



Max Richtman, Chair

November 17, 2015

The Honorable Roy Blunt, Chair
The Honorable Patty Murray, Ranking Member
Senate Appropriations Subcommittee on
Labor/HHS/Education
Washington, DC 20510

The Honorable Tom Cole, Chair
The Honorable Rosa DeLauro, Ranking Member
House Appropriations Subcommittee on
Labor/HHS/Education
Washington, DC 20515

Dear Chairman Blunt, Ranking Member Murray, Chairman Cole and Ranking Member DeLauro:

The Leadership Council of Aging Organizations (LCAO) is a coalition of national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena.

We appreciate your Subcommittee's work to ensure continued appropriations for the remainder of fiscal year (FY) 2016 reflecting the increased discretionary budget caps enacted in the Bipartisan Budget Act of 2015 (P.L. 114-74). We would also encourage you to work toward the passage of an omnibus appropriations bill that includes Labor-HHS-Education funding levels that prioritize programs to enhance the dignity, health and independence of older adults, such as the **Older Americans Act (OAA)** programs and services. We also encourage you to refrain from adding riders that could slow down the process.

The Value of the Older Americans Act

The OAA is the backbone of our nation's community supports system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, case management, caregiver support, transportation, health promotion and disease prevention, legal services, elder abuse prevention, community service employment opportunities for low-income older adults, and ombudsman programs that help protect residents in nursing homes and assisted living facilities.

For more than fifty years, OAA programs have demonstrated a unique ability to provide these quality services while enhancing and protecting federal resources. OAA programs represent less than 0.2 percent of federal discretionary spending, but offer an incredible return on investment by leveraging state, local, and private dollars, as well as volunteerism, to help seniors age in place.

Together, these services save taxpayer dollars by enabling seniors to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid.

Despite these successes and efficiencies, funding for the OAA has not kept pace with inflation or population growth for years, and current levels are insufficient to meet burgeoning needs.

Growing Population & Need, Yet Declining Resources

In 2009, LCAO determined that in order for OAA funding to simply catch up with the growth in the senior population and costs of services over the past decade, it would have to be increased by at least 12 percent a year for several years. However, funding for OAA programs is roughly the same as it was in 2004, although the population age 60 and over has grown by over 30 percent. Not only are OAA appropriations not keeping pace with the growing population, but funding for these critical programs has also lagged behind the costs of fuel, commodities and wages. Additionally, cuts to discretionary programs enacted in recent years have further threatened the sustainability of these critical programs.

More than 90 percent of seniors have at least one chronic condition, 4.2 million adults over the age of 65 live in poverty, the unemployment rate of low-income older workers is nearly three times higher than the overall jobless rate, and nearly one in six seniors struggles with hunger. Freezing or cutting already insufficient funding for programs that address these complex needs fails to recognize our nation's changing demographics or the needs of older Americans and their families.

We see the Bipartisan Budget Act of 2015 as creating a unique opportunity to adjust spending on OAA programs to correct some of the unfortunate losses over the years and to reduce Medicare and Medicaid expenditures while doing so.

FY 2016 Requests

To begin to address these systemic inadequacies, we respectfully ask that, at a minimum, you restore all FY 2016 Older Americans Act programs funding to, at least, pre-sequester, FY 2010 levels.

In addition, we strongly support the President's recommended funding levels for **OAA III B Supportive Services, III C-1 Congregate Meals and III C-2 Home-Delivered Meals**, and the **Title VI Native American grants (Parts A and C)**, which provide much-needed restoration and investment in these core OAA programs that directly support older adults in remaining healthy and independent in their homes and communities. We appreciate that House and Senate appropriators have had differing priorities, but request that a portion of the additional funds now available be used to support increased funding for these programs.

We also fully support the President's FY 2016 request of \$25 million for the **Elder Justice Initiative**. This funding would provide urgently needed support for state and local governments for Adult Protective Services (APS), the front line of fighting elder abuse. We also support the additional \$5 million for the **Long-Term Care Ombudsman program** under the Elder Justice Act previously requested by the President. Given the growing problems of elder abuse, neglect and exploitation, including the significant costs to seniors themselves, these are modest amounts for the federal government to spend to address this national crisis.

At a minimum, Congress should also provide level funding of \$52.1 million for the Medicare **State Health Insurance Assistance Programs (SHIPs)** as proposed by the House. Any cuts to SHIPs would erode the national network of unbiased, personalized counseling to Medicare beneficiaries. If SHIP funding had kept pace with inflation and the increasing number of beneficiaries since FY 2011, spending for FY 2016 would be \$63.8 million. With 10,000 boomers becoming eligible for Medicare every day, the need for SHIP services is increasing dramatically.

We ask that you include at least \$16 million in discretionary funding for **Aging and Disability Resource Centers (ADRCs)** to fill the \$10 million gap created by the expiration of mandatory funding. ADRCs streamline access to long-term services and supports (LTSS), and they also save taxpayer dollars by diverting older adults and individuals with disabilities from costly institutional care. We also support the President's request of \$20 million to expand development of these "No Wrong Door" model systems that provide a streamlined point of entry for consumers and caregivers seeking information and assistance about LTSS options.

We request that, at a minimum, you support the House-proposed allocation for the Department of Labor **Senior Community Service Employment Program (SCSEP)** and for **Senior Corps** through the Corporation for National Community Service. According to the Government Accountability Office, SCSEP is the only federal workforce development program targeted to serve older Americans. Last year, about 70,000 SCSEP participants received on-the-job training while providing nearly 36 million hours of staff support to 30,000 libraries, senior centers, schools and other community- and faith-based organizations. The value of this work exceeded \$800 million, or nearly twice its appropriations.

We also request that the allocations from the Prevention and Public Health Fund (PPH Fund) for **Chronic Disease Self-Management Education** be increased to \$16 million and the allocation for **Elder Falls Prevention** be increased to \$10 million, rejecting the Senate-proposed reductions for these programs. Along with the allocation for Alzheimer's, these are the only PPH Fund resources which primarily benefit seniors, and there is strong evidence that these prevention investments improve health outcomes and reduce medical costs and Medicare spending.

We hope you will adopt, at a minimum, the House-proposed funding level for the **Title II Aging Network Support Activities**. At a time when the population is growing faster than at any point in history, both adequately funding programs providing critical information and referral assistance and advancing proven, successful demonstration programs is essential. The population growth among older adults also means that the number of very vulnerable elders is increasing.

We support two additional programs that enhance our ability to serve especially frail older adults. The **Social Services Block Grant** plays a vital role for a range of programs, including Adult Protective Services (President's request at \$1.7 billion), and the **Geriatrics Workforce Enhancement Program** (GWEP) which supports the essential training of our geriatrics health care workforce (at \$44.7 million).

Though not exhaustive of the interests of LCAO members, collectively or individually, please refer to the [April 9, 2015 LCAO letter](#) to Congress for additional information about funding proposals we support.

While we recognize the difficult fiscal constraints under which you are operating, we respectfully ask you to recognize the importance of programs that improve the health and well-being of seniors and their families. Without your investment in these initiatives, the valuable services that protect older Americans against hunger, isolation, poor health, neglect, abuse, unemployment and other challenges will fail to reach the aging population in need of these services.

Under your leadership, LCAO hopes that in FY 2016, all of these programs will be funded at levels that enable them to meet a rapidly growing demand for services. Thank you for your consideration, and we look forward to working with you to ensure sustained investment in the OAA and other key aging programs.

Sincerely,

AFSCME Retirees
Aging Life Care
Alliance for Aging Research
Alliance for Retired Americans
Altarum Institute – Center for Elder Care and Advanced Illness
Alzheimer's Foundation of America
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Foundation for the Blind
American Geriatrics Society
American Postal Workers Retirees
Association for Gerontology and Human Development in Historically Black Colleges and Universities
B'nai B'rith International
Caring Across Generations
Center for Medicare Advocacy
Compassion & Choices
Easter Seals
The Gerontological Society of America
International Association for Indigenous Aging
The Jewish Federations of North America

Justice in Aging
LeadingAge
Lutheran Services in America
Meals on Wheels America
Medicare Rights Center
National Academy of Elder Law Attorneys
National Adult Day Services Association
National Adult Protective Services Association
National Alliance for Caregiving
National Asian Pacific Center on Aging
National Association for Hispanic Elderly
National Association of Area Agencies on Aging
National Association of Nutrition and Aging Services Programs
National Association of Retired and Senior Volunteer Program Directors, Inc.
National Association of Social Workers
National Association of State Ombudsman Programs
National Association Of States United For Aging And Disabilities
National Caucus and Center on Black Aged, Inc.
National Center for Creative Aging
National Committee to Preserve Social Security and Medicare
The National Consumer Voice for Quality Long-Term Care
National Council on Aging
National Hispanic Council on Aging
National Indian Council on Aging
National Senior Corps Association
OWL, The Voice of Women 40+
PHI – Quality Care Through Quality Jobs
Senior Service America, Inc.
Women’s Institute for a Secure Retirement