

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
APPROPRIATIONS COMMITTEE HEARING
BUDGET HEARING

STATE CAPITOL
MAJORITY CAUCUS ROOM
HARRISBURG, PENNSYLVANIA

WEDNESDAY, FEBRUARY 20, 2008, 2:00 P.M.

VOLUME IV OF VI

PRESENTATION BY NONPROFIT AGENCIES

BEFORE:

HONORABLE DWIGHT EVANS, CHAIRMAN
HONORABLE MARIO J. CIVERA, JR., CHAIRMAN
HONORABLE STEPHEN E. BARRAR
HONORABLE STEVEN W. CAPPELLI
HONORABLE H. SCOTT CONKLIN
HONORABLE BRIAN ELLIS
HONORABLE DAN B. FRANKEL
HONORABLE JOHN T. GALLOWAY
HONORABLE WILLIAM F. KELLER
HONORABLE BRYAN R. LENTZ
HONORABLE TIM MAHONEY
HONORABLE KATHY M. MANDERINO
HONORABLE MICHAEL P. MCGEEHAN
HONORABLE RON MILLER
HONORABLE JOHN MYERS
HONORABLE CHERELLE PARKER
HONORABLE SCOTT A. PETRI
HONORABLE DAVE REED
HONORABLE DOUGLAS G. REICHLEY
HONORABLE DANTE SANTONI, JR.

1 BEFORE: (cont'd.)
2 HONORABLE MARIO M. SCAVELLO
3 HONORABLE JOSHUA D. SHAPIRO
4 HONORABLE JOHN SIPTROTH
5 HONORABLE DON WALKO
6 HONORABLE JAKE WHEATLEY, JR.

7
8 ALSO PRESENT:
9 MIRIAM FOX
10 EDWARD NOLAN

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JEAN M. DAVIS, REPORTER
NOTARY PUBLIC

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1 CHAIRMAN EVANS: We will now reconvene the
2 House Appropriations Committee meeting. It is now
3 2 o'clock.

4 What I would like to do, as most of you know,
5 we have been inviting in various citizens and
6 community groups from around the Commonwealth of
7 Pennsylvania to give us some reaction to the
8 Governor's proposed budget.

9 I thought we needed to change the process and
10 let people from the outside in to tell us what they
11 think about that, and the two guests we have here
12 today, I had the pleasure of at least meeting one of
13 the guests when I was in Bill Kortz's district.

14 CHAIRMAN CIVERA: Gergely.

15 CHAIRMAN EVANS: Gergely. I was in Marc
16 Gergely and Bill Kortz's districts.

17 I was with Marc Gergely, and I went to visit
18 something the Chairman called the Bluerroof Smart
19 Group Home, and this is a home which is what you call
20 independent living, and it deals with seniors looking
21 at the future.

22 So when I saw this home, Mr. Chairman, I
23 thought to myself, I wanted to put a lockdown on this
24 home because I thought to myself that here is what I
25 need for the future, okay? So it seemed rather

1 selfishly I was looking to see if I needed this for
2 the future.

3 So why don't you both, you know, introduce
4 yourselves for the record, and then tell us a little
5 bit about what you hear from the aging perspective
6 today.

7 MR. BERTOTY: Okay. I'll start.

8 My name is John Bertoty. I'm the Executive
9 Director of Blueroot Technologies in McKeesport,
10 which is down in the southeastern corner of Allegheny
11 County.

12 DR. SEELMAN: I'm Kate Seelman. I'm
13 co-Research Director of the National Science
14 Foundation, Quality of Life Technology Research
15 Center, and professor of Rehab Sciences and
16 Technology at the University of Pittsburgh.

17 MR. BERTOTY: Kate's title is a lot longer
18 than mine.

19 I wanted to give you a couple of quick stats.
20 If I was real good with stats, I probably would have
21 had my doctorate, so I'm not a big deal on stats.
22 But there are a couple of things that kind of
23 astounded me.

24 The probability of a 65-year-old woman living
25 to 85 is 65 percent; for a man, it's 53 percent. The

1 probability today, when we talk about aging---

2 CHAIRMAN EVANS: Can you say that again?

3 MR. BERTOTY: The probability of a
4 65-year-old woman living to the age of 85 is
5 65 percent today. For a man of 65, it is 53 percent.
6 The probability of a 65-year-old woman living to 95
7 is 23 percent today; for a man, it's 17 percent.

8 And this is interesting: The probability of
9 one member of a 65-year-old couple living to 85 is 84
10 percent. I will say it's usually the woman that
11 outlives the husband. But the probability of a
12 65-year-old couple, at least one member living until
13 95, is 36 percent. That's astounding.

14 Now, there's the good side and the bad side.
15 Thirteen percent and one in eight persons age 65 or
16 over has Alzheimer's disease right now. The most
17 rapidly increasing age cohort is 85 and above,
18 and nearly half of those, 85 and above, have
19 Alzheimer's.

20 Ten to fifteen percent of those diagnosed
21 with mild cognitive impairment go on to develop
22 Alzheimer's every year -- 10 to 15 percent. Every
23 72 seconds, someone in America develops Alzheimer's.
24 By mid-century, it will be every 33 seconds.

25 The largest minority in the United States

1 today is the group of citizens with disabilities. So
2 we really need to look to do the kinds of things,
3 many of them we heard this morning from PHFA and the
4 Department of Aging and the Department of Health, to
5 ensure that this rapidly growing population, which in
6 the Commonwealth of Pennsylvania, as you heard
7 earlier, has aged quicker. So whatever we develop
8 here will certainly apply anywhere in the nation.

9 Now, Bluerroof Technologies is a 501(c)(3)
10 nonprofit in McKeesport -- I have said that -- and we
11 develop technology. We integrate it into housing,
12 and we provide, we hope to provide homes that we call
13 USA. By that, we mean universal. They are a design
14 that permits accessibility for everybody. And the
15 second is smart. We have technology that can not
16 only support the person in the home but monitor them.
17 And the third, which is the most difficult, is
18 affordable. So we want them USA.

19 We have added a fourth to that now, because
20 we are moving into green technology.

21 Now, the name Bluerroof, we now say added to
22 the green. We are not just talking about Bluerroof
23 anymore; we are talking about blue-green. So we find
24 that we can add environmentally sensitive, very
25 positive additions, if they are put in initially,

1 that doesn't significantly increase of cost of the
2 home.

3 The model home that Representative Evans
4 referred to in McKeesport is more than just a model
5 home. It's also a research center. It was built
6 primarily with public funds initially -- DCED money
7 through Allegheny County; block grant money through
8 the city of McKeesport; money from our good friends,
9 Representative Gergely and Representative Kortz.
10 These folks have been very kind to us, and they see a
11 need for the kinds of things that we are doing, not
12 just building but research.

13 Some time back, we became a member of a group
14 at the University of Pittsburgh and Carnegie Mellon.
15 We became a test bed for the Quality of Life
16 Technology Engineering Research Center, and Kate can
17 tell you a little bit about that effort, because that
18 is actually the part of it that she's involved most
19 with.

20 Kate.

21 DR. SEELMAN: The research center.

22 MR. BERTOTY: Yes.

23 DR. SEELMAN: First off, thank you very much
24 for inviting us to come here. This is a beautiful,
25 beautiful building, and it's the first time I've been

1 in it. So it is really wonderful.

2 CHAIRMAN EVANS: Could you just state your
3 name for the record, please?

4 DR. SEELMAN: Sure. Kate Seelman; Katherine
5 D. Seelman.

6 CHAIRMAN EVANS: Okay.

7 DR. SEELMAN: Thank you.

8 The National Science Foundation, the pride of
9 its fleet is the Engineering Research Center, and in
10 the past, NSF, the National Science Foundation, has
11 never really financed the research center for
12 rehabilitation that targets aging and disability.

13 So we -- that is CMU, Carnegie Mellon, and
14 Pitt -- went after that center, along with, I don't
15 know how many, but there were 250, and it came down
16 to three awardees. So we were awarded and began the
17 center around 2006.

18 The purpose of the center is to do research
19 and development to support people living in their
20 community and living independently. That's a little
21 bit different, and Bluerroof is a good example of a
22 partner that has test beds right in the community.
23 That is, they are building places where people who
24 have disabilities, who are aging in place, can really
25 live. But they are providing and the whole

1 technology center is providing a lot of different
2 kinds of options.

3 I would like to turn to the testimony this
4 morning, because it was sort of interesting, and it's
5 all about improving access to health care, doing
6 something about cost, and doing something about
7 quality of care, and we feel that's what the
8 Quality of Life Technology Center in Blueroof is
9 doing.

10 And for whom are we doing it? We are doing
11 it for aging people like me; people who have had
12 lifetime disabilities, like me; underserved
13 populations, like perhaps my parents when they were
14 young, they were old, they were on Social Security;
15 caregivers; and people in transition who had a
16 medical event.

17 I don't know; you know, I have a friend who
18 has a spinal cord injury. He is in transition. He
19 is going from a medical situation. Is he going to go
20 into a nursing home or will we have, say, the
21 Blueroof Independence Module available to him that
22 can plug into the house, has a lift that will carry
23 him from room to room, has an appropriate bed? I
24 don't know; we don't have it now.

25 So anyway, these are the kinds of people they

1 were talking about this morning, and these are the
2 kinds of people that we like to think that we are
3 eventually going to be or are helping with our
4 research.

5 So when PHFA talks about medical events and
6 foreclosure and somebody going over the edge because
7 of medical events, we are talking and thinking a lot
8 about medical events.

9 When Aging talks about community-based
10 services and waiting lists, we think we can help with
11 restricting costs and assisting in community-based
12 services.

13 When Health talks about more access to
14 primary care, more prevention, more health promotion,
15 we think we can do that.

16 Just how do we think we can do it? Let's
17 take prevention for stroke.

18 We want to make sure that that person who has
19 a stroke does not go into a second stroke. So one
20 research project at Pitt relates that stroke victim
21 to the stroke center and monitors vital signs.

22 Now, this may be and would be a major
23 prevention and cost factor. So caregiving and
24 prevention.

25 There's a lot of back injuries in caregiving,

1 lots of back injuries. We have all moved our older
2 parents, so we have this kind of Hoyer lift that is
3 within Bluerooft or within the Independence Module.

4 So in any case, we talked about falls this
5 morning. Okay; if you walk into Bluerooft or perhaps
6 another facility, the lights may go on immediately.
7 If you are cooking, the appliances may be on an
8 automatic timer. In any case, there's a lot of
9 regulation and possible technology at a fairly low
10 cost.

11 And dementia. We have, as John said, an
12 emerging, real dementia problem. We have locational
13 technology, not unlike the technology that you have
14 in your own car and I have in my Blackberry.

15 So in any case, the medical technology. We
16 can have a person at home put a cuff on that person
17 and the pressure information goes to a center of
18 excellence. All these things are quite possible and
19 they are there.

20 But one of the things that puzzles us is
21 coordination. We listened to PHFA and listened to
22 Aging this morning and to Health. How do we put
23 something together that are some pilot projects
24 within Section 8 housing?

25 We ourselves and Quality of Life have as

1 partners AAA, working with AAA. We work with
2 Presbyterian SeniorCare and Community LIFE. So we
3 have a lot of the aging community and the disability
4 community together. So the question is going across
5 some of these departments and saying, how can we get
6 pilots going?

7 So with that, thank you, sir.

8 MR. BERTOTY: Now, one of the issues that
9 came up, Bluerroof has worked with PHFA. I have
10 presented for PHFA on a variety of events, and they
11 do provide mortgages and housing for people in need.

12 One of the problems that a company like
13 Bluerroof is having right now -- and I'm not sure I
14 know what the answer to this is -- in my area, much
15 of the open land has been taken up by large
16 developers. There's no incentive right now for a
17 large developer to include accessible housing in any
18 development. As a matter of fact, there are
19 disincentives.

20 The footprint that is necessary for a house
21 that is a single-level as opposed to a two- or
22 three-story takes up more of that land. They would
23 rather put three two-story houses instead of two
24 single-story.

25 There are funds available to purchase

1 accessible homes once the homes are completed. The
2 problem is that right now, PHFA does not support
3 adequately construction loans.

4 So somebody needing accessible housing, and
5 even if they are middle income and can afford the
6 housing, they go to a large developer and they find
7 that in fact there's no accessible housing and a plan
8 going in with 200 homes. Or if there is, that
9 accessible housing adds up to just 4 or 5 percent of
10 that, and they are a little bit, 10 to 15 percent
11 more, expensive to build, so the builders want to
12 sell them quickly. They often sell them to somebody
13 who really doesn't need the accessibility, just likes
14 that, and now somebody in real need comes and there
15 are none available.

16 We have people who come to us for housing.
17 We have a second corporation called Blueroof
18 Solutions that actually is not a 501(c)(3) and does
19 the building. Well, they have somebody come to them
20 for a home, and they need to get a construction loan.
21 Blueroof does not have the equity to be able to put
22 out the funds to build a house like that.

23 With what has happened in bid bonds right
24 now, even if we bid on a HUD project, we have to put
25 up a significant bid bond to do that, to put in

1 accessible housing.

2 So somehow we have to get somebody to be able
3 to take that funding and apply that to a construction
4 loan so that somebody can design those in, the
5 accessibility and the technology, and then that
6 construction loan builds the house using the funds
7 that are available to provide the extra accessible
8 options.

9 People fall right through the hole there,
10 because it doesn't apply to a construction loan and
11 they don't have the resources to build it on their
12 own, and what is already built is not accessible.

13 Now, there are some people that need
14 accessible changes made. They need accessible
15 options put in.

16 For example, there are so many thousands of
17 veterans coming back right now with severe
18 disabilities, coming back from Iraq and Afghanistan.
19 The nature of the improvised explosive devices has
20 those explosions occurring under vehicles. So we
21 have veterans coming back, you know, paralyzed from
22 the waist down, very many of them.

23 Well, how do you serve their purposes? They
24 can get, and I understand the VA gives them about
25 \$50,000. You take that money in western

1 Pennsylvania, and you can get some changes made
2 inside and a ramp and some other things put in. Try
3 that in Boston, and, you know, you are lucky to get a
4 ramp and a door fixed for that kind of money.

5 And secondly, you got to get somebody out of
6 that home. Although this isn't a State issue
7 specifically, there are citizens in the State who
8 undergo paralysis through trauma, and this is a very
9 personal issue for me. My daughter is in this
10 situation.

11 Now, instead of spending all that money on a
12 home, we have developed a Bluroof Technologies
13 Module, which is an adaptable or totally adapted home
14 addition that has the lifts and all the devices to
15 support an individual. It can be attached right to
16 the house.

17 We have a real opportunity here. This is a
18 device that can go to market very quickly, but we
19 need some pilots to put them into place. One of the
20 objectives of the Quality of Life Technology
21 Engineering Research Center is to get things to
22 market quickly, and this is something that can go to
23 market fairly quickly. But somehow we have got to
24 get the resources to put these kinds of things out so
25 that we can get a pilot.

1 Although there is no question that the
2 Engineering Research Center is federally funded,
3 there is no question that it is not just for western
4 Pennsylvania and it's not just for the Commonwealth
5 of Pennsylvania; it is supposed to have a nationwide
6 impact. However, because it is in western
7 Pennsylvania, it means that the companies spinning
8 off from these efforts can be manufacturing these
9 devices right in Pennsylvania, right in the
10 Commonwealth.

11 Now, we have the opportunities to do that
12 right now if we can put together some support to get
13 some of these pilots going. There is more research
14 needed. The grant, the NSF provides a structure to
15 enable it to happen. It doesn't provide for the
16 research itself.

17 So the things that we heard today were
18 excellent. We are worried about the caregivers. We
19 listened to those folks in the Department of Aging,
20 and as a matter of fact, I guess it is Deputy
21 Secretary Mike Hall that came out and has interfaced
22 with us already. We support the services. We have a
23 strong Community LIFE in western Pennsylvania. We
24 really support giving those resources into the
25 community.

1 You know, before we started, we ran focus
2 groups with seniors, and we found out that no matter
3 where we ran it in western Pennsylvania, probably
4 anywhere in the Commonwealth, their number one
5 concern was safety and security. That was most
6 important, and that is why we have designed a system
7 that is around a robust safety and security system.

8 But number two, I mean, we are talking about
9 energy efficiency. We are talking about
10 adaptability, accessibility. We are talking about
11 freedom from repairs and roof leaks and all those
12 kinds of things. With all of those, number two was a
13 front porch.

14 Now, you think about that for a minute. What
15 does that say about the seniors in the Commonwealth
16 of Pennsylvania? All right. They want to maintain a
17 part of their community. That front porch, to them,
18 was a way to be integrated into the community, to
19 maintain that contact, for people to see what they
20 are doing and for them to see what people are doing.
21 That is what they want.

22 They want to stay, not just in the State, not
23 just in their community, not just in their
24 neighborhoods and their homes, and, you know,
25 sometimes that's possible, sometimes it isn't.

1 That's why the McKeesport Independence Zone, a
2 10-acre zone right next to downtown McKeesport, is
3 being developed, and that is really what
4 Representative Evans was so impressed by. We are
5 actually putting that into a completely infill area
6 and raising the level of value of that whole section
7 of McKeesport, but you don't do it immediately. It
8 doesn't happen until you get so far along. You need
9 subsidies and support to get that done.

10 CHAIRMAN EVANS: What I would like to do is
11 some questions, but I would like to make a comment.

12 What I have tried to do in this hearing, as
13 you noticed yesterday in the hearing of Agriculture,
14 we talked about organic farming and we talked about
15 the future. In this particular case, I believe that
16 this Bluerroof Module, smart technology, also is a
17 part of the future.

18 I think, and I was just joking with
19 Representative Reed, in the few years that he's been
20 here, I was joking with him how long he has been here
21 versus how long I've been here. I think one of the
22 mistakes we make in this process is we tend to be
23 very transactional and we deal with today and not
24 look toward tomorrow. I think we will always have
25 the struggles we have in making decisions around

1 budget requests unless we look ahead.

2 When I had the pleasure of being out here
3 with Marc Gergely -- and I would encourage everybody,
4 if you can, to pick up a packet -- I mean, I think
5 John raised some real good questions about what
6 happens with seniors and the disabled. You know,
7 where do they exactly go?

8 So it is my view that we need to look at
9 these models, because what I liked about this
10 independence zone is that it is connected with the
11 University of Pitt. They are doing some research.
12 So they are doing kind of research analyses and we
13 think they are in the know. And you heard, number
14 one was security, and number two, as you can see in
15 this booklet, there's a porch on this property, which
16 is something worth looking at.

17 And I encourage all of us, if you get a
18 chance, to go out there to McKeesport to look at it
19 for yourself, because it is my understanding that it
20 is the only place in the Commonwealth of
21 Pennsylvania, right? There is no other place that
22 has this model?

23 MR. BERTOTY: No, there isn't.

24 There is research being done. Most of it is
25 university driven.

1 CHAIRMAN EVANS: Right.

2 MR. BERTOTY: But none are, you know, we are
3 going from quality of life to quality of life in the
4 home.

5 CHAIRMAN EVANS: Right.

6 MR. BERTOTY: Now we are talking about
7 quality of community.

8 CHAIRMAN EVANS: Good; right.

9 MR. BERTOTY: Outside areas where people can
10 be monitored and be safe and so forth.

11 CHAIRMAN EVANS: We'll go to Representative
12 Kathy Manderino.

13 REPRESENTATIVE MANDERINO: Thank you, Mr.
14 Chairman.

15 Thank you both very much for coming. I think
16 that you have kind of realized, and I know, Dr.
17 Seelman, you took note of the fact of how we were
18 struggling with dollars and figures and services this
19 morning with our aging population, and as more and
20 more of the baby boomers, myself and Dwight included,
21 start hitting that senior status, we will struggle
22 even more as a Commonwealth if we don't figure out
23 some new smart strategies, and I really think that
24 that is what you are talking about here.

25 And Mr. Bertoty, one of the things that you

1 talked about, and I understand this kind of
2 independence zone that you have where you have been
3 able, I guess because of it, whatever they put
4 together, to get some affordable land, but if you are
5 just out there in the market, you are struggling to
6 find affordable land for these kinds of prototype
7 types of homes.

8 Is the cost of, I don't know if
9 "retrofitting" is the word I'm using, because you
10 probably will really be redoing. But, for example,
11 where Dwight and I live, in the city of Philadelphia,
12 our older housing stock is compact. You know, it is
13 row homes and multi-story houses. Yet we talked at
14 lunchtime, where I grew up, in Monessen, there is
15 tons of housing that was built in the fifties and
16 sixties that are all ranch houses. So it is very
17 commonplace in some of our smaller communities for
18 half of the housing stock in the community to already
19 kind of have those bones of being a ranch house.

20 MR. BERTOTY: Yes.

21 REPRESENTATIVE MANDERINO: Is this equally as
22 affordable to retrofit in some of our communities,
23 the smart technology with current construction from
24 that era?

25 MR. BERTOTY: Well, there are two ways to

1 deal with it, and one is, Representative, by the
2 Independence Module.

3 If an individual is in need of that kind of
4 severe support, rather than changing and retrofitting
5 the whole house, if there's space available, would be
6 to use an Independence Module, provide space--- We
7 are talking real independence here.

8 You know, we took this module to the Walter
9 Reed Army Medical Center in the middle of January,
10 through the snow, as it turns out, and it was very
11 well received there, because this provides the kind
12 of independence for a handicapped person, the
13 severely disabled citizen, particularly a veteran, so
14 that you can walk in and say, "Dinner's at 6," and
15 they can get themselves in the lift, if they have
16 some upper-body use, get into the lift; get into the
17 toilet, use the toilet; get into the shower; get back
18 into the bedroom space; get dressed; put themselves
19 into a wheelchair; wheel in at 5 to 6 and say,
20 "What's for dinner?" That's the kind of independence
21 we are talking about.

22 The other side of this is, for somebody who
23 is aging and in need of those kinds of services, we
24 are working on, we actually have a prototype
25 retrofit. We are looking to work with Comcast and

1 some other groups so that we can actually put this
2 device in, use wireless sensors -- that is what we
3 are looking at right now -- and those sensors will do
4 the same kinds of things that the wired sensors do.
5 I mean, wireless has some issues, but it's really
6 coming of age so that we can really see this being
7 used.

8 We are looking to prototype this shortly with
9 Presbyterian SeniorCare, because they have apartments
10 with seniors living in them where we can test these
11 out.

12 So the answer is, in terms of monitoring, in
13 terms of telemedicine, even telerehabilitation, we
14 are working with a group called CERMUSA, which is
15 funded primarily by the Department of Defense, I
16 understand, up around Johnstown, and they actually
17 use the Wii game -- you know, the one my grandson
18 just got for Christmas -- and they measure range of
19 motions and they do telerehabilitation through the
20 use of this so that somebody doesn't have to go
21 someplace to do it.

22 So in terms of the sensing and so forth, yes,
23 that's easy. In terms of accessibility, that's a lot
24 more difficult. We can widen doorways. We can, in
25 many cases, you know, put lifts in and elevators and

1 things to help with that. But yes, there are some
2 retrofit systems.

3 DR. SEELMAN: I also want to speak to another
4 piece of that vision, and that is, there's an ongoing
5 project at Pitt where people go downstairs and there
6 is a cardiac monitoring machine, and that
7 information, this is self-monitoring for your own
8 health. Now, these are in large apartment buildings.
9 So that's another part of the picture that can occur
10 in this kind of vision of, how do we save money,
11 provide more access, and hopefully better quality?

12 REPRESENTATIVE MANDERINO: Thank you.

13 Thank you, Mr. Chairman.

14 CHAIRMAN EVANS: I loved the part where you
15 talked about the Wii game. I mean, has anybody ever
16 seen that game?

17 MR. BERTOTY: I'm not very good at it.

18 CHAIRMAN EVANS: And one other thing that was
19 in there, when I went into the house, I think, how
20 did you deal with the hot water? What were you
21 talking about with the hot water?

22 MR. BERTOTY: Well, this is part of the green
23 part of it. It is on-demand hot water, and it saves
24 significant money---

25 CHAIRMAN EVANS: Sure.

1 MR. BERTOTY: ---because you are not, you
2 know, while we are all here, our hot water tanks are
3 making hot water. We are not using it, but it's
4 making it.

5 CHAIRMAN EVANS: Right.

6 MR. BERTOTY: And those are the kinds of
7 systems, we use some solar systems with it, but we
8 got an exercise bike in the cottage that when you get
9 on it, it measures how hard you work and it takes
10 your EKG, so that a rehab specialist or a
11 rehabilitation physician could monitor that so you
12 don't have to call Access, leave the home in the
13 wintertime, get into the Access cab, go someplace,
14 have this done, come back, and have the whole day
15 disrupted.

16 So we are looking at systems that will
17 monitor that right within the house, and that is
18 really what QoLT is interested in. They want to
19 determine the quality of life of an individual, and
20 that's based on how often they take a shower, how
21 often they open a refrigerator or a freezer, or turn
22 on the TV, or stay in bed, or sit in the chair, and
23 once they get a baseline, if that changes
24 drastically, they want to intervene before a person
25 has a major event, and we believe that will save

1 money.

2 We believe those who are supporting those
3 kinds of things, and we talked about the Medicare and
4 we talked about the changing dollars for that kind of
5 support, we need to show those folks that pay -- it
6 is not the consumer that usually pays that -- we need
7 to show that that saves money, and that is really
8 what QoLT is all about.

9 We know right now we make group homes, and we
10 have done two of those, and both of them for citizens
11 that came out of Mayview Hospital, and those are now
12 available because the State has found that they can
13 care for two folks in a group home for the same cost
14 as one in Mayview. Well, those dollars speak, and,
15 you know, we need to do the same thing with everybody
16 in the kind of support systems that can help them as
17 well.

18 CHAIRMAN EVANS: Representative Scott
19 Conklin.

20 REPRESENTATIVE CONKLIN: Thank you very much,
21 Mr. Chairman.

22 I would like to thank you both for coming
23 again.

24 You know, I always have to give full
25 disclosure, and, you know, it is somewhat plagiarism

1 today, but in my past life, I was a builder and I was
2 fortunate enough to be a national director for the
3 Builders Association, so I think I know the answer to
4 the question that I'm going to ask, but I'll get you
5 to answer it any way.

6 Of course we are in Appropriations, and the
7 bottom line is always the fiscal impact that not only
8 it has on the State budget but the citizens of
9 Pennsylvania. Explain to me how you feel that your
10 type of smart technology can actually not only help
11 the citizens but could actually help the State
12 budget, and I'm thinking the way of not only building
13 but we are looking at the energy savings from the
14 home, we are looking at different avenues that this
15 type of construction can actually go to benefit
16 everyone. If you could just talk about that a little
17 bit.

18 MR. BERTOTY: Well, one of the terms that the
19 city of Pittsburgh uses is called visit-ability, and
20 I have friends that can't visit me where I now live.
21 I mean, that's not fair.

22 If I have a party, they can't come; they
23 can't get in. We need to move to the concept that
24 you build a home so that anybody can visit, at least
25 a major part of that home, so that if you break your

1 leg skiing -- I don't even know if you ski or not,
2 but you look healthy -- if you do that or you, you
3 know, power-skate or whatever it is that you do, if
4 you break your leg, you can exist very well in a
5 house like this. And if something, God forbid,
6 happens permanently, you don't have to spend the kind
7 of money that you would have to expend on having
8 those alterations made to your home.

9 And I think if we start to change code so
10 that--- You know, right now, I really have a bone to
11 pick with HUD, because they say that 5 percent of all
12 HUD housing has to be accessible. Now, when we look
13 at the figures that I just gave, that either assumes
14 that we are never going to get hurt or that 95
15 percent of us are going to be dead before we need it.

16 Now, I really don't like to think that way.
17 I think we are going to be around longer, and the
18 little stats show that. So they got to change some
19 things as well. But we need to get more of that
20 going.

21 The second part in terms of saving funds, I
22 mean, everybody, I listened to the Department of
23 Health talking about funding for all of the
24 monitoring projects. Well, the more of that that we
25 can integrate into housing and the more we can react

1 before an event takes place -- you know, the
2 professionals call a heart attack an event, like you
3 are going to sell tickets to it -- but in fact the
4 more of those that we can prevent by some sort of
5 intervention, the more money we save.

6 The longer we can keep somebody out of a
7 nursing facility, you know, the State talks about
8 "reallocation," I think is the term they use. I kind
9 of like that, too. Right now, 80 percent of the
10 funding goes to nursing homes, 20 percent to the
11 kinds of systems like Community LIFE, the in-home
12 care, and they want to reverse that, and I applaud
13 that. You know, people want connected with their
14 community at their homes. They don't want to go
15 elsewhere. In order to do that, I mean, I think
16 there are people in nursing homes that could be
17 better handled at home.

18 You know, my daughter was in an accident and
19 got visiting nursing approved by the insurance
20 company five times a week; she got two, not because
21 we didn't want it but that's as good as we could get.
22 Well, if we have systems in homes that can do that,
23 now the two that are available 2 days a week can be
24 enough.

25 I mean, I think that there are systems, and

1 technology can help us get to where we need to get
2 and solve -- I mean, you are talking about the
3 appropriations here -- I think we can solve many of
4 the problems that you have through this technology.

5 But somebody has got to support the
6 technology now, the research, and somebody has got to
7 support pilot programs, and that's really where we
8 are stymied. Does that---

9 REPRESENTATIVE CONKLIN: Perfect. Thank you.

10 CHAIRMAN EVANS: I would like to thank both
11 of you, seriously, for just helping us kind of look
12 at our own thinking as we approach not just next
13 year's budget but future years' budgets. And we all
14 have some work to do about changing our thinking and
15 where we should make investments.

16 So I want to sincerely thank you for coming
17 before this committee and spending half the day with
18 us, and then also bringing your wife with you, since,
19 as I always like to say, this is your building, so
20 make yourself at home, hang out if you want to, you
21 know, right here.

22 But again, I thank you sincerely for coming
23 before the committee.

24 MR. BERTOTY: We thank you for the
25 opportunity.

1 DR. SEELMAN: Thank you.

2 CHAIRMAN EVANS: We have the Auditor General.
3 If we could bring him up here next.

4 Thank you very much.

5

6 (The hearing concluded at 2:40 p.m.)

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I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the within proceedings and that this is a correct transcript of the same.

Jean M. Davis, Reporter
Notary Public