In Memoriam:
Commissioner
Patricia D. Struck

The Living Will as Improvisation
by Susan P. Shapiro

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In this, its 36th year, the Commission has continued to leverage the cumulative expertise of its members and staff in its pursuit of its mission: to serve as a collaborative, interdisciplinary leader of the Association’s work to strengthen and secure the legal rights, dignity, autonomy, quality of life, and quality of care of aging persons. It is this unique holistic focus on law and aging that enables the Commission’s singular impact.

This issue of Bifocal is our 2015 Year in Review, providing a snapshot of the Commission’s work over the past year. Given the pace required to achieve what we have in the past year, it’s easy to forget to step back and appreciate the breadth and depth of the Commission’s work. In the past 12 months, the work of the Commissioners and professional staff has impacted the legal practitioners and institutions, public policy, and the public at large in several ways.

The Commission’s work has improved the quality of service provided by Legal Practitioners and the Justice System through our:

- Law and practice publications, such as Bifocal, our bi-monthly e-journal; our Pocket Guide for Law Enforcement on elder abuse; our capacity assessment handbooks for lawyers, judges, and psychologists; our elder-friendly law-office guide; our elder law ethics brochure, and many topical articles;
- Leadership role organizing and expanding the annual National Aging and Law Conference in partnership with the ABA Center for Professional Development;
- Partnership in the National Legal Resource Center, funded by the Administration for Community Living;
- Production of quarterly “Elder Law Essentials” CLE webinars and more than 45 professional education presentations by staff and Commissioners during the past year;
- Coordination of entities within the ABA working on aging issues via quarterly calls and the Elderlink list;
- Support of programmatic efforts of ABA sections and divisions that seek to target law and aging issues, including cross publication with the Senior Lawyer’s Division and faculty contribution to section and division CLE programs;
• Elder Investment Fraud and Financial Exploitation Prevention Program — Legal, an elder financial exploitation CLE initiative, funded by the Investor Protection Trust and Investor Protection Institute, which is piloting the training of lawyers in six states to identify potential financial exploitation of or by their clients and respond effectively;

• Leadership in collaborative efforts to develop guidance for lawyers in cutting edge approaches to supported decision-making for persons with diminished capacities.

The Commission’s work has positively impacted Public Policy Affecting Older Persons and their families through our:

• Technical assistance in response to over 2,000 requests per year from multiple disciplines, policy-makers, and the media;

• Online tracking charts summarizing the status of state legislation on guardianship, elder abuse, health care decision-making, and other subjects;

• Collaboration with the National Guardianship Network in funding working interdisciplinary groups on guardianship reform in 10 states and supports efforts in others;

• Research now underway to examine legal capacity restoration policies and practices in order to identify model policies and best practices;

• Consultation and advisory engagements aimed at improving state health care decisions, guardianship, and elder abuse laws, as well as federal policy under the Elder Justice Act, the Older Americans Act, and Medicare and Medicaid;

• Advisory and technical assistance activities with the National POLST Paradigm Task Force, particularly in addressing policy and educational issues faced by states;

• Liaison work with the United Nations Open-Ended Working Group on Ageing in its efforts to examine the need for an international convention on the rights of older persons;

• Policy development and advocacy efforts within the ABA and at the state and federal level in conjunction with ABA Government Affairs, particularly the February 2015 adoption by the ABA of the Commission’s resolution to support access to and financing of high-quality, comprehensive long-term supportive services for persons with advanced illness.

The Commission’s work has had a positive Impact on the Public through our:

• Educational self-help materials for the general public, addressing financial exploitation (e.g., the lay fiduciary guide series), health care advance care planning, and other topics developed under foundation grants;

• Promotion of National Health Decisions Day, April 16, including distribution of My Healthcare Wishes, a smartphone app that enables individuals easily to store and share their advance directives and related information on their smartphones;

• Collaboration with consumer groups to develop strategies to empower individuals and their families in accessing the information, care, and services they need.

A recurring word I have used throughout these highlights is “collaboration.” The strength of the Commission is its ability to work with and bring together experts and stakeholders across practice areas, multiple disciplines, and the public and private sectors to examine needs, find solutions, and implement them.

I am proud of our successes and accomplishments and look forward to continuing success in furthering the ABA Commission’s work in meeting the law-related needs of older individuals.

I encourage you to get involved. This may be accomplished through participating on one of our excellent discussion lists, interacting with us through our social media accounts, or by contacting us to discuss potential partnership opportunities.

Sincerely,

Hon. Patricia Banks
Commission Chair
2015–2016
Operating Budget

The Commission’s operating budget is made up of core funding from ABA general revenues that provide nearly half of the funds needed to run the Commission. The remainder comes from grants, contracts, and donations. The Commission’s expenses totaled approximately $1.12 million during FY 2015, although revenues can vary considerably from year to year depending on the number and size of grants in any given year.

Private Donations

Growth of annual funding is a high priority for the Commission. Because of the uncertainty of the grant world, private donations have become an increasingly important leg of the Commission’s financial stool. As a program of the ABA Fund for Justice and Education, a 501(c)(3) charitable organization, the Commission is able to receive tax deductible donations and bequests via check, planned giving, or at https://donate.americanbar.org/cola.

The chart below shows the sources of the Commission’s funding for FY 2015.

Commission Expenditures for FY 2015

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<th>Funding Sources</th>
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<td>ABA</td>
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<td>Administration for Community Living</td>
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<td>Donations &amp; Endowments</td>
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The core of the mission of the Commission on Law and Aging is “to strengthen and secure the legal rights, dignity, autonomy, quality of life, and quality of care of elders.” An important part of this is providing expert advice, training, and resources to attorneys and other advocates providing assistance to older Americans. The year saw a new funding cycle for the Commission’s work in this field from the Administration for Community Living (ACL), the hosting of the National Aging and Law Conference, and the Commission’s 6th year of the Elder Law Essentials webinar series. Our efforts reached audiences in 45 states.

Administration for Community Living Grant Work

The Commission has received funding to improve access to legal assistance by older adults by providing leadership, resources, expert advice and training, from the Administration on Aging, now part of the ACL, for over 25 years. Over the years, the focus of the project has evolved and changed. Starting July 1, 2015, the Commission began a new one-year funding cycle that shifts focus from resource development to training and expert advice—also known as case consultation. The Commission provides speakers and expert trainers an average of 60 times per year (248 times in the four years ending 5/31/2015). The new funding request asked us to focus on this effort. There was an additional request to focus training efforts on states that are current and past Model Approaches to Legal Service Development grantees and funding for travel was earmarked in the project budget to make that possible. The Commission has long responded to requests for expert advice, primarily from professionals in law and aging, but also from consumers. Commission staff had not tracked the volume of this advice for several years as it was not reportable under our prior work plan. In the first three months of tracking this work, COLA reported providing expert advice 159 times to a wide array of aging and legal services professionals on a broad spectrum of issues.

Commission staff maintain the Elderbar and Collaborate email discussion lists as tools for sharing
information with attorneys and other advocates. Membership on Elderbar has grown by 38% over the past 4 years and Collaborate has grown by 140%. (Collaborate is cosponsored by the Association for Conflict Resolution.) *Bifocal* is also an important tool for reaching our audience, subscriptions to *Bifocal* have grown by over 37% in the past four years. While the new work plan shifted the focus, Commission staff continue to maintain content on the NLRC website at [www.NLRC.ACL.Gov](http://www.NLRC.ACL.Gov).

**National Law and Aging Conference**

For the second year, the Commission organized and hosted the National Aging and Law Conference (NALC) on October 29 and 30th at the Hilton Hotel in Arlington, VA. Planning for the conference started 13 months before the program date. The planning committee represent legal aid programs, government agencies, and national advocacy programs. The majority of the agenda is assembled from a request for proposals process bringing in a mix of experienced and new presenters to build a very strong agenda. The focus of NALC is on issues that impact older adults with the greatest economic and social needs. The conference included 24 workshops and 4 plenary sessions over two days. 163 people registered for the conference. NALC is a major opportunity for the Commission to help develop the skills and knowledge of front-line advocates, so they can make a difference in the lives of older Americans.

**Elder Law Essentials Webinar Series**

To provide online virtual education on critical issues the Commission started producing an Elder Law Essentials webinar series six years ago. This calendar year the Commission produced three CLE-accredited webinars.

- SSI: What Every Attorney Needs to Know
- VA Pension: Income Security for Veterans and Their Family
- Tax Basics: Special Needs Planning for Families

NALC and the webinar series also produce modest non-dues revenue for the Commission that help to supplement staff time and other expenses. These efforts netted about $20,000 in 2015.

**Where to Go for Further Information**

For the latest on all of the above activities, see the Commission's Events & CLE webpage at: [http://www.americanbar.org/groups/law_aging/events_cle.html](http://www.americanbar.org/groups/law_aging/events_cle.html).
The 2015 National Aging and Law Conference (NALC) was held October 29th and 30th at the Hilton Ballston in Arlington, Virginia. This is the second year in a row that the Commission on Law and Aging (the Commission) has partnered with the ABA Center for Professional Development to create and host the Conference. The conference was attended by over 160 advocates from 35 states.

The theme of NALC 2015 was *Celebrating Anniversaries with Action*, and focused on the 80th anniversary of Social Security; the 50th anniversaries of Medicare, Medicaid, and the Older Americans Act; and the 25th Anniversary of the Americans with Disabilities Act. The impact of these landmark laws on the quality of life of older Americans is immeasurable. The Acts have dramatically reduced poverty for older adults, improved access to medical benefits, provided critical community services, and improved access and participation in community life for millions of older adults. The Conference-theme plenary featured David Certner from AARP, an expert on Social Security; Judy Feder of Georgetown University, an expert on Medicare and Medicaid; Shira Wakschlag of The ARC, an expert on the Americans with Disabilities Act; and William Alvardo Rivera of the Department of Health and Human Services, an expert on the Older Americans Act. The speakers reviewed the critical role these laws play, and made suggestions on action to strengthen and preserve the acts.

The second plenary session was titled *Elder Justice and Adult Protective Services*. Moderated by Commission Chair Judge Patricia Banks, it featured Edwin Walker from the Administration for Community Living (ACL) and Lori Stiegel of the Commission. This session explored the work of the ACL Office of Elder Justice and Adult Protective Services and the critical role legal services providers play in identifying, responding to, and remediating elder abuse in all of its forms.

The second day of the agenda kicked off for the second year in a row with the Rapid Fire Plenary session. The session was introduced by Jack Rives, Executive Director of the ABA. Rapid Fire sessions featured ten speakers with five minutes each and with the charge to “wow the audience.” Topics included health care, advance directives, human rights, family conflict, guardianship, and pro bono rules.
The last plenary was an exploration of Supported Decision Making (SDM). The session introduced the audience to a tool under development known as PRACTICAL, designed to walk lawyers through the alternative decision-making models that should be exhausted before guardianship is considered. The session featured Jonathan Martinis of the Quality Trust, Erica Wood of the Commission, Rebekah Diller of the Benjamin N. Cardozo School of Law - Yeshiva University, and Nina Kohn of Syracuse University College of Law. Video from the session can be found at http://www.americanbar.org/news/abanews/aba-news-archives/2015/11/supported_decision-m.html.

In addition, the agenda featured 24 workshops on topics including health care, estate planning, legal ethics, legal service development and delivery, consumer law, individual rights, income security, and disabilities issues. One of the goals of the Conference planning committee was to balance the agenda with meaningful coverage of the key issues in law and aging. There were over 70 speakers involved in presenting the program this year. The agenda offered 11.5 hours of continuing legal education credits, with up to 3.25 hours of that in legal ethics.

Planning for the conference starts about a year in advance. The planning committee has grown to 25 people representing aging advocacy organizations, legal aid providers, professional organizations, and government agencies. About 80% of the sessions are selected from a public request for proposals (RFP) process.

The Borchard Foundation Center on Law and Aging was a major sponsor of NALC, providing direct funding to offset costs of the conference. This funding made possible the opening reception, enhanced audio visual services, and WiFi in the meeting space. AARP Foundation Litigation provided funding for the Jerry D. Florence attendee scholarships again this year, easing the burden of attending for a dozen advocates. Interactive Legal was a paid exhibitor at NALC. Interactive Legal provides law office automation software and is piloting a new package for legal aid programs.

Planning is underway for the 2016 National Aging and Law Conference. The conference theme will be Elder Justice and the conference will be in the Washington, DC, area, most likely in October. Watch Bifocal and the Elderbar discussion list for information.

Once again, the core of the agenda will be filled with an RFP process that allows professionals interested in speaking to submit a proposal for a workshop or plenary session. Each workshop requires a minimum of two speakers. The call for proposals will go out in first quarter of 2016.

Where to Go for Further Information

For the latest on NALC activities, see the webpage at: http://ambar.org/nalc.

Ethics Brochure Updated, Available in Print & PDF

Understanding the Four C’s of Elder Law Ethics

This consumer-friendly brochure explains the “Four C’s” of elder law ethics—client identification, conflicts of interest, confidentiality, and competency. It helps family members understand the relationship between a lawyer and an older client.

- Free PDF download
- Purchase hard copies

To learn more, use the links above or visit the Commission's website at http://www.americanbar.org/groups/law_aging/publications/ethics_pubs.html.
Since 1993, the Commission has been at the forefront of efforts to expand and improve the justice system's role in preventing, detecting, and remedying the devastating problem of elder abuse, neglect, and exploitation (hereafter referred to generally as elder abuse unless otherwise indicated). This year those activities were concentrated in four areas.

Educating and Providing Tools to Justice System Professionals

Pocket Guide on Legal Issues Related to Elder Abuse for Criminal Justice Professionals

As 2014 drew to a close, the Commission published Legal Issues Related to Elder Abuse: A Pocket Guide for Law Enforcement as well as a longer, more detailed Legal Issues Related to Elder Abuse: A Desk Guide for Law Enforcement. Early in 2015 we also produced Template for State Adaptation of “Legal Issues Related to Elder Abuse: A Desk Guide for Law Enforcement.” Intended for criminal justice professionals (law enforcement and community corrections officials, prosecutors, and judges), the pocket guide explains legal concepts, documents, and tools that may be misused to commit elder abuse or used properly to remedy it. We printed 23,790 copies of the small, laminated, spiral-bound pocket guide, and all copies have been disseminated. Recognizing that the pocket guide also would be beneficial to adult protective services and victim services professionals, lawyers, advocates, victims, and many others, we made free PDFs of the pocket guide, desk guide, and template available online at www.ambar.org/ElderAbuseGuides. The project was supported by the Bureau of Justice Assistance, an entity of the U.S. Department of Justice.

Elder Investment Fraud and Financial Exploitation Prevention Program – Legal

We continued our efforts to educate lawyers about preventing, detecting, and remedying elder abuse, particularly elder financial exploitation and investment fraud. In partnership with the Investor Protection Trust (IPT) and Investor Protection Institute (IPI), which are nonprofit organizations devoted to investor education and protection, we have implemented an initiative known as the Elder Investment Fraud and Financial Exploitation

by Lori A. Stiegel
Prevention Program – Legal (EIFFE—Legal). Its goal is to educate lawyers to:

- recognize clients’ possible vulnerability to EIFFE due to mild cognitive impairment,
- identify EIFFE in their clients, and
- report suspected EIFFE to appropriate authorities.

To do this, EIFFE—Legal is developing and pilot testing in six states a model national continuing legal education curriculum that is intended for practitioners in a wide array of specialties, such as elder law, trust and estate law, family law, general practice, business law, tax law, and administrative and government law.

The first pilot was conducted at the Maine State Bar Association’s Summer Meeting. Approximately 30 people (including Maine’s Attorney General and a judge) attended. Presenters in addition to myself included:

- Aria Eee, Deputy Bar Counsel for the Maine Board of Overseers of the Bar
- Victoria Powers, an elderlaw practitioner and shareholder in the firm of Toole and Powers, P.A.
- Judith Shaw, Securities Administrator for the State of Maine Office of Securities and president-elect of the North American Securities Administrators Association

The second pilot was a featured program at the State Bar of New Mexico Annual Meeting/Bench & Bar Conference. Approximately 70 people attended. Presenters in addition to myself included:

- Brandon R. Toensing, Senior Regulatory Attorney – Securities Division, New Mexico Regulation and Licensing Department
- Dr. Rex Swanda, Ph.D., Director of the Neuropsychology Consultation Service and Post-Doctoral Training in Clinical Neuropsychology at the New Mexico Veterans Health Care System
- Gaelle D. McConnell, J.D., an elderlaw practitioner with the McConnell Law Firm and twice past chair of the New Mexico Supreme Court’s Client Protection Fund Commission

The third pilot was a part of a half-day pre-conference program that the Oklahoma Securities Commission and the Oklahoma Bar Association’s (OBA) new Master Lawyers Section developed for the OBA Annual Meeting. With substantially more time than the previous pilots, this pilot involved additional speakers and content. Approximately 55 people attended. Presenters in addition to myself included:

- Dr. Robert E. Roush, Baylor College of Medicine and EIFFE Prevention Program Medical
- Don M. Blandin, President and CEO, Investor Protection Trust and Investor Protection Institute
- Irving L. Faught, Administrator, Oklahoma Securities Commission
- Vivian Lee Thoreen, Partner, Holland & Knight LLP, Los Angeles, California
- A panel of Oklahoma practitioners, policy makers, and prosecutors

The final pilot programs will be held in Iowa, Missouri, and Pennsylvania in 2016.

Program on Elder Abuse for the ABA Solo, Small Firm and General Practice Division

Stephen Rosales, who is the chair of the ABA Solo, Small Firm and General Practice Division (GPSolo) as well as a member of the Commission on Law and Aging, has made elder abuse his cause for his year as GPSolo’s chair. His interest in educating the division’s membership about recognizing elder abuse dovetailed with our initiatives, and so we collaborated to co-present “Rise of Elder Abuse, Neglect, Exploitation, and Clients with Dementia” at the GPSolo 2015 Solo & Small Firm Summit. This was the only substantive CLE
program on the Summit agenda. Steve shared war stories from his practice and I talked about ethical issues and challenges, using the Brooke Astor case as a framework. Approximately 70 people attended.

**Elder Abuse on the Agenda of the National Aging and Law Conference**

Reflecting the growing recognition of the critical role that legal services lawyers and other advocates play in preventing and redressing elder abuse, the program of the ABA-sponsored National Aging and Law Conference featured seven sessions (out of 28) about elder abuse. These included a plenary on “Elder Justice and Adult Protective Services” which was moderated by the Honorable Patricia Banks, presiding judge of the Cook County Circuit Court’s Elder Law and Miscellaneous Remedies Division and chair of the ABA Commission on Law and Aging, and co-presented by Edwin L. Walker, deputy assistant secretary for Aging of the Administration on Aging with the Administration for Community Living, and myself. Other sessions included “Agents, Guardians, Surrogate, Oh My! Ethics of Working with Third Parties,” “Lessons from State and Local Efforts on Elder Financial Exploitation,” “Capacity to Consent to Sexual Expression in Long Term Care,” “Ethical Issues in the Attorney’s Response to Elder Financial Abuse in an Environment of ‘Zero Tolerance,’” “Model Approaches – Phase II: Building Legal Service Delivery Systems That Combat Elder Abuse,” and “Pass It On: Older Adults, Fraud and the FTC.”

**Educating Other Professionals about the Law**

The Commission continued striving to raise awareness among non-legal professionals about the laws relevant to elder abuse and the ways in which the justice system can help victims or punish perpetrators. Highlights included presentations at various national and state conferences such as the annual meeting of the Gerontological Society of America, the California District Attorneys Association National Elder & Dependent Adult Abuse Symposium (which draws law enforcement officers/investigators and adult protective services professionals in addition to prosecutors), and a half-day program on undue influence for the Florida Coalition Against Domestic Violence.

**Educating Older Persons and Lay Fiduciaries**

We continued to work with the Consumer Financial Protection Bureau (CFPB) Office for Older Americans on six state adaptations (see below) of the national *Managing Someone Else’s Money* guides that were published in 2014. The guides are intended for agents under powers of attorney, court-appointed guardians of property and conservators, representative payees and VA fiduciaries, and trustees under a revocable living trust.

**Managing Someone Else’s Money Guides**

More than 600,000 hard copies of the national guides have been distributed by the CFPB. Soon, twenty-four state guides will be available. They are adaptations of the four national guides for Arizona, Florida, Georgia, Illinois, Oregon, and Virginia in collaboration with state experts.

"I just want to let you know that feedback from the fiduciary guides has been quite good. I’ve made a couple of talks specifically on the guides themselves, and I have included them in other talks (I’ve spoken to about 2,000 seniors on fraud and abuse issues this year) since their release. Many have expressed gratitude for the availability of such guides both as resources and as a tool to kick-start discussion with family and loved ones."

- David Hominik, the Virginia legal services developer
Advocating for Stronger Laws and Policies

Supported by ABA policy, the Commission engaged in numerous efforts to strengthen federal and state laws and policies. These activities included continued involvement in the Elder Justice Roadmap steering committee and implementation efforts; technical assistance to Congressional committees and to federal agencies including the Senate Special Committee on Aging, the House Energy and Commerce Committee’s Commerce, Manufacturing, and Trade Subcommittee, the Administration for Community Living/Administration on Aging, CFPB, Department of Justice, Federal Trade Commission, National Institutes of Health, Securities and Exchange Commission, and Social Security Administration on financial exploitation issues.

We also provided technical assistance to numerous states, through AARP and directly, on power of attorney abuse, remedies for financial exploitation, elder abuse fatality review teams, and court-focused elder abuse initiatives; participated in national policy roundtables, forums, and summits; provided extensive advice to the North American Securities Administrators Association as it developed proposed model state legislation titled “An Act to Protect Vulnerable Adults from Financial Exploitation”; commented on federal proposed rules on nursing home quality of care and patient safety regulations related to elder abuse and to federal proposed voluntary guidelines for state adult protective services programs; and collaborated with the ABA’s Governmental Affairs Office to send letters to Congress in support of appropriations for the Elder Justice Act as well as for expansion and reauthorization of elder abuse-related provisions in the Older Americans Act.

Where to Go for Further Information

For the latest on all of the above activities, see the Commission’s Elder Abuse Resources webpage at: http://ambar.org/elderabuse.
With funding from the Bureau of Justice Assistance (BJA), the Commission produced three free publications:

- A **Pocket Guide** providing brief explanations of: legal concepts, documents, and tools that may be misused to commit elder abuse or used properly to remedy it; and issues and actions that justice system professionals should consider if they suspect elder abuse has occurred. In total, The Commission printed 23,790 pocket guides. All print guides have been disseminated. The number of entities that received print copies totaled 308 with dissemination to all states and the District of Columbia. A total of 644 individuals have completed the online process for downloading the pocket guide PDF.

- A **Desk Guide** providing more information about Pocket Guide topics, as well as additional resources including: tips for communicating with older individuals, the differences between civil and criminal courts, and entities that may be involved with elder abuse victims or perpetrators. As of December 2015, 262 individuals had completed the process for downloading the desk guide PDF.

- A **Desk Guide Template** providing a template for state-specific adaptation of the Desk Guide. Eighty-four individuals completed the process for downloading the desk guide replication template as of December 2015.

**Where to Go for Further Information**

To download PDF versions of the Pocket Guide, Desk Guide, and Desk Guide Template, visit the project’s page at [http://ambar.org/ElderAbuseGuides](http://ambar.org/ElderAbuseGuides).
“My colleagues and I need to know that when we’re told ‘I could spend dad’s money because I have his power of attorney’ we shouldn’t just say ‘Oh, OK’ and walk out.”

—Dale Gillette, Lt. (ret.), Ross County Ohio Sheriff’s Office and Triad Coordinator Pickaway County, Ohio Sheriff’s Office

The Guides in Action

From Merry O’Brien, of the Network for Victim Recovery of DC:

“We are really enjoying the guides—and the team has given good feedback. We’ve given out most of the hard copies at this point, and will probably finish off the remainder during the next training class!

“They seem to be going over well—no one is leaving them on the tables when they leave, so that’s a good sign. This can be a tough crowd!”

The guides being used to train a class of detectives in June 2015.

The Network for Victim Recovery of DC is part of the District of Columbia’s Collaborative Training & Response for Older Victims, a multidisciplinary partnership to recognize, assist, investigate, and prosecute elder abuse. It is funded by the U.S. Department of Justice Office on Violence Against Women.

From COLA Commissioner Stephen B. Rosales:

“A presentation of the guide was made in my hometown to the Chief’s Office of the Belmont, MA, Police Department, to be distributed to all the officers in the Police Department.”

Pictured, left to right, are Chief Richard J. McLaughlin, Chief of Police for the Town of Belmont, MA; myself; and Lt. Kristin Daley of the Community Services Unit for the Town of Belmont, MA, Police Department.
The Commission has played an important role in several major advances this past year affecting advance care planning and advanced illness policy and practice.

**Policy Change**

Top among developments has been the decision by the Centers for Medicare and Medicaid Services (CMS) to establish, for the first time, billing codes that allow physicians and other qualified health professionals to be reimbursed for advance care planning services. The Commission had strongly advocated for this in both legislation and regulation for years, so the new rule is a major victory. The decision affirms advance care planning as a critical component of clinical practice. We have known for years that thoughtful advance care planning discussions between patients and clinicians are vital to ensuring person-centered care. Person-centered care means that medical decisions are based on the individual’s values, beliefs and goals for care that in turn drive the choice of interventions. A Kaiser Family Foundation survey this year also showed that, overall, only 17% of adults surveyed said they had had such discussions with their doctor or another health care professional, even though 89% believe doctors should engage in such counseling.

The Commission’s support for the rule change was bolstered by the ABA’s adoption of a Commission-sponsored resolution at the February 2015 meeting of the ABA House of Delegates. The resolution calls for support of legislation and regulation that promotes access to, and financing of, high-quality, comprehensive long-term supportive services for persons with advanced illness. This is the fastest growing population in our aging society, and their needs have been largely unmet by current health delivery and financing systems. The resolution urges development and implementation of innovations that prioritize person-centered care planning and coordination; home-based supportive services; better access to palliative care and caregiver support; expanded research in delivery practices and standards; greater workforce development; more effective health information technology; and payment mechanisms that support these elements.

**Legislative Culture Change**

Another remarkable shift central to the Commission’s work has been the growing acceptance by
Congressional leaders on both sides of the aisle of the importance of advance care planning and better care for persons with advanced illness. While Congress has yet to enact major legislation on this topic, bipartisan bills for which the Commission has provided technical assistance have been introduced or under development. One key example is The Care Planning Act (S. 1549) introduced by Sen. Mark Warner (D-VA) and Johnny Isakson (R-GA). The bill would create a care planning and coordination benefit under Medicare, as well as an advanced care demonstration project. Congressional hearing and forums have also demonstrated an attitude change that contrasts dramatically with the “death panels” fears that were in circulation only five years ago.

**Collaborative Successes**

Commission staff continue to collaborate with the Coalition to Transform Advanced Care (C-TAC) toward the goal of ensuring that all people with advanced illness receive high-quality, coordinated, and compassionate care consistent with their personal goals and values. In late 2014, C-TAC released a new book, the Path Forward: A Blueprint for Reforming Advanced Illness Care in America, with one chapter on policy and advocacy co-written by Charlie Sabatino.

The Commission also continues to provide technical assistance to the National POLST Paradigm Task Force and to state groups developing programs modeled on POLST (Physician Orders for Life-Sustaining Treatment). The effort has focused mainly on legislative and regulatory issues that face POLST programs. In the Commission’s home jurisdiction, the District of Columbia, the Commission provided testimony in support of a bill that will authorize the program in D.C. for the first time. The collaborative efforts of many groups seeking to establish and improve POLST programs nationwide have resulted in POLST programs in various stages of development in 45 out of 50 states as of the end of this year.

**Educational Progress**

Educational efforts on health decisions and advance care planning are ongoing. This year, efforts included presentations at several professional conferences, media technical assistance, and updating of a popular Commission reference, Myths and Facts About Health Care Advance Directives. The Commission is also one of the founding co-sponsors of National Healthcare Decisions Day—April 16 of each year. The goal of the day is to inspire, educate and empower the public and providers to engage in quality advance care planning.

As the Commission moves forward into the next year, we anticipate some exciting developments in both federal and state health policy matters and a greater focus on quality measures for person-centered care, especially with respect to care planning and end-of-life care.

**My Health Care Wishes Smartphone App**

In its second year on the market, the app was highlighted as one of “20 apps to help provide easier access to legal help” in the April 2015 ABA Journal. It also received coverage in the New York Times New Old Age Blog. The app gives individuals and their family members the ability to store their own and each other's health care advance directives, key health information, and health care contacts on their Apple or Android smartphones, and to send advance directive documents directly to health care providers by email or fax. The goal is to enable people to have advance directives available whenever and wherever needed, without having to rely on 3rd party cloud-based registries. Learn more at http://ambar.org/MyHealthcareWishes.

Tools to help individuals and families engage in advance care planning and manage their advance directives have proliferated in the last few years, so the Commission has regularly updated a handy Health Decisions Resources page on its web to highlight the best resources available to the public and professionals. Several other health decisions technical resources can be found on that web page, too. Visit http://ambar.org/healthdecisions.

**Where to Go for Further Information**

For the latest on all of the above guardianship activities, see the Commission’s Health Care Decision-Making Resources webpage at: http://ambar.org/healthdecisions.
The ABA Commission on Law and Aging is committed to protecting rights in adult guardianship, exploring less restrictive options, supporting choices, ensuring high fiduciary standards, assisting family guardians, and promoting strong court oversight. Here is what we have accomplished in 2015.

**Advancing Court-Community Partnerships at the State Level**

The Commission plays a proactive role with its 10 organizational partners from the National Guardianship Network (NGN) in advancing reforms in law and practice. In 2015, the Commission coordinated an NGN grant from the State Justice Institute and additional sources to support awards to five states for innovative, consensus-driven Working Interdisciplinary Networks of Guardianship stakeholders (WINGS). These WINGS court-community coalitions in the District of Columbia, Indiana, Minnesota, Mississippi, and Washington can impact the lives of vulnerable individuals through strong collective action. In addition, the Wisconsin Supreme Court created a WINGS group aligned with the NGN replication principles.

These new collaborative guardianship reform groups build on the original four WINGS pilots named in 2013—in New York, Oregon, Texas and Utah. Additional states already have similar guardianship improvement problem-solving groups in Ohio, Missouri and West Virginia. Georgia has just launched a WINGS partnership; and Guam has received State Justice Institute funding to support the Judiciary in WINGS implementation and guardianship training—making a total of 15 WINGS states intensively involved in guardianship reform.

WINGS was a recommendation of the 2011 Third National Guardianship Summit. It is founded on the theory of “collective impact”—that “large scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations (Kania & Kramer, “Collective Impact,”

by Erica Wood
Social Innovation Review, 2011). Bringing stakeholders together in strategic action can give more “bang for the buck” than isolated advocates—which can in turn directly change the quality of life for people who might enter the guardianship system or people already in the system.

A 2015 assessment by the National Center for State Courts found that WINGS “is proving to be a feasible and effective means for addressing the current shortcomings of the guardianship system and process.” WINGS groups have conducted critical outreach on less restrictive decision-making options, including supported decision-making; secured needed assistance for family guardians, and bolstered court oversight. For an introductory video clip on WINGS, see http://bit.ly/1TbbM6f.

Targeting Change in Specific States

In addition to its work on WINGS, this year the Commission had the opportunity to bolster change in several specific states. We helped the Massachusetts Guardianship Policy Institute in its examination of the unmet need for public guardianship, changes in court monitoring, support for family guardians, and promotion of less restrictive decision-making options—and participated in its broad-based Colloquium in November. We also addressed the first meeting of the new Iowa Supreme Court Guardianship and Conservatorship Reform Task Force in October. And in Virginia, the Commission is working with the Virginia Tech Center for Gerontology on an innovative study of “values histories” in public guardianship cases, funded by the Albert and Elaine Borchard Foundation.

The Commission partners with AARP State Advocacy & Strategy Integration in its support for state AARP state offices on guardianship issues—providing back-up information and technical assistance, as well as review of proposed legislation.

Helping Lawyers to Engage in Supported Decision-Making

Supported decision-making focuses on promoting ways that people with cognitive disabilities can make their own decisions about their own lives, rather than being placed under a guardianship in which a surrogate makes life decisions on their behalf. The U.S. Administration on Community Living designated The Quality Trust for Individuals with Disabilities to establish and operate a National Resource Center on Supported Decision-Making, and the Commission is pleased to be a partner in the five-year National Resource Center project.

In 2015 the Commission and three other American Bar Association entities have been spearheading development of a tool for lawyers on supported decision-making, to spur them to routinely build these principles into their practice, and fully operationalize the concept of “less restrictive options.” We want lawyers involved in guardianship work to ask what else might be tried first, and how people can get the support they might need for increasing self-determination before going the guardianship route. We created a tool called PRACTICAL, an acronym for a nine-step process, along with a checklist and an online resource guide with hyperlinks to resources. Currently 100 attorneys are testing the tool. Their feedback will help to refine the tool before it is finalized and disseminated this Spring.

Restoring Rights for People Under Guardianship

Because guardianship is a substantial intervention resulting in the loss of basic human and civil rights, all individuals deserve an opportunity to have a guardianship terminated and have their rights restored. Yet very little is known about the process of restoration in practice. Last year the Commission completed extensive work on restoration statutory and case law.

In 2015, the Commission won an important grant award from The Greenwall Foundation to begin the first multi-state collection of data from court
and guardianship program files on restoration. The Commission is working with the Virginia Tech Center for Gerontology to collect restoration data in four states over a three-year period as well as examining the four most recent files in successful cases. The project plans a roundtable on restoration with recommendations on law, policy and practice in the Fall.

Collaborating on Uniform Laws

During the year, Commission work has addressed two key guardianship acts by the Uniform Law Commission (http://uniformlaws.org). Uniform laws offer valuable models for states grappling with guardianship provisions.

First, this year the Uniform Law Commission initiated a Drafting Committee to revise its Uniform Guardianship and Protective Proceedings Act for the first time since 1997. The Commission was directly involved in the 1997 modification, especially provisions relating to right to counsel for respondents. The Commission is well represented in the 2015 effort by Commission leaders and staff.

The initial Spring Drafting Committee meeting was devoted to a wide-ranging discussion of key issues, such as: use of people-first language; person-centered planning; establishment, termination and modification of orders; performance of guardians and conservators; and guardianship of minors. At the second meeting in October, the Committee made progress on an initial draft of revisions prepared by the Reporter and the Chair, both former Commission members.

The revision will be at least a two-year process. The Drafting Committee is primed to make a great leap forward in guardianship history! Hopefully, the Committee’s work product—or at least selected provisions—will be enacted in many U.S. states.

A second Uniform Law action front for the Commission this year has been resolution of multi-state adult guardianship jurisdictional issues through passage of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act. The Act addresses three situations—the transfer of a case to a different state, recognition and enforcement of a guardianship order in another state, and determination of which state will have initial jurisdiction to hear a case if more than one state is involved. The Act saves judicial and family time and expenses, and greatly simplifies multi-jurisdictional cases—without changing substantive state guardianship law, and without cost to the state.

Because it is jurisdictional in nature, the Act can’t work as intended unless it is adopted by all of the states. The Commission works closely with AARP to support the Act’s adoption and use. Currently, a total of 42 states plus the District of Columbia and Puerto Rico have passed the Act, leaving nine jurisdictions remaining.

Tracking State Legislation

If you need to know what legislative changes states have made in adult guardianship this year or in past years, the Commission website is the place to look. Each year the Commission tracks the passage of guardianship legislation, and presents an interim summary as part of the National Guardianship Association’s annual Legal and Legislative Review at the October NGA Conference.

As of December, we found 33 state enactments from 18 states. Texas alone passed a total of 10 bills, including the nation’s first statutory recognition of supported decision-making agreements, as well as a strong emphasis on less restrictive options. Nevada made significant changes, including a licensure requirement. Florida made extensive amendments affecting the selection and authority of guardians. The Ohio Supreme Court approved a long-awaited set of standards for guardians. The 2015 Review is available at http://ambar.org/guardianship.

Where to Go for Further Information

For the latest on all of the above guardianship activities, see the Commission’s Adult Guardianship Law and Practice webpage at: http://ambar.org/guardianship.
2015 was a Big Year for International Progress

This year the Commission continued to participate in the annual meetings of the U.N. Open-Ended Working Group on Ageing in support of the new ABA liaison Professor Bill Mock of John Marshall Law School. The Working Group has continued to engage in extensive inquiry and debate about whether the U.N. should pursue a separate convention on the rights of older persons, or instead, seek to strengthen the enforcement of existing international normative standards as they may apply to older persons. That question remains a threshold sticking point to consensus.

The European Union, the United States, Canada, Australia, and Japan are opposed to drafting such a convention, while the vast majority of low and middle income countries strongly in favor. The high income industrialized countries claim that the existing legal instruments (such as the Convention on Economic, Social and Cultural Rights, for instance) apply to all people, including older persons, and are sufficient. Gaps arise because governments don’t implement the relevant conventions. Countries supporting a specialized convention, as well as nearly every non-governmental organization that has addressed the Working Group, claim that since the existing instruments do not identify older persons as such, these instruments are too non-specific, fragmented, and vague in their application to older persons. As a result, this demographic group “falls between the policy cracks.” Thus, without the explicit international legal protection conferred by a convention, older persons remain extremely vulnerable to poverty, abuse, neglect, illness, and premature mortality, among other things.

The ABA and the Commission have spoken in favor of initiating work on a convention. We have also collaborated with the John Marshall Law School and Roosevelt University in distributing a model international convention, referred to as the Chicago Declaration. The model is an evolving work, based on continuing input from experts and stakeholders internationally, including the ABA Commission. The hope is that this declaration will stimulate more concrete thinking about the organization and terms of a future convention.

On the regional level, the movement toward an inter-American convention achieved a milestone. On June 15, 2015, the General Assembly of the Organization of American States (OAS) adopted the Inter-American Convention on Protecting the Human Rights of Older Persons. Our outgoing Commissioner Marcos Acle and first-year Commissioner Ivan Chanis have both been directly involved in that process in their professional roles at the OAS. The convention represents a major step forward in addressing the human rights needs of older persons. The instrument was immediately signed by the governments of Argentina, Brazil, Chile, Costa Rica, and Uruguay at OAS headquarters in Washington,
For the Convention to enter into force it is necessary that at least two signatory countries have not only signed it but also ratified it.

The purpose of the Convention—the first regional instrument of its kind in the world—is to promote, protect, and ensure the recognition and the full enjoyment and exercise, on an equal basis, of all human rights and fundamental freedoms of older persons, in order to contribute to their full inclusion, integration and participation in society. The starting point of the Convention is the recognition that all existing human rights and fundamental freedoms apply to older people, and that they should fully enjoy them on an equal basis with other segments of the population.

At present, people aged 60 or older in the Americas represent 14% of the hemisphere’s population (over 135 million). By 2030, nearly two in five people will be 60 or older, and in total there will be more than 215 million older people in the Americas. The Convention will strengthen the legal obligations to respect, promote and ensure the human rights of older persons. Its ratification will carry the obligation of States parties to adopt measures to guarantee a differentiated and preferential treatment to older persons in all spheres. For the Convention to enter into force it is necessary that at least two signatory countries have ratified it.

Not surprisingly, the U.S. has not been a supporter of the OAS convention or of the proposal for a U.N. convention. The U.S. prides itself on its commitment and innovation in protecting the rights and quality of life of older Americans. However, the U.S. historically has been very reluctant to allow itself to be subject to any laws or rules created and enforced by non-U.S. authorities. Nevertheless, treaties or conventions that are widely adopted by other nations do tend to affect the legal thinking and analysis that occurs in American law, sometimes in profound ways.

Where to Go for Further Information

For the latest on all of the above international activities, see the Commission’s International Rights of Older Persons Resources webpage at: http://www.americanbar.org/groups/law_aging/resources/international_rights_of_older_persons.html.

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Your Health Care Wishes

Just a Finger Tap Away

With some very creative people, the Commission created a smartphone app called My Health Care Wishes to give individuals and their family members the ability to store their own and each other’s health care advance directives, key health information, and health care contacts on their Apple or Android smartphones, and to send advance directive documents directly to health care providers by email or Bluetooth.

How it Might Help You: Assisting a Parent

Let’s say your Mom lives in San Francisco and has a health care directive with end-of-life decisions. You’re her primary proxy and live in Washington DC. She’s on vacation in Boston and rushed to the ER at Mass General Hospital. A My Health Care Wishes wallet card is found stating her proxy has her advance care plan on his iPhone—that’s you! You’re coaching soccer but with one click you are able to email the documents needed to speak with staff to make key decisions. Crucial moments are saved and you’re there in a way never possible before in a medical crisis.

Learn More & Download

Please visit: www.MyHealthCareWishes.org.
Six years after controversy over “death panels”1 scuttled efforts to compensate health professionals for advance care planning, the Centers for Medicare and Medicaid Services will begin doing just that in January 2016, including for explanation and completion of advance directive forms with patients and their families. As hundreds of thousands of practitioners stand poised to counsel tens of millions of Americans under Medicare, it is appropriate to reflect on the legacy of advance directives and ask how physicians might best serve their patients as they anticipate life’s end.

Ironically, this long-awaited Medicare change comes as support for these advance directive forms has reached its nadir.2 Although the value of proxy directives, which designate a medical decision maker in the event that a person loses capacity in the future, has been repeatedly demonstrated, that of instructional directives or so-called living wills, which state treatment preferences, has not. A new report by the Institute of Medicine concludes that legal approaches embodied in living wills have “been disappointingly ineffective in improving the care people nearing the end of life receive and in ensuring that this care accords with their informed preferences.”3

But some recent studies offer a more hopeful prognosis. Drawing on medical records, death certificates, or retrospective surveys, several find a correlation between treatment preferences expressed in directives and outcomes such as final treatment or place of death.4 Of course, correlation is not necessarily cause. As these investigators concede, they have no way of knowing whether the living wills were even consulted or instead serve as a marker for something else.

It is not surprising that data on whether and how instructional directives are actually used are in short supply, since they require prospectively observing decision making as it unfolds. Research in two intensive care units (ICUs) in a large urban teaching hospital with a diverse population of patients has done just that.5 For three years, a medical social worker and I observed medical decision making on behalf of patients without decision-making capacity, day after day, from admission to discharge. Daily observations over the course of each patient’s ICU stay tracked when anyone asked about or referred to an advance directive, how the directive was used, and the correspondence between the patient’s treatment preferences articulated in the directive and the host of decisions made on their behalf. Both qualitative and quantitative analyses of these data cast further doubt on the efficacy of these documents.

About half of these ICU patients reportedly had advance directives. Yet, in more than 1,000 encounters and family meetings between almost 300 health care providers and more than 600 patient friends and

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family, for only a quarter of patients with directives did anyone ever ask about treatment preferences expressed in the document, let alone describe them. And for every directive that helped honor patient wishes—providing clarification, corroboration, or closure, fostering consensus, or assuaging guilt—another failed to do so—its instructions flouted, ignored, misunderstood, providing insufficient guidance or directions no longer consistent with patient preferences.

Of course, directives do not have to be invoked, described, or even mentioned to affect medical decisions. If living wills, or the conversations their completion occasions, provide information, guidance, authority, reassurance, or absolution to decision makers or health care providers, one would expect to play a role in the decision-making process. Yet the study found little difference (controlling for demographics and severity of illness) in how decision makers armed with instructional directives and those without them proceed. Across almost three dozen aspects of the decision-making process, outcomes, or impact—from whether and how participants reprised patient wishes, to the decision criteria considered, how quickly decisions were reached, conflict, the emotional burden on family members, responses of health care providers, even the decisions themselves (from refusing an intervention to withdrawing life support)—only one significant difference could be found. Discussion of goals of care was more often initiated by family members of patients with directives. Though aggressive treatment is the default when patients have no advance directive, treatment decisions were not different; they were made no faster; they weighed similar criteria; and they appeared to be no less burdensome for families.

These findings are limited to only two ICUs in a single hospital and do not reflect other settings in which end-of-life medical decisions are negotiated. Nonetheless, they raise questions about the mechanism by which living wills have the effects reported in the correlational studies. Perhaps instructional directives play a more important role outside of ICUs, for example, keeping patients out of hospitals altogether.

Still, more than two-thirds of Medicare recipients visit a hospital (42% an ICU) in the last six months of life.8 There, loved ones face a torrent of complex decisions, nested in often uncertain, equivocal information, which could hardly be anticipated in a menu of checkboxes or scripted instructions written in better times when healthy patients could not envision the excruciating choices their loved ones might someday face.

Do we really want to squander Medicare dollars compensating health professionals to complete the instructional directive forms that failed, betrayed, or proved irrelevant for so many of the patients in the ICU study? Even worse, do we want to send the message to healthy patients that writing scripts with the blessing of their physician is all they need do to ensure fidelity to their wishes and protect their loved ones at life’s end?

Scripted instructions can play an important role when patients face a known imminent terminal illness.9 But advance care planning for the rest of us must eschew writing scripts and reflect on process:10 How to choose the most effective proxies and prepare them for what many characterize as the most difficult role of their life? What decision criteria are most important; how should they be weighed and tradeoffs balanced? How to evaluate probability, risk, or prognostic uncertainty? How long to pursue aggressive interventions before changing the goals of care from cure to comfort? How much suffering along the way is acceptable? What constitutes an acceptable quality of life? What fates are worse than death? How much weight to give to the needs of the family?

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A wealth of stimulus material—questionnaires, videos, online exercises, facilitated dinner conversations, even card games—already exist to assist individuals and their loved ones in exploring these abstract questions. These exercises do not help formulate better scripts for unforeseen medical crises, but provide insight into how to improvise when the unthinkable occurs, especially when loved ones interact with clinicians who never knew us or our wishes.

What then should we ask of or expect from our health care providers? They ought to encourage us to undertake the advance care planning process and share the relevant stimulus materials. But their contributions are necessarily limited by the time required for these complex ongoing conversations, lack of access in an office visit to all the participants who may one day try to speak for us, and lack of training to facilitate these difficult conversations, which have more to do with family dynamics and personal values than medical expertise or judgment. Still, physicians should help us identify the most effective proxy decision maker, insure that we understand the choices we face, discourage us from writing scripts prematurely, pose the hard questions appropriate to our medical status, prod us to reflect on these questions with our loved ones, and remind us to reexamine our responses, priorities, and choice of decision maker as life circumstances change. But we need directors inspiring and guiding improvisation, not scriveners checking boxes on boilerplate forms.

A truly directive living will is not a script, but rather an evolving, ongoing dialogue throughout the life course with those who may someday be called to improvise on our behalf. Let’s hope that Medicare dollars are used to help enrich the conversation.

Susan P. Shapiro is a sociologist and research professor at the American Bar Foundation in Chicago. She works at the intersection of fiduciary relationships and trust, on the one hand, and law and regulation, on the other. Her most recent research, conducted in two intensive care units, examines how families and others make medical—often end-of-life—decisions for patients who are unable to speak for themselves. She is also a Commissioner of the ABA Commission on Law and Aging.

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In Memoriam: Patricia D. Struck

We were shocked and saddened to learn that Commission member Patricia D. Struck had passed away on December 20th. Patty was the Administrator of the Securities Division of Wisconsin's Department of Financial Institutions. In 2005-2006, she was president of the North American Securities Administrators Association (NASAA), the oldest international organization devoted to investor protection. She remained an active member of the NASAA Board of Directors and was serving as the Vice Chair of NASAA’s Seniors and Diminished Capacity Committee, which is developing model state legislation to protect vulnerable adults from financial exploitation. Additionally, Patty was representing the State Bar of Wisconsin in the ABA’s House of Delegates and also was an active member of the State and Local Bar Relations Committee of the ABA’s Business Law Section. She previously had served, among other things, as co-chair of the Wisconsin Fellows of the American Bar Foundation and as Chair of the Board of Governors of the State Bar of Wisconsin.

That abbreviated list of Patty’s exemplary public service activities demonstrates why we nominated her to serve on the Commission and why we were so pleased when the ABA president appointed her. Her professional perspectives as a state regulator deeply committed to preventing elder investment fraud and financial exploitation and as a bar leader were of great benefit to the Commission’s work. We also benefited from Patty’s eagerness to promote the Commission’s work on elder abuse and on capacity assessment. And we benefited from Patty’s sunny and generous disposition. She was always smiling and laughing. She enjoyed a glass of wine and good food, reading, knitting—especially for her sons, and photography.

She was especially proud of a photograph taken of her this summer, standing between two of the Milwaukee Brewers Famous Racing Sausages™.

Archived CLE Webinars Available

December 2, 2015
Tax Basics: Special Needs Planning for Families

A variety of services such as medical treatment and the employment of caregivers are needed for families with children and adults with disabilities. Many families struggle with the financial resources to care for their loved ones and often fall prey to difficulties with taxes. A trustee must be fully aware of tax regulations, bookkeeping protocols, and public benefits. Our panel discussed tax basics for special needs families.

November 17, 2015
VA Pension: Income Security for Veterans and Their Family

Panelists discussed how to get the best results for a client looking to obtain a VA pension. Practical pointers on obtaining the highest amount for pension were discussed, as well as how a client can keep that amount each year. Practice tips on dealing with a VA debt—due to an overpayment issue related to a VA pension—were also provided.

July 15, 2015
SSI: What Every Attorney Needs to Know

The financial eligibility rules for the SSI program are complex and confusing. Experienced attorneys covered the ins and outs of these rules, focusing on income and resource limits. Find out what you need to know to be more informed and effective in assisting both those applying for SSI and those already receiving SSI benefits.

Visit http://www.americanbar.org/groups/law_aging/events_cle.html to learn more!