



October 13, 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 70 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 ultimately hope that lawmakers will eliminate the Budget Control Act (BCA), or at a minimum achieve another two-year, bipartisan budget agreement that alleviates draconian budget caps and maintains parity between defense and non-defense discretionary programs. We also appreciate the work of Members of both the House and the Senate to make progress toward finalizing full-year funding for FY 2018, and until a budget agreement is reached, we urge you to work toward providing funding for all federal discretionary programs that serve older adults and caregivers at the levels outlined in the [Coalition's June 30, 2017 letter to House and Senate Appropriators](#).

However, we are writing in response to funding levels proposed for several Older Americans Act (OAA) and other critical aging programs proposed in the recent FY 2018 funding proposals for the Departments of Health and Human Services (HHS) and Labor (DOL) that were recently passed by the U.S. House of Representatives and the U.S. Senate Committee on Appropriations.

We ask that as you move toward developing a full-year FY 2018 funding proposal for HHS and DOL programs, you consider our feedback on these measures and incorporate the Coalition's specific funding requests for **Older Americans Act (OAA) Title III B Supportive Services** and **Title V Senior Community Services Employment Program (SCSEP)** as well as for the **State Health Insurance Assistance Program (SHIP)**, **Elder Justice Programs**, **Chronic Disease Self-Management Education Programs (CDSME)**, and the **Geriatric Workforce Enhancement Program (GWEP)** that prioritize and promote the goal to enhance the dignity, health and independence of older adults.

FY 2018 Requests for Older Americans Act Programs (Department of Health and Human Services/Administration for Community Living-Administration on Aging and Department of Labor)

As you know, 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 to over 11 million seniors and caregivers every year. Investments in OAA save long-term federal 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.

In 2016 Congress unanimously passed the Older Americans Act Reauthorization (P.L. 114-144), which reflected modest year-over-year increases in authorization amounts that will begin to curb continued disinvestments in these programs as costs and needs increase while funding remains stagnant. [As our June 2018 letter details](#), we continue to encourage lawmakers to find ways to, at a minimum, increase funding for all OAA programs to at least those that were unanimously endorsed in the 2016 OAA reauthorization.

OAA Title III B Supportive Services

In response to the House-passed FY 2018 omnibus spending bill, H.R. 3354, we were pleased that House lawmakers approved funding for OAA Title III B Supportive Services programs that meets the \$364.5 million level included in the 2016 reauthorization. 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.

Prior to the increase for Title III B programs included in the House-passed omnibus, these programs remained funded at near FY 2004 levels and local agencies continue to struggle to keep III B services, and the seniors they help, afloat.

As you develop a full-year, FY 2018 compromise spending bill, we request that Congress preserve increases for OAA Title III B programs and fund these programs at the House-approved level of \$364.5 million, which represents the first significant increase in OAA Title III B programs in over a decade.

OAA Title V 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. SCSEP has 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 were deeply disappointed the House proposed slashing funding for SCSEP by \$100 million (25 percent), and appreciate that Senate appropriators rejected what would amount to a devastating cut for this essential senior workforce development program that continually meets its congressionally-mandated dual purpose of fostering economic self-sufficiency and promoting employment. We were pleased to see that Senate Appropriators approved funding for SCSEP at the FY 2017 level of \$400 million. However, that level reflects a cut of \$34 million over FY 2016 levels.

While we urge lawmakers to look for opportunities to reverse the trend of eroded funding for SCSEP, as you develop your final funding bill for FY 2018 we request that Congress, at a minimum, include the Senate-proposed funding level of \$400 million for SCSEP.

OAA Title IV Chronic Disease Self-Management Education (CDSME)

Over 90 percent of older Americans have at least one chronic disease and two-thirds have two or more. These conditions account for more than three-quarters of all health expenditures and 95 percent of health care costs for older adults. 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, improving their health status, and reducing their need for more costly medical care.

We appreciate that Senate appropriators rejected the \$3 million cut proposed by the Administration and the House. With resources currently supporting efforts in 18 states and 5 tribal communities, increased investments are needed to expand the reach of this important program. We urge that final FY18 funding, at a minimum, preserve the current \$8 million for CDSME.

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. 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 federal SHIP program maintains bipartisan support across the country for the unique and valuable role that these services play in ensuring that older adults make the choices about Medicare coverage that meet their needs and lower costs.

Unfortunately, House lawmakers have proposed eliminating funding for SHIP (\$47.1 million) in FY 2018, stating that Medicare beneficiaries can continue to access online tools and telephone assistance. In fact, SHIPs offer increasingly critical services that cannot be supplied by 1-800-MEDICARE, on-line or written materials, or other outreach activities. Furthermore, 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.

We appreciate that the Senate rejected the House-proposed elimination for SHIP and in their FY 2018 bill funded SHIP at \$47.1 million, which preserves the FY 2017 federal investment in this program. While this level is still insufficient to meet the current demand for these valuable services, at a minimum we urge lawmakers to reject the House-proposed cut and instead include funding for SHIP at the Senate-proposed level of \$47.1 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.

In FY 2017, Congress funded this initiative at \$10 million, which reflected a modest, but continued increase in investments for these activities. We appreciate that Senate Appropriators proposed funding for the Elder Justice Initiative that would preserve this investment at \$10 million. Unfortunately, Members in the House approved a \$2 million cut to FY 2017 levels, which would represent a significant percentage decline in much-needed and long-overdue investments in elder justice activities. While \$10 million is inadequate to fully address an issue that costs seniors billions each year, and that can have devastating consequences for vulnerable victims of elder abuse, we appreciate the Senate's continued support for these activities.

As you develop your final FY 2018 funding bills, we urge lawmakers to reject the House-proposed cut and instead include funding for the Elder Justice Initiative that, at a minimum, reflects the Senate-proposed level of \$10 million and prevents erosion of recent progress made toward addressing the serious issue of elder abuse.

Geriatrics Workforce Enhancement Program (GWEP)

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. 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 had requested at least \$51 million to support the GWEP.

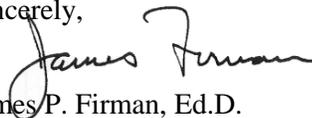
We appreciate that the Senate Appropriators provided \$38.7 million for the GWEP for FY 2018, which is the current funding level and \$4 million higher than the House provided. While this level is inadequate to address the need for more GWEP sites in rural and underserved communities, we strongly request that at a minimum you reject the House proposed cut.

Conclusion

While we recognize the difficult fiscal constraints under which you are operating, we respectfully ask you to recognize the importance of programs that successfully and effectively improves 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 Older Americans Act and other important aging 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 of these specific requests, and we look forward to working with you to ensure sustained investment in the OAA and other key aging programs.

Sincerely,



James P. Firman, Ed.D.
President & CEO, National Council on Aging
Chair, Leadership Council of Aging Organizations

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