



Leadership Council of Aging Organizations

James Firman, Chair

June 30, 2017

The Honorable Thad Cochran, Chairman
The Honorable Patrick Leahy, Ranking Member
Senate Appropriations Committee
Washington, DC 20510

The Honorable Rodney Frelinghuysen, Chairman
The Honorable Nita Lowey, Ranking Member
House Appropriations Committee
Washington, DC 20515

Dear Chairman Cochran, Ranking Member Leahy, Chairman Frelinghuysen and Ranking Member Lowey:

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. Many of the federal programs under your jurisdiction are critical to helping millions of older adults and caregivers age with dignity, health and independence in their homes and communities for as long as possible.

We appreciate the work of your Committees to pass the Consolidated Appropriations Act of 2017 to ensure funding levels for the remainder of fiscal year FY 2017 reflected the increased discretionary budget caps agreed to and enacted through the bipartisan budget agreement.

As you continue your work on FY 2018 appropriations, we strongly encourage you to reject the approach reflected in the President's budget request for Non-Defense Discretionary (NDD) funding. The draconian approach to deepen cuts to critical domestic programs is heavy-handed and shortsighted. Under current law, NDD funding is set to fall to its lowest level on record as a share of the overall economy, and the Administration's approach to further erode funding for domestic programs undermines our longstanding national priorities to support our most vulnerable citizens, including millions of older adults and their caregivers. Instead we urge you to work toward the passage of appropriations bills that include adequate funding levels for a panoply of key programs within the Departments of Health and Human Services (HHS), Labor (DOL), Housing (HUD), Transportation (DOT), Agriculture (USDA), and Justice (DOJ) that prioritize and promote the goal to enhance the dignity, health and independence of older adults, such as the Older Americans Act (OAA) programs and services. As you move forward in developing these proposals, we ask you to consider the following requests for these programs.

Subcommittee on Labor, Health and Human Services, Education and Related Agencies

Older Americans Act (Department of Health and Human Services/Administration for Community Living-Administration on Aging)

The Value of the Older Americans Act

The OAA is the backbone of our nation's home and 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 one third of one percent of federal discretionary spending (.0031), but offer an incredible return on investment by leveraging state, local, and private dollars, as well as volunteerism, to help over 11 million seniors and caregivers age in place every year.

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

The maturing of America's Baby Boomer generation is ushering in a long-term shift in the demographic composition of the country. With each passing day, an additional 10,000 Boomers turn 65. Since 2004, the population of older adults has increased by over 30 percent, and by 2030, 74 million – or one in five – people in America will be 65 or older. Among this growing population of older adults, more than 90 percent has at least one chronic condition; 4.2 million live in poverty; the unemployment rate of low-income older workers is nearly three times higher than the overall jobless rate; and one in six seniors struggles with hunger.

Despite a growing population and increasing need for services and supports to enable aging in place, funding for OAA programs is roughly the same as it was in 2004. 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. 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 appreciate that your Committees have, under the previous Bipartisan Budget Agreements of 2013 and 2015, largely protected core OAA programs and restored some of the unfortunate funding erosion experienced during the sequester. However, more must be done to strengthen OAA programs; to correct some of the losses over the years; and to reduce Medicare and Medicaid expenditures while doing so.

FY 2018 Requests

While insufficient to begin to address current inadequacies, we respectfully ask that, at minimum in FY 2018, Congress fund most Older Americans Act programs consistent with the levels included in the bipartisan, unanimously approved, 2016 Older Americans Act Reauthorization (P.L. 114-144).

In April 2016, Congress unanimously approved, and President Obama signed into law the Older Americans Act Reauthorization. This law includes authorization levels for core OAA programs that, while still insufficient to meet or keep up with a growing need, reflect investments in strengthening these services. **In this challenging budget environment, we encourage your committees to, at a minimum, meet the commitments to OAA programs included in the reauthorization.** In addition, while we appreciate that the President's budget spared most core OAA programs from drastic cuts, we urge you to reject flat, or slightly reduced, funding for these key supports and services.

OAA Title III B Supportive Services

Title III B Supportive Services provides flexible local funding to deliver a range of supportive services to seniors. For example, III B supports in-home services, transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, and disaster response efforts targeted to older adults. The flexibility of Title III B allow local Area Agencies on Aging (AAAs) and community-based service providers to better meet the individual needs of older adults, as identified at the community level, and often is vital to keeping near-low-income seniors from impoverishment and subsequent Medicaid eligibility. Yet III B remains funded at near FY 2004 levels. We appreciate the first modest increase in III B funding that was included in the FY 2017 funding bill, which was the first increase for III B funding since this title was eroded under sequester, funding is still insufficient to meet a growing need. Local agencies are struggling to keep III B services, and the seniors they help, afloat. This type of imbalance between programs can erode the strength, efficiency and effectiveness of the OAA service delivery network, compromising the seamless, person-centered approach and putting seniors at risk. **At a minimum, we request that Congress fund OAA Title III B Supportive Services at the \$364.5 million level included in the recent OAA reauthorization.**

OAA Title III C-1 Congregate Meals and III C-2 Home-Delivered Meals

OAA Title III C congregate and home-delivered meal programs serve every state and Congressional District in the United States. More than 2.4 million seniors receive nutritious meals every year, each meal representing half or more of their total daily food intake. Further, for both congregate and home-delivered clients, the companionship provided is critical to reducing isolation, which, as with a nutritious meal, is vitally important to health and quality of life. By delivering nutritious meals, friendly visits, and safety and wellness checks each day, these programs produce concrete results: they are enabling independence and improving the health of our nation's most vulnerable. At the same time, they save significant taxpayer dollars by reducing healthcare expenditures through preventing unnecessary trips to the emergency room, admissions and readmissions to hospitals, and delaying or eliminating the need for nursing home care. **LCAO urges that, at a minimum, \$874.6 million be appropriated for Title III C Nutrition Services – Congregate, Home-Delivered and the Nutrition Services Incentive Program – for FY 2018, as approved by Congress in the bipartisan 2016 OAA reauthorization.**

OAA Title III D Preventive Health Services

Preventive Health Services provides formula grants to states and Territories to support the Aging Network's delivery of evidence-based programs to empower older adults to sustain or improve their health, prevent or ameliorate chronic conditions, reduce health care costs and enhance their ability to live independently. At least two-thirds of those receiving OAA services report taking at least three prescription medications daily, and at least one-fifth had hospital stay in the past year. Demand for tools for health promotion and disease prevention is evidenced by over 65 percent of those served by OAA in 2015 reporting that they learned how to take care of a chronic illness or medical condition. Similar to other OAA programs, Preventive Health Services funding has been stagnant and subject to sequestration over the past decade, falling far short of the increased numbers and demand for these evidence-based strategies. **LCOA urges that, at a minimum, \$20.8 million be appropriated for Preventive Health Services for FY 2018, as approved by Congress in the bipartisan 2016 OAA reauthorization.**

OAA Title III E National Family Caregiver Support Program

Forty-three million family caregivers provide a vast majority of our nation's long-term services and supports (LTSS), permitting individuals of all ages to remain in their communities and avoid or delay more costly nursing home, but several factors including financial constraints, work and family demands, and the challenges of providing care place great pressure on family caregivers. Better support for informal caregivers is critical because often it is their availability – whether they are family members or unrelated friends and neighbors who dedicate their time – that determine whether an older person can remain in his or her home. The annual economic value of unpaid caregiving for elderly adults is estimated at \$470 billion, which rivals the whole Medicaid budget.

Title III E of the OAA provides funding to state and local programs to assist caregivers of older Americans in many ways. ACL's caregiver programs provide services that address the needs of unpaid, informal caregivers, allowing many of them to continue to work while providing critically needed care. The National Family Caregiver Support Program (NFCSP) was the first federal program to recognize the needs of the nation's family caregivers. Relatives of older Americans providing in-home care qualify for supportive services; state and local agencies may provide caregivers with information and assistance about available services for older Americans; individual counseling and training assists caregivers in decision making; "respite care" provides temporary relief to caregivers of their responsibilities; and supplemental services complement the caregiver's activities. **Because this is the primary national program for supporting family caregivers -- whose value to the health care system is estimated at \$470 billion -- we are requesting that you consider funding OAA Title III E National Family Caregiver Support Program at \$168 million, an increase of \$10 mil. over current funding levels.**

OAA Title IV Chronic Disease Self-Management Education

Chronic diseases account for more than 70 percent of deaths in the United States. Older Americans are disproportionately affected by these conditions, which account for more than three-quarters of all health expenditures and 95 percent of health care costs for older adults. Over 90 percent of older adults have at least one chronic disease and two-thirds have two or more. Data show that as an individual's number of chronic conditions increases, there is a corresponding escalation in unfavorable outcomes including poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice – all of which lead to higher health costs and ultimately increased Medicare and Medicaid spending.

Chronic Disease Self-Management Education (CDSME) is a low-cost, evidence-based disease management intervention that utilizes state-of-the-art techniques to help those with chronic diseases take personal responsibility in managing their conditions, thereby improving health status, and reducing their need for more costly medical care. In repeated studies, CDSME has shown to be effective at helping people with all types of chronic conditions adopt healthy behaviors, improve health status and reduce use of hospital stays and emergency room visits.

The Administration has proposed reducing FY 2018 funding from the FY 2017 level of \$8 million to \$5 million and altering the source from an allocation from the Prevention and Public Health Fund (PPHF) to an annual appropriation. **LCAO urges, at a minimum, that CDSME funding be maintained at \$8 million.** The current funding level has supported 20 grants in 17 states since 2015, with grants for eight grantees in eight states ending in August 2017. LCAO also believes in the importance of investing in prevention for older adults, with funding for proven, cost-effective programs such as CDSME, and urges Congress to reject elimination of the PPHF along with the repeal of the Affordable Care Act and continue to provide allocations for the evidence-based healthy aging programs at the Administration for Community Living.

OAA Title IV Falls Prevention

Each year, one in three Americans aged 65 and over falls. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. In 2014, 27,000 older adults died from falls, and 2.8 million nonfatal fall injuries were treated in emergency departments resulting in more than 800,000 hospitalizations. One out of every five older patients who have a hip fracture die within a year, and nearly half of seniors' fatal falls are a result of traumatic brain injuries.

The nation is spending over \$31 billion annually on Medicare costs resulting from elder falls. If we cannot stem the rate of falls, it is projected that the total direct medical cost in 2020 would be \$67.7 billion, including Medicare costs estimated at about \$52 billion. Evidence-based fall prevention programs offer cost-effective interventions by reducing or eliminating risk factors, offering treatments that promote behavior change, and leveraging community networks to link clinical treatment and community services. These programs have been shown to reduce the incidence of falls by as much as 55 percent, and produce a return on investment of as much as 509 percent.

The Administration has proposed level funding of \$5 million in FY 2018 and altering the source from an allocation from the Prevention and Public Health Fund (PPHF) to an annual appropriation. **LCAO urges, at a minimum, that \$5 million be provided for fall prevention activities at ACL.** The current funding level has supported 24 grants to public and private nonprofit entities in 21 states, and 8 grants to tribal organizations. LCAO also believes in the importance of investing in prevention for older adults, with funding for proven, cost-effective programs such as fall prevention, and urges Congress to reject elimination of the PPHF along with the repeal of the Affordable Care Act and continue to provide allocations for the evidence-based healthy aging programs at the Administration for Community Living.

OAA Title VI Native American and Native Alaskan/Hawaiian Aging Programs

OAA Title VI Native American 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 percent by 2030. **We appreciate and support the funding increases for Title VI programs provided in the recent FY 2016 and FY 2017 funding bills, and hope that Congress will continue to build on these funding increases in FY 2018.**

OAA Title VII Long-Term Care Ombudsman and Prevention of Elder Abuse

OAA Title VII funds ombudsmen and their trained volunteers who advocate for residents of long-term care facilities to resolve quality-of-life concerns and care problems, protect residents' rights, and improve the long-term supports and services system. Elder abuse, neglect, and exploitation prevention programs are also supported under this title and include prevention, detection, assessment, treatment and intervention activities. These programs serve 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 support, at a minimum, funding these programs at the \$21.6 million included in the recent OAA reauthorization.**

Aging & Disability Resource Centers (ADRCs)

Aging and Disability Resource Centers, funded through the Older Americans Act, began under the George W. Bush Administration with the vision to facilitate and streamline access to the most appropriate and cost-effective public and private LTSS options for older adults, people with disabilities and caregivers across the country. This ambitious goal to build an integrated, robust network of information, referral and enrollment assistance in every state remains critically important. We look forward to working with lawmakers to find policy and funding solutions to restore and augment federal investments in the Administration for Community Living (ACL) to continue building ADRCs' "no wrong door" networks of access to LTSS information and assistance.

Other Important Aging Programs (Department of Health and Human Services/Administration for Community Living-Administration on Aging)

Medicare State Health Insurance Assistance Program (SHIPs)

A total of 54 SHIP grantees oversee a network of more than 3,300 local SHIPs and over 15,000 mostly volunteer counselors to provide one-on-one assistance and counseling to 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, including selecting among supplemental Medigap plans, Medicare Advantage (MA) plans and

Part D prescription drug plans. SHIPs are also essential in helping beneficiaries navigate an evolving Medicare benefit that includes innovative programs such as Accountable Care Organizations (ACOs) and managed care demonstrations designed for beneficiaries dually eligible for Medicare and Medicaid.

The Administration has proposed eliminating all \$52.1 million for Medicare SHIPs across the country, stating that Medicare beneficiaries can continue to access online tools and telephone assistance. This fails to recognize that SHIPs offer increasingly critical services that cannot be supplied by 1-800-MEDICARE, on-line or written materials, or other outreach activities. In fact, approximately one-third of all partner referrals to SHIP originate from Medicare Advantage and Part D prescription drug plans, local and state agencies, the Centers for Medicare and Medicaid Services, the Social Security Administration, and Members of Congress and their staff. Additionally, these partners include SHIP contact information in their websites, publications, and correspondence to beneficiaries as the source of assistance when individuals need help. **LCAO recommends that \$52.1 million be allocated for Medicare SHIPs in the FY 2018 budget.**

LCAO urges Congress to protect funding for the Medicare State Health Insurance Assistance Program. Each day, 10,000 baby boomers become Medicare eligible. Over the past 2 years, about 7 million people with Medicare received help from SHIPs; over the past decade, individualized assistance provided by SHIPs almost tripled. If the SHIP investment had simply kept pace with inflation and the increasing number of Medicare beneficiaries since FY 2011, FY 2018 funding would be at least \$67 million.

Elder Justice Initiative

The Elder Justice Initiative, administered through the Administration of Community Living's Elder Justice and Adult Protective Services office, funds continued work on the national Adult Protective Services (APS) data system, other APS support programs, programs to stop abuse in guardianship, elder abuse prevention programs in Indian Country, expansion of forensic centers to assist in crime identification and prosecution, and self-neglect prevention programs. This work is critical given the scope of the crisis of elder abuse and the work that must be done to develop effective, evidence-based prevention, intervention, and prosecution practices. We appreciate the FY 2017 funding of \$10 million for these activities, and **again this year request a total of \$25 million and urge congress to continue increasing these much-needed and long-overdue investments in elder justice activities. The LCAO also supports funding of \$5 million for the Long-Term Care Ombudsman Program to fight elder abuse and neglect.**

Lifespan Respite Care Program

Millions of American families are faced with unexpected illness, disease, or disability every year, and these events that can forever change an individual's and family's trajectory. While each situation is unique, the one thing that they often have in common is the incredible value of family caregivers. National, state and local surveys have shown respite to be among the most frequently requested services by family caregivers. Yet, 85 percent of the nation's family caregivers of adults do not receive respite.

Respite – short-term care that offers individuals or family members temporary relief from the daily routine and stress of providing care – is a critical component to bolstering family stability and maintaining family caregiver health and well-being. While the benefits of family caregiving are plentiful, caregiving can take its toll—with older spousal family caregivers experiencing higher mortality rates, rates of acute and chronic conditions, and depression than non-caregivers. Respite can save dollars by helping to avoid or delay out-of-home placements or hospitalizations. **While we are grateful for the retention of the modest increase for the Lifespan Respite Program in FY 2017, the program is significantly underfunded at only \$3.36 million. We are requesting \$5.0 million for the Lifespan Respite Care Program.**

The Alzheimer's Disease Supportive Services Program (ADSSP) and the Alzheimer's Disease Initiative

The most common type of dementia, Alzheimer's disease afflicts one out of every 10 people 65 and over—or over five million older Americans. It is the most expensive disease in America, costing Medicare and Medicaid \$175 billion. Two important initiatives under Administration for Community Living aim to help communities and caregivers better plan and provide for older adults and their caregivers grappling with this disease.

The ADSSP provides competitive grants to states to expand dementia-capable home and community-based long-term services and supports. It was funded at \$5 million in FY 2017. **LCAO is calling for an increase of \$2.5 million to bring the ADSSP up to \$7.5 million in FY 2018. Additionally, LCAO supports a budget request of \$16.5 million in FY 2018 – a \$5.5 million increase – for this program that provides grants for services such as supporting caregivers in the community, improving health care provider training, and raising public awareness.** Research shows that education, counseling and other support for family caregivers can delay institutionalization of loved ones and improve a caregiver's own physical and mental well-being—thus reducing costs to families and government. **In addition, LCAO supports an appropriation of \$6.7 million, a \$2.7 million increase, for the Alzheimer's Disease Communications Campaign.**

Older Americans Act (Department of Labor)

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program is the only federal job training program focused exclusively on helping older Americans return to the workforce. Each year, more than 60,000 older workers from nearly all U.S. counties develop new skills, add relevant work experiences, and strengthen aging and other local programs through their SCSEP on-the-job training and community service assignments. SCSEP prioritizes employment service to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment, such as homelessness.

We were deeply disappointed that the Administration is proposing to end this specialized and much-needed work-based training for older adults. SCSEP meets its congressionally-mandated dual purpose of fostering economic self-sufficiency through paid training and promoting employment by placing one in every two participants into unsubsidized jobs. The program exceeded its performance goals during its recent program year for entered employment rate, employment retention rate and six-month average earnings, according to the Administration's FY 2018 budget. In addition, SCSEP helps to address long-term joblessness of older adults, who often struggle for nearly a year to find jobs after becoming unemployed. **We urge Congress to reject the Administration's FY 2018 proposal to eliminate SCSEP and encourage appropriators to fund the program at the authorized level of \$454.5 million.**

Administration for Children and Families (Department of Health and Human Services)

Social Services Block Grant (SSBG)

We strongly oppose the President's budget request eliminating the Social Services Block Grant (SSBG). SSBG is a major funder of state and local services such as adult protective services, in home supportive services, congregate and home delivered meals, case management and other programs dependent on SSBG. An elimination of SSBG would be devastating in aging programs such as adult protective services (APS). SSBG is the only federal funding source for APS, whose workers are often the first responders in cases of abuse, neglect, and exploitation. APS conducts investigations, evaluates client risk, develops and implements case plans, provides counseling, and arranges for a variety of services that also depend on SSBG. The strength in the program lies in its flexibility to allow state and local governments determine how to use funds to best meet their community needs. Approximately 30 million individuals across the lifespan benefit from SSBG each year. In the past SSBG has had bipartisan support on both the House Ways and Means Committee and the Senate Finance Committee. **We urge Congress to, at a minimum, support funding of SSBG at \$1.7 billion for FY 2018.**

Community Services Block Grant (CSBG)

Since 1981, states have utilized these CSBG flexible funds to improve community health and living conditions for low-income families and seniors. For those aged 55 and older, these services include home-based household and personal care services, nutrition and wellness programs, Adult Protective Services, and transportation to and from medical appointments or adult day health centers, making this program a pre-Medicare/Medicaid partner in the long-term care continuum. Approximately \$56 million of FY 2015 CSBG resources specifically were used to serve seniors. Over 21 percent of those served, or nearly 2.4 million, were older adults, and nearly eight percent of those served were 70 years or older. Overall, nearly 1.9 million seniors were helped to live independently in their own homes and remain engaged in their communities. **LCAO urges continued bipartisan support for CSBG at its current \$715 million level and rejection of any proposed cuts for FY 2018.**

Low-Income Home Energy Assistance Program (LIHEAP)

About a third of the nearly seven million households receiving LIHEAP benefits include an older adult age 60+ for whom this assistance means avoiding difficult choices between paying for utilities, food, or medicine. The level funding provided in recent years is only sufficient to serve 20 percent of the eligible population. Those who do receive LIHEAP assistance have seen their average grant reduced by nearly \$100 since 2010. **LCAO joins bipartisan groups of national and local policymakers in continuing to call for rejecting any cuts to the program and maintaining it at least the current \$3.39 billion level.**

Centers for Disease Control (Department of Health and Human Services)

Safety of Seniors Act Falls Prevention

The CDC National Center for Injury Prevention and Control (NCIPC) efforts on behalf of falls prevention are focused on evaluating and promoting evidence-based clinical approaches. It has been shown that clinical fall prevention increases the likelihood that older adults engage in fall prevention programs in community settings such as those supported by ACL grants. Recently, CDC has sought to improve patient care by expanding efforts to educate all members of the health care team, including pharmacists, and evaluate the impact of clinical tools and interventions on the medical cost burden of falls.

The Administration has proposed eliminating all funding for CDC falls prevention. **LCAO urges, at a minimum, that the current \$2.1 million be maintained.** As the incidence and cost of falls continues to rise exponentially, the federal government should be making additional investments to expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to evidence-based falls prevention.

Health Resources & Services Administration (Department of Health and Human Services)

The Geriatrics Workforce Enhancement Program (GWEP)

As 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, GWEP provides appropriate training for the 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 request at least \$51 million to support the GWEP.**

Legal Services and the Legal Services Corporation (LSC)

LCAO supports the modest legal services funding provided under Titles III B of the Older Americans Act. In addition, LCAO believes that the LSC plays a critical role in providing civil legal aid across the nation, particularly to the most vulnerable Americans, including older adults, veterans, victims of elder abuse, and people with disabilities. LSC has been cut many times over the years, and the **LCAO again supports returning LSC funding to \$452 million, which is approximately the FY 2010 level.**

National Institutes of Health (NIH) and National Institute on Aging (NIA)

LCAO supports increased investment at the National Institutes of Health and the National Institute on Aging to better prevent, treat, and cure chronic diseases of aging. This is one of the most cost-effective ways to reduce health care spending. It is estimated that we will spend more than \$225 billion this year on treating Alzheimer's disease (AD) and other dementias. As many as five million Americans aged 65 years and older may have AD with a predicted increase to 13.2 million by 2050. LCAO has been pleased with the strong bipartisan/bicameral support for NIH and NIA and **we ask that you continue to provide increased investments in these research programs** that help our nation improve the quality of life for older adults and future generations while saving hundreds of billions in health care costs.

Corporation for National and Community Service (CNCS)

Senior Corps

The three federal initiatives that comprise the national senior corps – Retired Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions – cost-effectively address many unmet needs in our communities. Together, these programs enable more than 270,000 senior volunteers to provide essential services to their neighbors that local, county, and state governments cannot afford to replace. All senior volunteers reap the mental and physical benefits that come from remaining active and helping their neighbors.

Senior Corps volunteers provide unique and special services to their communities. It takes incredible dedication and compassion to help the frail elderly with their daily activities, children with disabilities to find success in the classroom, or comfort and companionship to seniors living alone in rural areas. These programs and their volunteers provide much-needed services at an extremely low cost. All Senior Corps programs have a required non-federal funding match, which is often met by local and state governments, non-profits, and the private sector.

Senior Corps ensures that local needs are met at minimal cost to the taxpayers. CNCS estimates that in 2017, states and local communities will contribute an estimated \$91 million in cash and in-kind for these programs. **We encourage Congress to reject the President's proposal to eliminate Senior Corps programs and to support these programs at \$216.2 million in FY 2018.**

Social Security Administration (SSA)

Social Security Limitation on Administrative Expenses (LAE)

LCAO is disappointed in the \$12.457 billion appropriation for the Social Security Administration's (SSA) administrative funding in the President's FY 2018 budget. While this is an increase of \$322 million over FY 2017, \$309 million is designated for program integrity workloads and cannot be used to reduce wait times or other administrative expenses. With 10,000 Americans turning 65 every day, this modest increase is inadequate and will not meet the rising demands on the agency. SSA has approximately \$320 million in fixed annual inflationary costs that are earmarked for salaries, benefits, rent and guard costs, which cannot be shifted to meet other needs.

The SSA manages one of our largest government resources, paying out nearly \$900 billion in benefits annually. The agency boasts a 99 percent accuracy rate with about only one penny of every dollar invested in the trust funds

going toward administrative costs. Since 2010, SSA has experienced devastating cuts to their administrative budget, which has resulted in field office closings and workload backlogs. The agency has lost approximately 10 percent of their budget over this time. **The Social Security Administration would need a Limitation on Administrative Expenses (LAE) of \$13.5 billion for FY 2018 to allow it to operate fully again.** This increase would help ensure that the public can be served adequately by SSA staff in person and on the phone and address the unprecedented 1.1 million backlog of disability insurance appeals at SSA Payment Centers.

Subcommittee on Transportation, Housing and Urban Development

Department of Housing and Urban Development

Community Development Block Grant (CDBG)

Since 1974, states have used CDBG funding for a variety of community development and anti-poverty programs, including programs for older adults and the facilities that serve them. These programs include constructing senior centers, providing home-delivered meals, completing home repairs, and modifying homes for accessibility. One in four federally-funded Meals on Wheels programs depends on CDBG funding. Further, according to the U.S. Conference of Mayors, every \$1.00 of CDBG grant money leverages an additional \$3.65 in non-CDBG funding, making it an effective public-private partnership. **LCAO urges continued bipartisan support for CDBG at its current level of \$3.06 billion and rejection of any proposed cuts for FY 2018.**

Section 202 Senior Housing

Nearly two million low income senior households rely on HUD's Section 202 Housing for the Elderly, Section 8 Project-Based Rental Assistance, Public Housing, and Housing Choice Voucher programs for affordable housing. **LCAO opposes the Administration's FY 2018 budget request to cut HUD spending by 15 percent compared to FY 2017, including insufficient renewal funding for existing Section 202 and Section 8 Project-Based Rental Assistance communities and deep cuts to Public Housing and Housing Choice Vouchers.** LCAO also opposes the budget request's proposal to increase rents on all residents, including Section 202 Housing for the Elderly residents. HUD's rental assistance programs must be fully funded and expanded to meet the needs of the millions of seniors who qualify for rental assistance but do not receive it because the programs are limited in size. LCAO also supports greater collaboration between HUD, HHS, and other federal agencies to increase successful program linkages for seniors to help them successfully age in place.

Housing Counseling

In addition to supporting homeownership counseling, the Housing Counseling program also invests in Home Equity Conversion Mortgage counseling that is mandatory prior to application for a reverse mortgage. The need for increased funding is especially acute to protect against fraud given recent changes in the reverse mortgage products marketplace, as well as for training, testing, and other implementation issues related to the new HUD counselor certification. **LCAO applauds Congress for increasing the program to \$55 million for FY 2017, and urges, at a minimum, that the FY 2018 funding meet this level.**

Service Coordinators

Service coordinators are a valuable resource and essential part of the management team in affordable housing communities, particularly those serving low-income seniors. These professional staff save taxpayer dollars by providing access to community-based supports and services that keep residents aging safely in their own homes instead of having to move to more costly settings such as a nursing home. Service coordinators assist elderly and/or disabled residents by identifying, locating, and acquiring the services necessary for them to live independently. **We urge Congress to retain full funding of \$90 million for the Section 202 Service Coordinator program, and \$35 million for the Public Housing Resident Opportunity for Self Sufficiency (ROSS) Service Coordinator program.**

Department of Transportation

Federal Transit Administration—Technical Assistance to Improve Senior Transportation Options

Recognizing the growing mobility challenges facing our country's aging population, Congress authorized \$14 million in the Fixing America's Surface Transportation Act for Federal Transit Administration (FTA) technical assistance, education and outreach to "meet the transportation needs of elderly individuals" and to "assist with compliance with the Americans with Disabilities Act." In May, Congress fulfilled its promise of improving senior mobility by fully funding FTA technical assistance and education in the Consolidated Appropriations Act (P.L. 115-31). The 2017 investment included \$9 million from the highway trust fund for Technical Assistance and Workforce Development and \$5 million from the general fund for Technical Assistance and Training.

Unfortunately, the President's FY 2018 budget recommends a 36 percent cut to technical assistance and education that helps seniors and individuals with disabilities access our country's public transportation system. The FY 2018 budget completely eliminates the \$5 million Technical Assistance and Training (GF) account. **We urge Congress to fully fund technical assistance for accessible transportation by including \$9 million for FTA's Technical Assistance and Workforce Development Program and \$5 million for Technical Assistance and Training in your FY 2018 bill.**

Subcommittee on Commerce, Justice and Science

Department of Justice

Missing Alzheimer's Disease Patient Alert Program

LCAO supports an allocation of \$5 million for this small, but cost-effective, program that provides grants to nonprofit organizations to enable them to establish and operate initiatives to identify, locate and protect individuals with Alzheimer's who wander away from home. It also saves time and resources for law enforcement and allows them to focus on other security concerns.

Subcommittee on Agriculture, Rural Development and Food and Drug Administration

Department of Agriculture

Federal Nutrition Programs

It is critical that proven and effective federal nutrition programs serving our most vulnerable seniors are protected and further strengthened; particularly now as both the need and demand for nutritious meals are already substantial and will only continue to climb exponentially due to a rapidly aging population. In addition to increasing funding for the nutrition programs authorized under the OAA, we urge Congress to fully fund and safeguard from cuts the Supplemental Nutrition Assistance Program (SNAP), the Commodity Supplemental Food Program (CSFP) and the Senior Farmers Market Nutrition Program (SFMNP).

SNAP is our nation's largest federal nutrition program, targeting households at or below 130 percent of the federal poverty line, or an annual income of \$15,180 for a senior living alone. Currently, only about 40 percent of eligible seniors are enrolled in SNAP and on average access \$129 a month in benefits. **We reject the SNAP cuts proposed by the Administration and any proposals to undermine its current structure.**

On average, more than 570,000 seniors received monthly CSFP packages in 2015. With one in six older Americans struggling with hunger, this is another crucial service that helps provide the nutrition needed to combat the poor health conditions often found in food insecure seniors. **LCAO urges Congress to provide \$250 million for CSFP**

in FY18, to maintain the current caseload and make this a completely nationwide program by bringing on the final two states.

The SFMNP is an important source of fresh fruits and vegetables for over 817,000 seniors and an economic driver for local farms. Funding levels should be restored to the levels authorized in Farm Bill to \$20.6 million.

Conclusion

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 discretionary 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 2018, all of these programs will be funded at levels that enable them to meet a rapidly growing demand for services, and that current threats to these vital programs will be rejected. 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,

Alliance for Aging Research
Alliance for Retired Americans
Alzheimer's Foundation of America
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Association of Service Coordinators
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)
Association of Jewish Aging Services
B'nai B'rith International
Center for Elder Care & Advanced Illness
Center for Medicare Advocacy, Inc.
Easterseals
The Gerontological Society of America
International Association for Indigenous Aging
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 (NAELA)
National Adult Day Services Association (NADSA)
National Adult Protective Services Association
National Alliance for Caregiving
National Asian Pacific Center on Aging
National Association for Hispanic Elderly
National Association for Home Care and 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
National Consumer Voice for Quality Long-Term Care
National Council on Aging (NCOA)
National Senior Corps Association
Pension Rights Center
PHI
Senior Service America, Inc.
Social Security Works
Women's Institute for a Secure Retirement (WISER)

cc: Chairman Roy Blunt and Ranking Member Patty Murray, Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Chairman Tom Cole and Ranking Member Rosa DeLauro, House Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Chairman Susan Collins and Ranking Member Jack Reed, Senate Subcommittee on Transportation, Housing and Urban Development, and Related Agencies

Chairman Mario Diaz-Balart and Ranking Member David Price, House Subcommittee on Transportation, Housing and Urban Development, and Related Agencies

Chairman Richard Shelby and Ranking Member Jeanne Shaheen, Senate Subcommittee on Commerce, Justice, Science, and Related Agencies

Chairman John Culberson and Ranking Member José Serrano, House Subcommittee on Commerce, Justice, Science, and Related Agencies

Chairman John Hoeven and Ranking Member Jeff Merkley, Senate Subcommittee on Agriculture, Rural Development and Food and Drug Administration, and Related Agencies

Chairman Robert Aderholt and Ranking Member Sanford Bishop, House Subcommittee on Agriculture, Rural Development and Food and Drug Administration, and Related Agencies