoland area, has witnessed first-hand the boom in elder financial abuse. We see such cases every day. About 40% of our new intake cases have some financial exploitation component. That is up from about 30% a decade ago. Some of the individuals were swindled out of virtually every last cent.

To help combat this growing problem, we have a specialized unit of attorneys who focus their practice on complex financial recovery litigation against the exploiters. This program is tremendously successful, having recovered more than $50 million over the past decade. We are able to use the recovered funds to care for the individual under our guardianship. In appropriate cases, we seek and obtain punitive damages against the exploiters.

In addition to recovering money for seniors, the program has called attention to the problem of elder financial abuse, as many of our cases have been prominently covered by the local, national, and even international news media.

One recent example is a lawsuit we filed against Symphony Nursing Home, in Chicago, and five of its employees who stole $600,000 from a 97-year-old woman with dementia. This represents almost all of her life savings. The woman spent time in the Postom internment camp in Arizona during World War II due to her Japanese ancestry, even though she was born in the United States and has always been a U.S. citizen. The five exploiters ranged from Symphony’s business manager and activities director at the top of its organizational chart to its receptionist and hairdresser at the bottom. Symphony is part of a large chain of nursing homes in the Midwest run by Symphony Post Acute Care Network.

Banks are often in a position to first notice financial exploitation. Here, a bank became suspicious of activities on the woman’s accounts, and contacted our office. We became her guardian and, on the same day as our appointment, sued Symphony, its parent corporation, and the employees. The case was front-page news in Chicago and was also covered in the national news media. We are currently vigorously litigating the case against the defendants to recover the stolen money.

In another recent case, we sued a priest who stole more than $300,000 from a parishioner who was in her 90’s and had dementia. This was virtually her entire life savings. The woman spent time in a Nazi internment camp during World War II and served for many years as the priest’s secretary. As in the case against Symphony Nursing Home, bank personnel became suspicious of the large transactions and contacted our office. We became the woman’s guardian and sued the priest.

After several years of discovery and litigation, we settled with the priest and he repaid the money. The case was in the news during the litigation, and was on the front page again in October when the State’s Attorney’s Office in Chicago won an indictment against the priest. He faces up to 15 years in prison.

...exploiters seek out and prey upon the most vulnerable and isolated members of our society. The Metlife Study describes elder financial abuse as the “Crime of the 21st Century.”
When our office's social worker told the woman about the priest’s indictment, she was pleased. She said that she was glad that the priest would not be able to do this to anyone else. That leads to another point about our financial recovery program. The State’s Attorney’s Office has a specialized unit that prosecutes crimes against elders, including financial crimes. We work closely with this unit to ensure that exploiters are charged criminally in appropriate cases. This partnership has resulted in many convictions of those who abuse the elderly.

One commonality of the two cases discussed above is significant. In the majority of the cases we see, the exploiter is someone in a unique position of trust or authority over the victim, such as a family member, caregiver, or religious leader. This is consistent with national trends.

We believe that our financial recovery program is the largest in the country in terms of cases litigated (dozens every year) and amounts recovered (tens of millions of dollars). We would like to see this innovative and highly successful program replicated in other jurisdictions.

Endnotes:


Bifocal March-April 2019 Vol. 40, No. 4

Bridging the Lawyer-Clinician Gap in Advance Care Planning

Charles P. Sabatino
and
Louraine Arkfeld

A chasm exists between the way lawyers and clinicians perceive and engage in health care advance planning with clients and patients, respectively. Both aim to ensure that the individual’s goals of care and wishes are known and clearly honored. But, their perspectives and processes used to reach those goals differ dramatically.

This article first examines their differing approaches and the practical problems resulting in creating advance directives. It then describes an interdisciplinary project undertaken by the ABA Commission on Law and Aging with key partners to develop a unified set of practice principles for both lawyers and clinicians and an advance care planning practice checklist specifically for lawyers that brings counseling practices more in alignment with the clinical realities clients face.

The Problem

Advance care planning research literature strongly identifies the process of repeated, meaningful reflection and discussion among patient and family and health care providers as a critical factor in effective advance care planning. While the existence of an advance directive makes a difference, the real driver for having patients’ wishes known and honored is the conversation before and during any clinical episode. In other words, advance directives documents, in and of themselves, without additional preparation and discussion, have minimal effect on end-of-life decision-making.

This is where the differing approaches between lawyers and clinicians causes a disconnect. Lawyers tend to see advance care planning primarily as a legal matter, centered on patient autonomy and the creation of legally recognized advance directives. Health care professionals see it as a clinical matter involving not only patient autonomy, but also pursuit of the patient’s best interests in light of evolving clinical facts, treatment options, often uncertain risks and benefits, and the goal of engaging whatever family unit is involved in the patient’s care.

The divergence in approaches has a historical root. Living wills or medical declarations emerged in legislation in the 1970s and health care powers of attorney in the 1980s. These laws created a legal transactional template for advance planning that focused on ensuring knowing and voluntary execution of the directive and imposing a multitude of legal formalities, ranging from detailed execution requirements to mandatory language and forms. Because the culture of medicine at that time was so heavily tilted toward using new technologies in pursuit of organ-sustaining measures at all costs, almost all advance directive legislation included the carrot of immunity for health care providers for complying with patients’ stated wishes.
Since the early legislative enactments, some states have sought to ease up, at least partially, on the legal template applied to advance directives, while on the clinical side, consensus over best practices has changed dramatically. The clinical concept of advance care planning has evolved into an ongoing, holistic, shared communication process about goals of care, priorities, and wishes in the face of serious and eventually fatal illness. In clinical practice, countless initiatives and protocols have emerged with the goal of supporting patient- and family- centered care, shared decision-making, and meaningful advanced care planning. Many of these initiatives have grown part and parcel with the growth of the discipline of palliative care. In practice, health care systems and professionals as a whole still have a long way to go to catch up to the state-of-the-art concepts and skills advocated by clinical leaders in advance care planning, but the wheels are in motion. In contrast, in the legal professional world, less progress is visible.

To impact legal advance care planning practices positively, the ABA Commission on Law and Aging, with key partners, set out to develop a unified set of usable, actionable, best practice principles for both lawyers and clinicians; and an advance planning practice guide specifically for lawyers that is in alignment with the best clinical practices and better addresses the realities clients will face in clinical setting.

The Project

The ABA Commission on Law and Aging collaborated with the American Academy of Hospice and Palliative Medicine, and partners from the University of California at San Francisco Medical School and the UC/Hastings Consortium on Law, Science & Health Policy to undertake this initiative. The project was funded by the John A. Hartford Foundation with supplemental funding from the Borchard Foundation Center on Law and Aging.

The project team identified a panel of legal practitioners, clinicians, and academics who are considered experts in advance care planning. The experts were invited to a one-day working summit to identify best practices to assist clients, patients and their families in meaningful and effective advance care planning.

Prior to the summit, the project team conducted telephone interviews with summit invitees individually. Interviewees were asked about their current practices in advance care planning and what they thought could be done to improve advance care planning and communication with the patient’s clinicians.

The interviews were recorded and summarized for the summit attendees. The one-day summit convened in March 2018 included 35 participants, equally divided between lawyers and clinicians, many of whom brought both practice and academic credentials. The resulting principles and guide were circulated to summit participants for review and comment, resulting in several changes to content and organization before a final version was completed.

Connect with the Commission on Law and Aging

In addition to Facebook and Twitter, the Commission provides a forum for legal professionals to communicate and share ideas on four active discussion lists: Elderbar, Collaborate, Elderlink and Aging Solo. Visit our Contact Us web page at www.americanbar.org/aging or email the Commission to learn more and subscribe.
Results

A key convergence of view was that practice guidelines are most needed for lawyers and that structuring them in the form of a practice checklist would be most effective. Based on the summit discussion and consensus points, the project team developed a set of practice principles applicable to both lawyers and clinicians; a lawyer’s checklist for counseling clients on advance care planning; and a resource list of self-help advance care planning tools to be made available to clients. These products have been combined in the project’s publication *Advance Directives: Counseling Guide for Lawyers.*

The Practice Principles

The advance care planning practice principles serve as the foundation for the checklist and resources. They provide a conceptual framework intended to align the practices of lawyers and health care professionals with the realities of health care decision-making in clinical settings. The principles, set forth below, are informed by current evidence of what makes advance care planning effective in healthcare settings and a growing body of health decisions literature.

1. **Proxy Designation:** The most important legal component of advance care planning is careful selection and appointment of a health care agent/proxy in a valid power of attorney for health care document. Persons who cannot or do not want to identify a proxy should delineate their wishes in an advance directive.

2. **Ongoing Process:** Advance care planning takes place over a lifetime. It changes as one’s goals and priorities in life change through different stages of life and health conditions. Reflection, discussion, and communication with one’s proxy and clinical professionals, along with family, friends, and advisors is essential to having one’s wishes understood and honored. These discussions should occur with patients/clients of all ages at all stages of life and health.
3. **Values, Goals, and Priorities**: Discussion should focus on one’s values, goals, and priorities in the event of worsening health rather than on specific treatments or clinical interventions for distant hypothetical situations.

4. **Advance Care Planning Tools**: Advance care planning tools and guides can provide structure and guidance to the process of reflection and discussion and help individuals identify their values, goals, and priorities, and ensure more authentic and useful conversations and advance directives.

5. **Advance Directive**: Instructions and guidance documented in an advance directive should result from the process of information sharing, reflection, discussion, and communication and provide enough flexibility in application to allow surrogate decision-makers to respond to new circumstances and complexities.

6. **More serious illness**: If individuals are facing serious diagnoses, such as cancer, or have been told they have a limited prognosis, the focus may then move to specific treatment preferences. In these cases, the person’s primary/key health care provider should also meet with the client and/or their closest loved ones to create a care plan that aligns with the client’s goals, values and preferences. For advanced illness, medical providers should consider introducing palliative care options and the option of providing medical orders such as Physician’s Orders for Life Sustaining Treatment (POLST) to ensure the individual’s wishes are translated by medical professionals into actionable medical orders.

7. **Sharing Documents**: Documentation of one’s values, goals, and wishes in the form of an advance directive or other record should be shared with one’s proxy, loved ones, significant others, and primary/key health care providers, and be included in the medical record, so that they are adequately informed before a crisis arises.

8. **Coordination**: Lawyers and health care professionals should aim for greater coordination of advance care planning efforts with the healthcare system/medical providers through congruent advice and practices in accordance with the principles above, greater willingness to reach out to one another with client/patient consent to obtain information when needed, and greater collaboration in joint continuing education programming.

**The Checklist**

The Checklist is divided into three stages: pre-meeting, first client meeting, and second client meeting. The Checklist is a counseling tool and not a checklist for drafting the client’s advance directive. The latter task is too state-specific to prescribe in a nationally usable checklist.

The heart of the Checklist focuses on health care agent selection and client values, priorities, and wishes, borrowing from an online advance care planning tool developed by Rebecca Sudore, MD, and colleagues at the University of California San Francisco. Research on the tool, called Prepare for Your Care, has shown that it increases patient-reported engagement and documentation of advance care planning.
However, a key emphasis of the Checklist is to encourage clients to do more on their own, because an extended meeting with legal counsel is not something most clients will pay for. The Guide recommends that lawyers offer clients one or more advance care planning tools to use on their own and in discussion with family and health care providers. The resource list included with the Checklist references a variety of effective tools, because no one tool will likely appeal to every client.

Also, part of the Checklist is a sample letter from the lawyer to the client’s physician to serve as a model for connecting the planning process to the client’s health care provider and getting the advance directive into the medical record. Many barriers prevent advance directives from being present in the medical record when needed, so this initial conveyance of the directive, which requires client consent, does not solve all problems. But it takes an important first step. In addition, providing multiple copies of the advance directive or an electronic copy to the client enables the client to share it with significant others.

A final key element of the Checklist is the emphasis on the continuing nature of advance care planning. Too often, when an advance directive is signed, the client assumes that the task is done. In reality, the planning process continues throughout life as health or living circumstances change, and as the individual experiences serious illness and deaths among one’s friends and loved ones. Therefore, the Checklist uses a simple mnemonic to communicate this point.

Clients should be encouraged to revisit their advance care plans and documents whenever any of the “six Ds” occur:

1. You reach a new DECADE in age.
2. You experience a DEATH of a loved one.
3. You experience a DIVORCE.
4. You receive a DIAGNOSIS of a significant health condition.
5. You experience a significant DECLINE in your functional condition.
6. You change your DOMICILE or someone moves in with you.

Lawyers can test drive the guide, adapt it to their practices, and even improve it as they learn what works best for them. It can be downloaded at: www.americanbar.org/groups/law_aging/resources/health_care_decision_making/ad-counseling-guide. The web page also includes a Word version of the Checklist so that lawyers can incorporate the text into their own office systems and adapt it as desired. A published print version of the Guide can be purchased for $19.95 in the ABA Store at www.americanbar.org/products/inv/brochure/346598312.
The Theme is Empowerment!

Call for Sponsors and Exhibitors:
2019 National Aging and Law Conference

We invite you to sponsor or exhibit at the 2019 National Aging and Law Conference (NALC). NALC brings together attorneys, advocates, policy experts, and legal service development and delivery experts from across the country. The thing that sets NALC apart from other conferences on law and aging is a focus on issues impacting low to moderate income clients and the advocates that provide services to them. NALC is the only national conference that focuses on poverty elder law.

The 2019 National Aging and Law Conference will be held October 31 to November 1 at the Crystal Gateway Marriott in Arlington, Virginia. This is the sixth year that the ABA Commission on Law and Aging has hosted the conference. The agenda will feature 30 workshops and four plenary sessions — please visit the Conference website to see the agenda. This venue allows us to grow to 300 attendees.

Sponsors and Exhibitors will have tables just outside the workshop rooms and ballroom. All meeting spaces, registration and exhibitor areas are on the same floor. Conference registration went up just $10 and the hotel room rate is a low $179 per night.

The 2018 National Aging and Law Conference was a success with over 225 registered attendees from 40 states. About 80% of the attendees in 2018 were employed by legal aid, non-profit, and government agencies. Reviews from the Conference are overwhelmingly positive. Because our audience is primarily legal aid, non-profit, and government staff, we work to keep the cost of attendance as low as possible. Sponsors and exhibitors help us cover the actual costs of hosting the program and keep registration fees as low as possible. Your participation in NALC as a sponsor or exhibitor helps make the conference possible.

For detailed sponsorship and exhibitor and information view our sponsors and exhibitors brochure.

Contact: David.Godfrey@Americanbar.org with questions related to exhibitor or sponsorship at the 2019 National Aging and Law Conference.
Helpful Videos for Creating Session Titles and Descriptions That Sell

If you draft workshop proposals and create presentations, these two short videos offer simple tips, formulas and examples designed to help. Originally designed for the National Aging and Law Conference, anyone working on session titles and session descriptions for any program will find them helpful. Click on the video below, or visit our events and CLE web page to view the videos.

The PRACTICAL Tool aims to help lawyers identify and implement decision-making options for persons with disabilities that are less restrictive than guardianship.

“PRACTICAL” is an acronym for nine steps for lawyers to identify these options. The lawyer can use the PRACTICAL checklist of steps during the client interview and immediately after to assist in case analysis. The steps blend in naturally with the case interview process. Lawyers serving in different roles may use the steps differently.

PRACTICAL Tool Download and begin using the Tool today!
Barriers to Universal Advance Directives

Health care advance directive laws vary quite a bit from state to state. That’s not new news to anyone, but why is it so?

The idea of using a legal document to communicate one’s wishes about future health care decisions is an idea that took root in the 1970s, first in California, and quickly spread to all states in the form of legislation creating living wills and health care powers of attorney--documents we now generically call health care advance directives. One of the negative consequences of this evolution is a hodgepodge of differing legal requirements for the forms themselves and their language, execution requirements, permissible options, and prerequisites for effectiveness. Not surprisingly, the National Academy of Medicine in its seminal 2015 report, Dying in America, found that. “The many and varied requirements embedded in state laws covering advance directives also discourage their completion.”1 The Uniform Law Commission attempted to break through the Balkanized terrain of laws by creating a remarkably simple, consumer-friendly Uniform Health Care Decisions Act twenty-five years ago in 1993, but states have largely ignored it. Nevertheless, there have been small steps taken by states toward simplifying their laws.

In a recent issue of the Journal of Law, Medicine and Ethics, Charles Sabatino reviewed state advance directive legislation with the goal of measuring of how far we have come in creating user-friendly state advance directive laws. This was done by identifying the range of prerequisites and formalities imposed by state laws for a valid advance directive. The more state advance directive laws impose detailed, form, language, and detailed execution requirements, the more intimidating and confusing advance directives become for the average adult and the more difficult it becomes to publish advance directive tools and forms that adults in all states can choose to use without worrying about their validity in other states. No one documentation approach to advance care planning suits everyone, so having a wide variety of tools and documentation options unencumbered by overly legalistic requirements could greatly expand the public’s willingness to engage in advance care planning and document their wishes in an advance directive. The review focused primarily on health care powers of attorney (HCPA), documents in which an individual (referred to as the principal) appoints a health care agent or agents (also called proxy, surrogate, representative), authorized to make health care decisions for the individual in the event of incapacity. HCPAs also allow the principal to include instructions or guidance for decision-making.

The author reviewed the HCPA laws in the 50 states and the District of Columbia in effect as of January 1, 2018. A key criteria for measuring the user-friendliness was the extent to which a single advance directive could meet the requirements for validity in every jurisdiction. The Five Wishes® advance directive was used as
the test for this exercise because it has been in national distribution since 1998 as a universal advance directive and is widely known. The review discovered six state law requirements in health care power of attorney statutes that pose barriers of varying difficulty to universal validity under state laws. Three of these elements or barriers were considered surmountable with some effort in drafting: (1) proxy/agent qualifications; (2) witnessing requirements and qualifications, and (3) the timing of commencement of the agent’s authority. Five Wishes surmounts the first two by including the cumulative list of all state requirements or disqualifying conditions for proxy/agents and witnesses. The trade-off of course is greater complexity in instructions. For example, the review found at least 11 different categories of witness disqualifications used across the states, so including the cumulative list and instructions on the form is feasible but more cumbersome than should be necessary.

One venue in which the cumulative list of witness disqualifications does not universally work is an institutional setting such as a hospital or nursing home. Seven states have idiosyncratic, additional requirements for executing a HCPA in differently defined institutional situations. Meeting all the requirements in a common document goes beyond workability.

The third barrier, regarding the commencement of the agent’s authority, was addressed by making to agent’s authority commence upon the decisional incapacity of the principal, because that is either required or an option in all states—despite the fact that about half the states permit an immediately effective HCPA if so stated in the document.

The other three barriers were considered insurmountable and directly undercut the possibility of a universally valid advance directive: (4) mandatory forms requiring substantial compliance (six states); (5) unique mandatory notices that must accompany any form (4 states); and (6) mandatory language to enable certain authority (2 states), such as Indiana’s requirement that special language verbatim language - 169 words in length – be included if the document grants authority to withhold or withdraw any health care. The following Table breaks down the states that pose these three serious barriers that are fatal to the possibility of flexible, consumer friendly “universal” forms such as Five Wishes.

### Fatal State Law Barriers to a Universal Health Care Power of Attorney

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<tr>
<th>State</th>
<th>Statutory Form Substantial Compliance</th>
<th>Mandatory Notice</th>
<th>Prescribed Language to Confer Certain Authority</th>
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* While the Oregon form is mandatory, its law states that non-statutory forms "shall constitute evidence of the patient’s desires and interests."
The states that require substantial compliance with their statutory form could eliminate the restrictive impact of that mandate without legislative change if a court or an attorney general's opinion were to render a practical interpretation of substantial compliance to mean compliance with the signature, dating, and witness requirements under their statute. But to date, there has been no interpretive guidance. Oregon has partially solved the problem in its law by providing a savings, stating that a non-compliant advance directive “shall constitute evidence of the patient’s desires and interests.” This eliminates the legal barrier to using other forms, but it still leaves uncertainty about how compliant health care providers will be with a non-statutory form in practice. The mandatory notice and prescribed language barrier states will need legislative change to eliminate those barriers. The good news is that a carefully drafted multi-state HCPA complaint with the law in 41 States and the District of Columbia is currently possible. But, the mantra for progress should be “simplify, simplify, simplify.” In health care decision-making, a goal of creating precise legal forms misses the mark. The goal is to create tools that make it easy for individuals to communicate their wishes in whatever way is most comfortable, genuine, and effective for that unique individual. To do that, let a thousand flowers bloom.

The journal article on which the above summary is based can be found at https://www.americanbar.org/content/dam/aba/administrative/law_aging/2019-jlme-universal-ad-barriers.pdf.
The opinions expressed therein represent the views of the author and not the American Bar Association.
The Borchard Foundation Center on Law & Aging Invites Applications for the 2019-2020 Borchard Fellowships in Law & Aging

Applications due April 15, 2019

Fellowship Information:

The Borchard Fellowship in Law & Aging offers the opportunity to carry out a substantial project related to law and aging in partnership with a host agency. Up to three fellowships are available to law school graduates interested in, and perhaps already in the early stages of pursuing an academic and/or professional career in law and aging.

During the fellowship period, the Center’s director and former fellows stand ready to assist each fellow with the further development of his/her knowledge, skills, and contacts. A legal services or other non-profit organization involved in law and aging must supervise a fellow’s activities and projects. In addition to the fellow’s planned activities and project (unless the fellow’s project includes the provision of legal services), the fellow must also provide some pro bono direct legal services to older persons under appropriate supervision. A fellow is expected to provide the Center with monthly activities reports.

The fellowship is $50,000 and is intended as a full-time position only. The fellow’s sponsoring agency is responsible for providing employee benefits, employer’s FICA payment, administrative support, workspace, computer, telephone, and email access, and appropriate professional education program opportunities. Fellows may live and work where they choose in the United States. Fellows must be either U.S. citizens or legally resident in the U.S.

The twelve month fellowship period runs from July 1 to June 30 for those already admitted to the Bar and from not later than September 1 to August 31 for those who must sit for the Bar exam after law school graduation.

Fellows participate in conference calls and other planned activities with other current and former fellows to encourage networking. Former fellows who successfully complete the fellowship period may also participate in the Center’s Former Fellows Grant Program.

Application Process

Applications are due on April 15, 2019. Applicants must submit a completed online application including an information form, an explanation of the applicant’s planned activities and projects, a current curriculum vitae, a law school transcript, a letter of support from the proposed supervisor, and two other letters of support. All fellowship application information and the required online application are available between March 15, 2019, and April 15, 2019, at http://www.borchardcla.org/fellowship-program.

For further information, contact Mary Jane Ciccarello, Director, at mjc@borchardcenter.org.
With a PhD in Electrical Engineering, What Could Be Better than Elder Law?

-- Profile of Laura Ruppalt --

*Intern for The Commission on Law and Aging*

Second year George Mason University Law School student and Baltimore native Laura Ruppalt splits her time between law school, working as a research engineer at the U.S. Naval Research Laboratory in Washington, DC, and interning as a law clerk at the Commission on Law and Aging. It’s part of a somewhat unlikely career transition from a decade of professional work in the field of technology and applied physics to the field of law.

It wouldn’t be a surprising transition for someone wanting to practice patent or intellectual property law, but that’s not Laura’s goal. She wants to practice in the field of law and aging. When asked why, Laura says, “Two or three years ago, just as I was again reassessing where I was, the idea of using the law in a way that impacts older Americans really was attractive to me. I’ve always had an attraction to older persons. I had a very strong relationship with my grandparents growing up, and I have a lot of compassion and sympathy for the struggles that I see.” Opportunities fell into place for Laura with a scholarship to law school and her employer’s willingness to let her work part-time. Fortunately, the Commission was one of the opportunities that came along at the right time.

Laura’s work at the Commission has focused heavily on statutory and regulatory analysis in health decisions law, guardianship, and emeritus attorney bar status. One of the more interesting projects has been her research on a possible state report card on health care advance directive laws. While state laws don’t necessarily reflect actual practice, they do create a legal framework that can either help or hinder the ability of individuals to have their health care wishes known and honored. Beyond law school, Laura hopes to find a role for herself in either the practice of elder law or related policy work in the DC area. She adds, “My goal now is to find a way to support myself where I really enjoy and feel a little bit more meaning in the way I spend my days.” Newly emerging advocates like Laura Ruppalt brighten the prospects for making old age a time to thrive.

The Commission has a long-standing internship and externship program for students with a public service/public interest focus. The ABA Commission has welcomed students from international law schools in Europe and the Middle East.

For more information on internship opportunities with the Commission on Law and Aging, see our intern/extern informational sheet or contact David Godfrey at david.godfrey@americanbar.org.
Preview of the 2019 Aging in America Conference

The 2019 Aging in America Conference will be held April 15-18 in New Orleans. Aging in America is the largest interdisciplinary conference on aging in the United States, bringing together fields ranging from Social Work, to health care, to nutrition, to law. Participants range from front line service providers, to government officials and staff, to senior researchers in academia. Organizers expect over 3,000 attendees, with an agenda of over 550 sessions and programs to choose from this year.

For the second year, there is a dedicated law and aging track, with 21 programs included this year (https://www.asaging.org/registration-information). Commission on Law and Aging staff will be speaking on four of those programs:

**Monday April 15**
10:00 AM - 11:30 AM Guardianship and Exploitation: What You Need to Know

**Tuesday April 16, 2019**
08:30 AM - 10:00 AM Law and Policy: 2019 Update for Professionals in Aging
02:30 PM - 03:30 PM Practical and Ethical Issues in Assessing Capacity and Incompetency

**Thursday April 18**
10:00 AM - 11:30 AM Person-Driven Solutions for Working With Individuals With Dementia in the Community.

If you see me in New Orleans, say hi!

David Godfrey, Senior Attorney, ABA Commission on Law and Aging.

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