



Leadership Council of Aging Organizations

Katie Smith Sloan, Chair

September 21, 2016

The Honorable Harold Rogers, Chair
The Honorable Nita Lowey, Ranking Member
House Appropriations Committee
Washington, DC 20515

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

Dear Chairman Rogers, Chairman Cole, Ranking Member Lowey and Ranking Member DeLauro:

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 work toward final 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 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.

The population age 65 and over has grown by nearly 30% since 2004. Funding for OAA programs is roughly the same as it was in 2004 and is now rapidly shrinking relative to steadily rising population, costs, and needs. 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%, which does not account

for this rapid growth in the 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.

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.

FY 2017 Requests

To begin to address these 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 continue to emphasize that it will take robust, ambitious funding increases to begin to restore the capacity of these programs to meet current needs.

At a minimum, we support the House-proposed increases for **OAA III-B Supportive Services, III-C-1 Congregate Meals and III-C-2 Home-Delivered Meals, III-D Preventive Health, III-E National Family Caregiver Support Program, Title VI Native American grants (Parts A and C) and Title VII Protection of Vulnerable Older Americans**, which begin to 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. With the exception of Title III-B, these proposals meet or exceed the Administration's request.

We also fully support the Senate-proposed increase for the **Elder Justice Initiative** even as we continue to advocate for funding to meet the Administration's previous requests for \$25 million for the Elder Justice Initiative. This funding would provide urgently needed support for systems improvement and demonstration grants for state and local governments for Adult Protective Services (APS), the front line of fighting elder abuse. Given the growing problems of elder abuse, neglect and exploitation, including the significant costs to seniors themselves, this is an extremely modest amount 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 \$66.6 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 a minimum, current funding levels in discretionary funding for **Aging and Disability Resource Centers (ADRCs)** as proposed in both bills. We continue to advocate for at least \$8 million in funding to start 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 encourage Congress to 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.

We support the House-proposed increase for the **Lifespan Respite Care** program; we endorsed the Administration's proposal for a \$1.6 million boost 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.

We request that, at a minimum, you support the House proposal for the Department of Labor **Senior Community Service Employment Program (SCSEP)**. 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 support, at a minimum, both Committee's proposed current funding levels for the **Senior Corps** programs in the Corporation for National and Community Service. Senior Corps programs enable seniors to remain active and engaged in their communities, serving neighbors across the lifespan, and benefitting their own health in the process.

We also request, at a minimum, that allocations representing level funding be made from the Prevention and Public Health Fund (PPH Fund) for **Chronic Disease Self-Management Education (CDSME)** and **Elder Falls Prevention**, as proposed by the Senate. To expand the reach of these evidence-based programs across the nation, LCAO has advocated in recent years for these allocations to at least be doubled. 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, current funding levels for the **Title II Aging Network Support Activities**, as proposed in both the House and Senate bills. 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 several other programs that enhance our ability to serve especially frail older adults. We support at least level funding for the **Social Services Block Grant**, which plays a vital role in funding a range of programs, including Adult Protective Services and support services for elder abuse victims.

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.

We also appreciate that both Committees rejected the Administration's proposed cut for the **Low-Income Home Energy Assistance Program (LIHEAP)** and we support the Senate proposal for a \$100 million increase. About a third of households receiving LIHEAP benefits include an older adult age 60 or older for whom this assistance means avoiding difficult choices between paying for utilities, food, or medicine.

Though not exhaustive of the interests of LCAO members, collectively or individually, please refer to the [March 1, 2016 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 wellbeing 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 2017, 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,

Aging Life Care Association

Altarum Institute Center for Elder Care and Advanced Illness

Alzheimer's Foundation of America

American Foundation for the Blind

American Geriatrics Society

American Society on Aging

Association for Gerontology and Human Development in Historically Black Colleges and Universities (AGHDHBCU)

Caring Across Generations

Compassion & Choices

Easterseals

International Association for Indigenous Aging (IA2)

LeadingAge

Lutheran Services in America

Meals on Wheels America

Medicare Rights Center

National Adult Day Services Association (NADSA)

National Adult Protective Services Association (NAPSA)

National Alliance for Caregiving

National Asian Pacific Center on Aging

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 Association of States United for Aging and Disabilities (NASUAD)

National Committee to Preserve Social Security and Medicare

National Council on Aging

Paraprofessional Healthcare Institute

Senior Service America, Inc.

The Gerontological Society of America

The National Consumer Voice for Quality Long-Term Care

Women's Institute for a Secure Retirement (WISER)