2005 White House Conference on Aging; Observation and Comments

Under the theme of “The Booming Dynamics of Aging; From Awareness to Action, 2005 White House Conference on Aging was held from December 11th through 14th in Washington D.C. in the United States, designed to pave the way for the President and the Congress to help guide national aging policies for the next ten years and beyond by paying the attention to the resolutions which were voted by the delegates from 50 states and territories. The official website of 2005 White House Conference on Aging cited that “White House Conference on Aging is decennial events designed to develop recommendations for additional research and action in the field of aging. Over the course of 21st Century, approximately 35 conferences carrying the name of the White House have been held.”

The official programs brochures of the Conference state further that “White House Conference on Aging occurs a decade and have served as catalysts for the development and enhancement of national, state and local aging polities in the United States. 17 members bipartisan WHCoA Policy Committee appointed by the President and Congress, is chaired by the Honorable Dorcas R. Hardy.” The theme for the 2005 WHCoA is “the Booming Dynamics of Aging; From Awareness to Action, which reflects the WHCoA’s legislative mandate to focus on the aging of today and tomorrow, which includes 78 million baby boomers born between 1946 and 1964. This theme urges us to acknowledge the opportunities and the challenge facing our families, communities, country and the world, and act now to responsibly and thoughtfully shape aging policy and programs for the future.”

The 2005 WHCoA commenced with Ribbon Cutting Ceremony by the Honorable Norman Y. Mineta, Secretary of Transportation. In his opening remarks at the Ceremony, he cited about the importance of availability of mobility of the elderly in the community they reside to have access to appropriate means of transportation to go out and reach what the elderly wish to do. He stressed the importance of use of technologies to make and enhance affordable and safe means of vehicle for the elderly, so that they can be more mobile in enhancing their interactions in the community they reside.
Other noted speakers included a few professional persons and government officials who emphasized the importance of the 2005 WHCoA with the sense of encouragement, aspiration, devotion and determination to shape policies and programs but with some cautions in terms of how the nation should be coping with the emerging issues of aging. The Honorable Josefina G. Carbonell, Assistant Secretary for Aging, U.S. Department of Health and Human Services cited at the various sessions during the Conference that AoA has been one of major active vehicle to get the issue of aging to the attention and interest of all level of the nation by shaping policies and programs which meets the needs of the elderly who are residing in diversified environments and conditions and the stressed the importance of grass-roots movements which will be the key to the successful outcome of coping with the issue of aging. Because of her abundant professional and administrative careers in the field of the aging, her remarks are innovative and aspiring as the top administrator of AoA in terms of need of creating innovative policies and programs for the care services for the elderly. Her sense of eagerness of sharing information and collaboration on the issue of aging with foreign countries is very farsighted assets to AoA because the issue of aging is not to be regarded as the issue of one nation but the whole world.

The Honorable Larry Craig, former Chairman of the U.S. Senate's Special Committee on Aging and currently serving as Chairman of the U.S. Senate's Veteran's Affairs Committee was one of the keynote speakers. His impressive records show that he has been one of the most active and aspired leaders as a lawmaker in enhancing the wellbeing of the elderly. He has been a leading member of the 2005 WHCoAs Policy Committee and has traveled extensively across the nation to listen and talk to all level of people in the nation to reflect their voices in his legistrative activities to promote further the betterment of the wellbeing of the elderly. It is worthwhile to quote his speech as delivered at the 2005 WHCoA on December 13,2005. U.S. Senator Larry Craig's Speech at the 2005 White House Conference on Aging on December 13,2005 is quoted as follows;

"Thank you Dorcas for that very kind and generous introduction. Let me welcome all of you who have traveled many miles to be at this event, especially those from my home state of Idaho.

I am honored to be with you this evening, and for the opportunity to speak to you for a few minutes about the critical job that you have performed today in the implementation
strategy sessions about the critical job that you have performed today in the implementation strategy sessions. This dinner is a celebration, if you will, of the efforts expended by the delegates today to shape aging policy for the near term and for the future.

Tonight, we will be hearing from someone that represents our next generation, the CEO of the Shaklee (SHACK-LEE) Corporation, Roger Barnett and I look forward to his thoughtful comments. I want to thank the members of the White House Conference on Aging Policy Committee and Advisory Committee for their determination to conduct a bipartisan process. Dorcas Hardy—thank you for your energetic leadership as Chair of the Policy Committee.

I also want to take this opportunity to recognize one of my former staff members, Dr. Scott Nystrom who has been working tirelessly as the Executive Director of this Conference. Scott—Thank you for a job well done. I also want to thank you for Mrs. Lupe Wissel who is Chief of Staff for U.S. Senate’s Veterans Affairs Committee. She worked hard and supported for the mission I was assigned to accomplish. Thanks also to our generous hosts, Johnson and Johnson, Shaklee Corporation, Genworth Financial and Aetana, for this wonderful dinner.

It has been a privileges for me to serve on the Policy Committee for the 2005 WHCoA. As you know, I have chaired the Economic Security Subcommittee. That Subcommittee has focused on the issue Tracks one and two—Planning Along the Lifespan and the Workplace of the Future. Of course, while these two tracks are important, all of the topics in the Agenda are significant to those in the Aging Community, to the aging baby boom generation and to the nation as whole.

Consider this—today there are over 50,000 centenarians in the United States, by 2050—just 45 years from now—the number of centenarians will be close to one million. Woo!!! That is an astounding increase! Imagine—one million people living in the U.S. are 100 years and older! It’s stunning—simply phenomenal.

Speaking of older Americans, Emilliano Mercado del Toro, who lives in Puerto Rico, is the oldest man alive at the age of 114 years. Emilliano is a proud veteran of World War I and appears to have broken the record for longest-lived veteran of any military force. Of Course, you may have seen the news the other day—Maria Capovilla from Ecuador
is the oldest woman alive at the age of 116. These people are called super-centenarians because they surpassed the age of 110—and folks—what is incredible about this is that—in a few years—this will be the norm.

This phenomenon presents challenges and opportunities. One challenge, of course is to evaluate our current programs and design them to meet the needs of this up-coming older population. I am talking about our pension system—our Social Security system—our health care system—our long-term care system—and may be it is the time once again re-evaluate our employment laws. We have started to address some of these challenges.

In 2000, we in Congress passed the Freedom to Work Act to allow people drawing Social Security to work without losing their benefits. That change has had an impact—more seniors than ever before are receiving Social Security and they have the freedom to work without being penalized by the federal government. And last year Congress voted to add a much needed and long—overdue prescription drug benefit to Medicare. It’s not a perfect bill, but it will save an average senior citizen $1,000 a year. Seniors will no longer have to choose between food and medicine.

There is no question that there is much work to be done, but that is why you are here at this conference—to share your wisdom—and I am certainly looking forward to your report.

Speaking of listening...

In preparation for this big event here in Washington, it has been enlightening to hear these ideas generated from the over 400 events held around the country. Several of those forums were held in my state of Idaho—where we have hundreds of active and vigorous advocates for seniors who are working tirelessly to improve the lives of others.

Let me get back to the main reason we are here this evening—we are here to celebrate these hardworking delegates and their accomplishments. You have been working since 8:30am this morning in Resolution Implementation Strategy Sessions. You had a 2 and half hour session this morning a quick break first for a box lunch, and then two more long sessions this afternoon. You have put best thoughts forward in groups and individually to provide solutions for the top 50 resolutions. You should be proud of your
work. Give yourself a hand!!!

One of the primary objectives of your implementation strategy sessions was to focus on who implements the strategy. You were asked to think about action needed at the Federal Level—by the Private Sector—by Non-Profit Organizations—And by individual.

This was a crucial part of your work and you have done it well. You have been mindful that solutions are not always found at the federal or state level—they need to come from the private sector, the local level and, most importantly—from the individual. You have also been mindful of the fact that these implementation strategies have been both short and long-term goals and should be realistic, fiscally responsible, and meaningful to the lives of current and future generations of older persons.

I will renew my efforts to implement some of your recommendations in the Senate of the United States as Chairman of the Veterans Committee—and as past Chair and a current member of the Senate Aging Committee.

While the White House Conference staff will be putting your implementation strategies into the final report for the Administration and the Congress, you can begin to put into motion ways to implement some of those strategies at your state and local level. I encourage you to share what you learn here with your state legislators, your local employees and non profits organizations, and all other interested individuals.
As you know, getting things changed in Washington can take years. Perhaps President Bush said it best when he said, (Quote) “I've always thought that the process of Aging could be slowed down if it had to go through Congress.”(End of quote)

Your follow-thought will be as important as the magnificent job you performed today. I know you can do it—we depend upon you to do it—and salute and congratulate you for your efforts to follow through and for a job well done.

And finally, as I once heard.....

“Aging is not lost youth” but a new stage of opportunity and strength.”

Thank you and enjoy the rest of your week.”

During WHCoA, there were many meaningful sessions held with noted professional persons and government officials as well as the delegates and moderators to discuss many of issue relating to the issue of aging as whole. One of the highlights of the sessions was Global Roundtable on Aging. The presenters were from Australia, Canada, France, India, Japan, Mexico and South Africa. The Honorable Josefina G. Carbonell, Assistant Secretary for Aging, Administration of Aging, U.S. Department of Health and Human Services presided as Moderator for the Roundtable Discussions.

Each presenter introduced the current and future issue of aging in their respective countries and this session provided the participants with the opportunity of sharing information on the issue of aging confronting their respective countries from either micro or micro point of views. The following remarks was made by Mr. Yusuke Kataoka who collaborated with Dr. Teruhisa Mokuno, CEO of Sun-Life Social and Welfare Organization( a provider of care services for the elderly at institutional settings in Japan). The presentation focused on Japan’s Long Term Care Services Insurance System: its Pros and Cons.
Japan’s Care Service Insurance Law(s) (System) as enacted in 1997 (its implementation in April 2000) and Revisions and Amendments to the Original Law(s) enacted in May 2005; its Pros and Cons.

Japan’s care services insurance law(s), enacted in 1997, were implemented, in the year 2000, with the stipulation that the original law(s) of 1997 must be reviewed in every 5 years to meet the needs of the time. This was one of the major Social Security Policies that Japan has introduced in coping with the issue of aging, in particular, on the system of providing care services for the elderly. The fundamental philosophy and vision in the creation of this system was designed, at the time of the law(s) enacted, to make the system sustainable for years to come, in order to cope with the rapidly expanding population of elderly people who requires some type of care services.

1. Outline of the System and how the system is to be restructured:

* The original law(s), enacted in 1997, can be best expressed as a system of “insurance” and “taxes”. The system is structured as a co-sharing system. The Central Government is responsible for contributing 25% to this system with others contributions as follows: 12.5% by Prefectures, 12.5% by regional governments such as cities and towns, 32% by the future recipients of the care services (age 40-64) and 18% by those who are eligible to receive care services and who are 65 years of age or older.

* In order to insure that the system is available throughout the nation, without discrepancies in terms of maintaining the quality of care to be as much as uniformly, the system has set up a “Financial Stabilization Fund”. This fund, which is contributed one third each by the Central Government, Prefectures and Cities and Towns, is designed to provide to stabilize administrative and operating entities, due to some regional financial and economic conditions.

* Under the original system, care was classified into (5) levels, depending upon the services required, plus a “Supportive level of care”, thus, the total category of care services and supportive and assistance cares combined is six (6). Depending on
the level of care services required, the funds are disbursed to the recipients of
care services, however, 10 % of the cost of care services the person receives must
be paid out of their pockets.

According to the Ministry of Health, Labor and Welfare, the total budget for the
system in the fiscal budget for the year 2005 was 6.7 Trillion Yen.

Currently, those elderly who are being assessed as eligible recipients of Care
services both at institutional settings such as nursing homes, the various types of
care services settings and in-home care services are said to be approximately 4
million people.

2. The segment of the population of the aged, and those elderly people who requires
some type of care services or supportive assistance, is growing more than the
government had predicted at the time of the implementation of the system in the
year 2000. In particular, it is noted that the growth rate of services classified as
Level Care (1) has and the Level of Supportive and Assistance, which have
occupied the half of those elderly compared to those who are being assessed as the
one requiring care services (from care level of (1) through (5) have more than
doubled since the implementation of the System. This category of growing
population of relatively less acute care services needed persons, are those who have
been receiving in home care and supportive assistance services. The care services,
and supportive assistance programs, are considered as not to be contributing to
improvement of the health condition of the elderly. It is pointed out that some of
service costs are used for other than direct care services and needed supportive
assistance. This has contributed to the increase of care services fees

It is pointed out that miscalculation, on the part of the Central Government and
Ministerial Commission on Social Security Commission and its sub-committees,
was to blame in their optimistic view that the system in question could be placed as
a viable and sustainable one for the years to come. At the same time, Japanese
Government has been restructuring plans to insure that the fiscal and budgetary
condition of the nation will be adequate to support the new social security policies,
including the revisions of medical insurance, pension system and the care services
insurance program.
3. An Outline of Amendment of Law(s) for Japan Care Services Insurance Law(s); System as Amendments and Revisions to the Original law(s) of 1997

- With the growing population of the aged and the rapid increase of those elderly who are being assessed to require care services and supporting and assistance services under the system, the government initially wanted to include the following policies and programs so that the financial basis of the system would be enhanced as a sustainable and durable system to cope with deteriorating system in terms of its sustainability from financial point of view.

- The government had a grand design to expand and broaden the population contributing the system. For this task, the government had proposed a few major policies and program services, which were designed for the inclusion of the key programs. These included such changes as an expansion of the age bracket of the sector of the population contributing to the insurance plan and the review and approval of the proposed amendments and revisions at the Welfare and Labor Committee of the Lower House and the Upper House of Japanese Diet in May of 2005.

The government thought that some of the major policies, program services and some restructuring tasks of consolidating other laws, such as the Disabled Support and Assistance Fees Law(s), could be accomplished. Combined with lowering the age at which others began contributing to the system they felt that the financial basis would be enhanced. But as it turns out, it did not succeed to bring about the strategies of the Ministry to included these proposed policies and services programs due to the fact that the nation was sharply divided, even among the members of the Ministerial Social Security Commission on “Revision and Amendments to Japan's Care Services Insurance Law(s) of 1997”.

The reasons for disapproval were voiced by business groups, regional governments, professional groups (providers of care services) and people at large due to:

1. Change of starting age of contributions to the insurance system, which originally began at 40 years of age to the proposed age of ranging from 20 or 30 years of age. Many felt that this would create negative factors which
would affect the mind of the youth who may be placed in financially difficult situation, as it was apparent that they are not psychologically in line with the philosophy of sharing the responsibility of the cost for the care services for the elderly.

2. Secondly, corporations and business associations decided against the proposal due to the fact that their share of burden will be increased because the employers must pay 50% of the premium obligation of their employees.

3. Regional governments were also against this proposal because of the enormous burden, which would be imposed on them as the administrator of the care services insurance system. They asserted further that if the Disable Supportive and Assistance Fees Law(s) were to be consolidated with Care Services Insurance Law(s), it would create confusion. This was due to the fact that the Disabled Supportive and Assistant Law(s) were different in nature in terms of the content of care services, unless the system was modified to cope with the way special mental and medical treatment services were provided, causing an additional burden on the contributors to the system.

4. It is also said that the government proposal for the revisions and amendments are deviating from the vision and philosophy that the government pledged at the time of the creation of the system and there has been no unified or constant policies with respect to reviewing the original law(s). It is also alleged that the government was trying to scale down the quality of care services for the elderly because of the fiscal burden, as they introduced some of new programs without revealing the details of services programs, as well as how these programs were going to be established and consolidated with the existing system. It was also pointed out that no financial details are clearly defined for these new services programs.

The government was forced to withdraw the policy promoting “the expansion of population which would contribute insurance premiums” for the inclusion in the task of revisions and amendments to the original law(s) of 1997. Instead, the following policies and services programs were included in the new proposal, in the form of a large framework with the details of policies and programs yet to be developed, in the revised and amended law(s), which was enacted in May 2005.
The followings are some of the major policies and programs that were included in the amended and revised law(s):

1. Changing to a prevention-oriented system (original level of care I and supportive and assistance level are going to be grouped together for receiving “preventive care services” rather than a full care, which was made available under the original law(s)).

2. Revision of Facility Services

3. Establishment of new service system

4. Quality control and improvement

5. Revision of finance and management

6. Extension of insured/beneficiary (additional clause)

For the details of these (6) policies and programs, please see the attached materials.

The government has decided to minimize the unproductive and wasted type of the various services programs and has placed more emphasis on “Preventive Care Services Programs”, which will in the eye of the government, reduce the cost of care services fees and will help the elderly become more independent. Community service programs are introduced in order to support the care services for the elderly which are designed not only for the elderly to participate in preventive care exercise to prevent them from further deterioration of their health condition and prevent frailty.

In conjunction with the efforts of reducing the care services fees under the system, the government decided to introduce “Rental Room Fees and Meals fees” to be charged to the residents who are residing at institutional settings, such as special nursing homes and other type of facilities. The government attempted to justify this change from the original system under which rooms and meals are covered was that those elderly who are getting care services at home under the original system are not enjoying the same benefits of rooms and meals which are covered by the care services insurance compared to those who are residing at a special nursing homes and other type of the facilities.

In order that the system be maintained at least at a minimum level in order to
provide appropriate care services programs, some innovative programs which are not yet implemented under the original system are going to be in place under the revised system. However, whether or not these service programs are going to improve the quality and quantity of care services are not clear in the eyes of the public.

Another major issue is the attrition rate of care givers and their rational way uniformed care services fees are applied without consideration of regional economic conditions nor the difference of cost of living between the major metropolitan cities and country region. In spite of the higher wages which are required to pay for the employees at institutional facilities located in the metropolitan areas, the care services fees for the providers of care services are more or less the same with the fees disbursed to the providers in country region where the cost of living is much lower. The law(s) dictates a uniformed standard for care services fees without consideration of the factors of cost of living, which makes it difficult for the providers of care services for the elderly who are located in the metropolitan areas. It is urged that the government must implement cost of living factors as added fees for the providers of care services for the elderly in metropolitan areas to keep the providers to be able to operate the facility with quality staff to extend the good care services. Otherwise, institutional facilities in major metropolitan areas will be face the difficulty of operating their care services adequately and may in fact jeopardize their ongoing operations.

As this document has briefly described Japan's Care Services Insurance System and the revised and amended law(s) to the original law(s) of 1997, it may be useful to summarize the pros and cons of the revised and amended law(s) to see how Japan's Care Services Insurance System will be shaped into a more appropriate system by which will that can be sustained.

PROS & CONS of the revised and amended law(s) of 2005.

• Pros:
  1. Japan's Care Services Insurance System was designed to provide needed care services for the elderly, which are supported by the combination of “tax and insurance premiums” in the form of “co-sharing system”.
     This system will be available to citizens when they reach at the age of 65
years old with some special provisions applied to the less fortunate people in the way of a reduction of the fees that they have to pay for the services they are receiving.

2. By establishing institutional facilities for care services for the elderly, by virtue of the government's financial subsidy, these additional facilities will be available to those members of society that may not have children or other relative to help provide necessary services.

3. Compared to private care services being operated by for-profit organizations, the elderly and their families’ financial burden as well as their physical and psychological burden are reduced under this care service insurance system. (Nursing homes, Health Center for Aged, Day Care Center and other type of service units are available under the system).

4. If the financial conditions of this system is improved through the allocation of the sales tax (consumption tax) which are now being contemplated (an increase from the current 5% to 10%), it will make the system more flexible in terms of providing more types of care services and the system will be recognized as a sustainable one.

- Cons:

1. The philosophy and vision of the system have not been implemented in full due to the lack of financial support by the government, which has been recognized as a failure of the government maintain and promote the policies as pledged at the time of the enactment of the original law(s).

2. Due to the failure of expanding and broadening of the population base which contributes to the insurance program, some of the major services programs have been not included in the revised and amended law(s), which made it difficult to improve the system as originally envisioned.

3. Because of fiscal budget tightened policies in place, the system has shifted the contents of care services from full services to “preventive care”
approach; some of programs which are designed to introduce “exercise and training with the use of machine” are regarded as unrealistic for those elderly whose age is 75 years or older. Some medical experts question the contents of “preventive care” as merits to improve the condition of the frail elderly which are proposed and being contemplated by the government.

4. Emphasis are now shifted from the expansion of facility provided care services to in-home provided services, which will increase the burden of the families in view of the accelerating demographic changes taking place in Japan; Decline of birth rate and mobility of younger generation in their working locations; makes it less likely that there will be family members available to look after the elderly.

5. Charging “Room & Meals fees for the elderly residing at institutional facilities” will be placed, a financial burden on them because the majority of them are solely depended on their national pension incomes. It is also pointed out that those who reside at institutional facilities are less well to do compared to those elderly who are receiving care services at their homes.

6. The proposed reduction of service fees for the providers of care services may lead to reduction of quality of care services and the management of institutional facilities may cease operations for lack of profitability.

7. The lack of flexible policies concerning the consideration of added services fees for providers of care services operating in major populated areas will effect the ability for these facilities to recruit qualified care givers.

8. Government has failed to develop specific contents of programs for implementation during the process of reviewing revisions and amendments to the original law(s) of 1997. This has created a large degree of confusions among the regional governments, providers of care services and people at large.

We have come full circle. During 21st Century the number of people who will need the care is predicted to expand rapidly. Additionally, the decline of the birth rate will make it much more difficult to provide the adequate supporting infrastructure
resources, particularly the human resources to extend personal care services to the growing number of aging people. It is important that we establish infrastructure environments to the best of our ability in order to extend opportunities not only to the elderly but also to those providing care services. However, it may be more important think of how successful program can be developed to handle the aging population needs as it grows and follow through with it. In this sense, international collaboration on the issue of aging is as important as it could ultimately affect the prosperity of the world unless we work together on this critical issue.

Yusuke Kataoka
Acting Chairman & Executive Director
U.S. Foundation for International Economic policy
in working together with
Dr. Teruhisa Mokuno
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The distinguished visiting scholar
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- Uncharted Water

During the period of WHCoA in Washington D.C. from December 11th through 14th, the writer was fortunate enough to meet many people who are involved one way or another in the field of aging both in public and private sectors who did attend 2005 WHCoA, some of them are from foreign countries. The various sessions the writer attended enlightened to re-convince that we are in fact faced with multiple, compound, and complex issues associated with the issue of aging not only from a micro but also a macro point of views. Each nation whether or not they are developed or developing nations, the issue of aging and its relevant problems are not only enormous but also that it is no longer an isolated issue of one nation. It is pointed out that we can hardly be able to analyze and predict properly at this moment what could be the future outlook of aging society is going to be due to the continued emerging issues arising, some of which are so difficult to predict. It may not be too exaggeration to say that we are still drifting
ourselves in “Uncharted Water” in the task of re-defining how to cope with the issue of aging. In this sense, it is so important that we must look at the issue of aging from global perspective.

As one of the keynote speakers at the 2005 WHCoA, Mr. David Walker, Controller General of the General Accounting Office of the U.S. Government pointed out very effectively and convincingly that unless the nation (U.S.A.) must realize how the nation is being faced with the state of the fiscal condition now and the future and to undertake an appropriate actions now, it will be the case that the nation can not sustain to provide adequate health and care services for the elderly and the needed ones. His reputation is said to be beyond question in terms of accountability, fairness, honesty, factual oriented administrator and above all bipartisan position he has maintained in his leadership as the Controller General of the Accounting Office of the U.S. Government.

His speech was based on the facts of the state of the fiscal condition of the United States of America. He delineated the factual condition of the U.S.A. now and the future by showing the Composition of Federal Spending from the period of 1664, 1984 through 2004, and other facts such as Composition of Federal Spending for Mandatory and Discretionary Programs, Fiscal Year 2004 Deficit Numbers, Surplus of Deficit as a Shape of GDP, Estimated Fiscal Exposures, Growing Fiscal Burden, Fiscal Exposures; The Importance of Looking Beyond the 1st Year, Health Care is the Nation’s Top Tax Expenditure in Fiscal Year 2004, Composition of Spending as a Shape of GDP, Current Fiscal Policy is Unsustainable, The Way Forward, 21st Century Challenges Report, Generic Reexamination Criteria and Sample Questions, Key Elements for Economic Security in Retirement, Social Security, Medicare, and Medicaid Spending as a Percent of GDP, U.S. Elderly Dependency Ratio Expected to Continue to Increase, U.S. Labor Growth will Continue to Decline, Key Dates Highlight Long Term Challenges of the Social Security System Different Measures, Same Challenge, GAO Criteria for Evaluating Social Security Reform Proposal and many other related basic and factual factors of the state of the Union.

His conclusion is as simple, concise and accurate as it should be in alarming that the state of the Union will be in jeopardy unless the nation should undertake most urgent measures to prepare for the coming of what may be described as the era of fiasco which can not be ignored due to the rapid acceleration of aging population around the world.
The writer wishes to extend his appreciation and acknowledgements for the great opportunity provided by those persons to attend the 2005 White House Conference on Aging, which enlightened me in many ways to learn how the successful aging should be planned. My deep appreciation goes to Senator Larry Craig of the U.S. Senate who recommended me to attend the 2005 WHCoA and Mrs. Lupe Wissel, Staff Director of the U.S. Senate’s Veterans Affairs Committee for the valuable advise and assistance. Mr. Clayton Fong, Executive Director, National Asian Pacific Center on Aging, who is also serving as one of leading members of the 2005 WHCoA’s Policy Committee, has provided me with profound and valuable guidance and assistance from which the writer has learned the enormous lessons on the issue of aging in the U.S.A. Mr. Scott Nystrom, Executive Director for the 2005 WHCoA and Ms. Marla Bush, International Coordinator at U.S. Department of Health and Human Services have provided me with a good insight into how the 2005 WHCoA is aimed for and how policies would be shaped through the Conference. Special appreciation goes to the Honorable Josefina G. Carbonell, Assistant Secretary for Aging, U.S. Department of Health and Human Services who spent much of her time with foreign participants and made the Roundtable Discussions meaningful which provided the opportunity of sharing the issues and concerns relating to the aging society of the respective countries in a comparative observation and analysis of that of the United States of America.
At the office of the U.S. Senate Veterans Committee, together with Mrs. Lupe Wissel, Staff Director for the Committee. Yusuke Kataoka and Mrs. Sayako Yamamoto.

Written and edited by:
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An outline of 'Amendment Law for Long-term Care Insurance Law'

Basic Aims of Reform: Maintaining of 'Sustainability', Establishment of an 'Active Aging Society', and 'Synthesis of Social Security Systems'

I An outline of Reform

1 Changing to prevention-oriented system

(1) Newly establishment of long-term care prevention services
   Programs to prevent falling or fracture, Training programs to strengthen muscle, etc.
   Managed by "Community Whole Support Centre"

(2) Establishment of Community Support Plan
   Long-term Care Prevention Plan is placed as services under long-term care insurance system

   • Dramatic increase of beneficiaries at lower care levels (Support level and Care level 1)
   • Services for people at lower care levels are not leading to improvement of conditions requiring care

2 Revision of Facility Services

(1) Revision of rents and meal expenses
   Rents and meal expenses in facility care is removed from services burdened by insurance

(2) Consideration to low-income earners
   New assistant benefit is introduced to support low-income earners who need facility care

   • Cost balancing of In-home Care and Facility Care
   • Correction of overlapped areas (public pension and long-term care)

3 Establishment of new service system

(1) Establishment of Community Care
   Establishment of "Community based care" enabling to realize more diverse and flexible service based on community
   (Ex.) small-scale and multi-functional home-care, group dwelling for elderly with dementia, Day services for elderly with dementia, nightly home-visiting care, etc.

(2) Establishment of Community Whole Support Centre
   The center for; i) Overall consultant function, ii) Management of long-term care prevention, iii) Wholly and continuous support for management

(3) Enrichment of In-home services
   • Enrichment of home with long-term care
   • Review of fee-charge home for the elderly

   • Increase of elderly who live alone and/or are with senile dementia
   • Promotion of In-home care
   • Counter measure to elderly abuse
   • Cooperation between health care and care for the elderly
4 Quality control and improvement

(1) Standardization of information disclosure
   Obligatory disclosure of business information to service providers

(2) Revision of the regulation to service providers
   Introduction of requirement to renewal of certification, revision of disqualification, etc.

(3) Revision of Care management
   Introduction of requirement to renewal of certification of care manager, making training compulsory, etc.

- Need for quality control
- Growing number of cancelled certification of service providers
- Quality improvement through service user's selection
- Effective post-regulation
- Equality of care management
- Guarantee of fairness

5 Revision of finance and management

(1) Revision of Category 1 insured's premium
   - Revision of calculation
   - More conscientious determination, such as reducing premium of low-income earners, based on individual ability of burden (Cabinet order)
   - Revision of collection
   - Extension of "Special collection" (Deduction from pension) to survivor's pension and disability pension

(2) Revision of Care need certification
   - Revision of "substituted applying" and "commissioned visit survey"

(3) Strengthening the function of municipalities

   - More engagement of municipalities to designation of service providers by county governor
   - Strengthening the power of inspection to service providers by municipal governor
   - Ruling of outsourcing by municipalities

- Concern to low-income earners
- Improvement of service user's convenience
- Reducing the work load of municipalities
- More initiatives by insurers

6 Extension of insured/beneficiary (additional clause)

The government should investigate appropriateness of extension of insured/beneficiary along with review of whole social security system and take needed measures in and around fiscal year 2009.

II The effective date 2006.4.1

Revision of Facility Services will be in force: 2005.10