



# Leadership Council of Aging Organizations

*Max Richtman, Chair*

April 15, 2016

The Honorable Thad Cochran, Chair  
The Honorable Barbara Mikulski, Ranking  
Member  
Senate Appropriations Committee  
Washington, DC 20510

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

Dear Chairman Cochran, Chairman Blunt, Ranking Member Mikulski and Ranking Member Murray:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 72 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena.

As the Appropriations Committee and the Labor, Health and Human Services, Education, and Related Agencies Subcommittee continues to work towards passage of a fiscal year (FY) 2017 Labor-HHS appropriations bill, LCAO urges you to prioritize investments in programs that enhance the dignity, health, and independence of older adults, such as the Older Americans Act (OAA) and other critical aging programs.

The OAA is the backbone of the nation's long-term services and 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, and community service employment opportunities for low-income older adults. It also funds the long-term care ombudsman program, which helps resolve complaints in nursing homes and assisted living facilities, and protects the rights of those vulnerable residents.

For over 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% of federal discretionary spending, but offer an incredible return on investment. By leveraging volunteers and as much as \$3 in state, local, and private dollars for every \$1 of federal funding, OAA and other aging programs help seniors age in place for less money and with better health outcomes. These services can save taxpayer dollars by enabling seniors to remain

independent and healthy in their own homes and delaying or even preventing more costly, and often unwanted, hospital and institutional care commonly 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. In fact, overall spending for OAA programs has barely budged since 2004, and is now rapidly shrinking relative to steadily rising need. In order for OAA funding to simply catch up with inflation since 2004 and maintain purchasing power, funding would have to be increased by \$330 million or 17%. This figure does not account for the rapidly growing older adult population. Since 2010, and especially following sequester cuts in FY 2013, OAA appropriations have lagged farther and farther behind the increasing costs of commodities and wages. Meanwhile the senior population continues to grow at an unprecedented rate, as 10,000 people each day reach traditional retirement age.

We appreciate the efforts in 2013 and 2015 through bipartisan budget agreements to alleviate harsh budget caps and temporarily mitigate the threat of sequestration; however, to begin to address these growing needs and systemic inadequacies, **we support increases of at least 12% for all OAA programs.** We recognize that this ambitious request may not be in line with current budgetary realities facing federal funding decisions, but emphasize that it will take robust, ambitious funding increases to begin to restore the capacity of these programs to meet current needs.

While insufficient to rectify funding shortfalls for OAA programs, **we also appreciate the Administration's support of modest increases for some OAA programs reflected in the President's FY 2017 budget request to Congress.** This list is not exhaustive of the interests of LCAO members, collectively or individually; please refer to the following LCAO letter for more detailed information about our response to the funding proposals included in the President's FY 2017 budget: <http://www.lcao.org/files/2016/03/lcao-house-pres-budget-response-fy2017.pdf>

**At a minimum, we support several increases proposed in the President's FY 2017 budget that we believe are critical to the health and economic security of older Americans, including:**

- An increase of \$10 million (3%) for **OAA Title III B Home and Community-Based Services**; \$5.8 million (1.2%) for **OAA Title III C1 Congregate Meals**; and \$8 million (3%) for **OAA Title III C2 Home-Delivered Meals**. These programs reflect core services and supports in the Older Americans Act, and funding is critical to ensuring that seniors can age with dignity and independence in their homes and communities.
- A \$2 million increase (25%) for the **Elder Justice Initiative** to develop a national Adult Protective Services (APS) data system and to continue APS research. We appreciate the FY 2016 funding of \$8 million for these activities. However, LCAO continues to advocate for funding to meet the Administration's previous requests for \$25 million for the Elder Justice Initiative and \$5 million for the Long-Term Care Ombudsman Program.
- An increase of \$2 million (32%) for **Aging and Disability Resource Centers (ADRCs)**, which reflects the Administration's continued commitment to evolving and building out the

ADRC/No Wrong Door (NWD) network across the country. This funding, however, reflects only partial restoration of a \$10 million funding gap for ADRCs that is the result of mandatory funding expiring in FY 2014. We continue to encourage Congress to both fill this gap with discretionary dollars and find a way to reinstate mandatory funding for these cost-saving information and referral/assistance supports for older adults, people with disabilities and their caregivers.

- A \$1.6 million boost (nearly 50%) for the **Lifespan Respite Care program** to support state initiatives and programs to provide respite care to the nearly 44 million caregivers of older adults and people with disabilities of all ages across the country. Also, we appreciate the \$5 million increase that Congress approved in FY 2016 for the **OAA Title III E Family Caregiver Support Program** services, but encourage lawmakers to continue to find ways to increase funds for critical caregiver supports.

**In addition to the President's requested increases, we support 12% increases for all OAA-funded programs, including other critical titles:**

- **OAA Title V Senior Community Service Employment Program (SCSEP)**, administered by the Department of Labor, is critical to addressing the unemployment rate of low-income older workers, which is three times that of all workers. As the only federal workforce development program targeted to serve older Americans, SCSEP does not overlap with any other federal program. Last year SCSEP supported over 70,000 participants providing 36 million hours of work in their communities at a value of \$800 million, or nearly twice its appropriation.
- **OAA Title VI Native American and Native Alaskan/Hawaiian Aging Programs** fund nutrition and family caregiver support services to Native American (Indian, Alaskan and Hawaiian) elders. This population is among the most economically disadvantaged in the country, and the population of Native American elders 65+ is expected to grow by 115% by 2030. We very much appreciate the funding increases for Title VI programs provided in the FY 2016 Omnibus Appropriations bill and hope that Congress will continue to build on these funding increases in FY 2017.
- **OAA Title VII Long-Term Care Ombudsman/Elder Abuse Prevention**, which advocates for residents of long-term care facilities in order to resolve quality-of-life concerns and care problems, protect residents' rights, and improve the long-term supports and services system. This program serves some of the most vulnerable older Americans in the country, and funding for OAA Title VII programs has not received any restoration from FY 2013 sequestration cuts.

**We believe it is also important to highlight the following requests for other important aging programs for your consideration as you make FY 2017 funding decisions:**

- Recognizing the life-and-cost-saving potential of preventive programs, we request that the allocation from the Prevention and Public Health Fund (PPH Fund) for **Chronic Disease Self-Management Education (CDSME)** be increased to \$16 million, in order to restore resources to the level utilized in FY 2010 and FY 2011, and we support the allocation of \$10 million from the PPH Fund for **Elder Falls Prevention**. There is strong evidence that these prevention investments improve health outcomes and reduce medical costs and Medicare spending.

- We appreciate that last year lawmakers rejected significant funding cuts proposed for the **State Health Insurance Assistance Program (SHIP)**. We encourage Congress to increase funding for this critical, volunteer-driven program that provides one-on-one assistance and counseling to the growing number of Medicare beneficiaries and their families. SHIPs play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage. If the SHIP investment had simply kept pace with inflation and the increasing number of Medicare beneficiaries since FY 2011, FY 2017 funding would be \$66.6 million. We urge that Congress make half of this needed investment by increasing funding from \$52.1 million to \$59.4 million.
- Through the volunteer efforts of older adults, **Senior Corps** mobilizes nearly 100 million hours of essential community service, at a value of more than \$2 billion. Senior Corps volunteers use a lifetime of talents and skills to address the country's health, welfare and education challenges, and these skills and time are often deployed to address the urgent needs of frail elders and at-risk children. We urge Congress to fund the three Senior Corps programs at \$223 million: \$111 million for **Foster Grandparent Program**, \$50 million for **Senior Companion Program** and \$63 million for **RSVP**.
- **The Geriatrics Workforce Enhancement Program (GWEP)** is the only federal program specifically designed to enhance the skills and training of health care teams serving older adults to improve care quality, safety, and reduce the cost of care by providing appropriate training for entire care teams. GWEP targets training to family caregivers, direct care workers, and health care professionals such as physicians, nurses, social workers, pharmacists, and psychologists. With our nation's burgeoning population of older adults, we need a stronger and sustained federal commitment to our eldercare workforce and we support including funding of at least \$45 million for the GWEP.

While we recognize the difficult fiscal constraints under which you are operating, we hope Congress will adequately support important programs that improve the health and well-being of seniors and their families. We encourage significant and bold investment in these valuable services that prevent hunger, isolation, poor health, neglect, abuse, unemployment, and other challenges among economically and socially vulnerable older adults.

Under your leadership, LCAO hopes that in FY 2017, all OAA programs will be funded at a level that protects and strengthens them, so they may meet an ever-growing demand for services. Thank you for your consideration, and we look forward to working with you to ensure a sustained investment in the OAA.

Sincerely,

Alliance for Retired Americans  
 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 Union Retirees

American Society on Aging  
Association for Gerontology and Human Development in Historically Black Colleges and Universities (AGHDHBCU)  
Center for Elder Care and Advanced Illness, Altarum Institute  
Center for Medicare Advocacy, Inc.  
Easter Seals  
Gerontological Society of America  
Justice in Aging  
LeadingAge  
Lutheran Services in America  
Meals on Wheels America  
Medicare Rights Center  
National Adult Protective Services Association (NAPSA)  
National Academy of Elder Law Attorneys  
National Adult Day Services Association  
National Alliance for Caregiving  
National Asian Pacific Center on Aging  
National Association for Hispanic Elderly  
National Association for Home Care & Hospice  
National Association of Area Agencies on Aging (n4a)  
National Association of Nutrition and Aging Services Programs (NANASP)  
National Association of RSVP Directors  
National Association of Social Workers (NASW)  
National Association of State Long-Term Care Ombudsman Programs (NASOP)  
National Caucus and Center on Black Aging  
National Center for Creative Aging  
National Committee to Preserve Social Security and Medicare (NCPSSM)  
National Consumer Voice for Quality Long-Term Care  
National Council on Aging  
National Hispanic Council on Aging  
National Senior Corps Association  
OWL--The Voice of Women 40+  
Pension Rights Center  
PHI  
Senior Service America, Inc.  
Social Security Works  
The Jewish Federations of North America  
Women's Institute for a Secure Retirement - WISER

Cc: Members of the Subcommittee on Labor, Health and Human Services, Education & Related Agencies