



Leadership Council of Aging Organizations

Richard J. Fiesta, Chair

April 29, 2019

The Honorable Richard Shelby, Chairman
The Honorable Patrick Leahy, Ranking Member
Senate Appropriations Committee
Washington, DC 20510

The Honorable Nita Lowey, Chairman
The Honorable Kay Granger, Ranking Member
House Appropriations Committee
Washington, DC 20515

Dear Chairman Shelby, Ranking Member Leahy, Chairwoman Lowey and Ranking Member Granger:

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 the jurisdiction of several of your Appropriations Subcommittees are critical to helping millions of older adults and family caregivers age with dignity, health and independence in their homes and communities for as long as possible.

As you continue your work on FY 2020 appropriations policies, we hope you will work with your colleagues in Congress to set budget caps for Non-Defense Discretionary programs, including for critical aging services, at levels above the arbitrary, stringent and austere caps established in the 2011 Budget Control Act. It is long past time to eliminate the ongoing onerous cycle of budget caps and harmful sequestration debates.

We also appreciate your commitment to reject the approach reflected in President Trump's FY 2020 budget request that would continue to erode funding for domestic programs and undermine our longstanding national priorities to support our most vulnerable citizens, including millions of older adults and their caregivers.

We urge you to reject the proposal included in the Administration's FY 2020 proposal to allow states to override the appropriations decisions reached by Congress and move "nearly all" (see the [ACL Congressional Justification](#)) of the funding for OAA Title III programs and services around between subtitles as they see fit. There is already long-standing transfer authority in several subtitles of the Act to enable state and local flexibility and maintaining consistent availability of the Act's core programs and services across the country is vital to the health and well-being of the millions of older adults it serves. The Administration's proposal is unnecessary

and could reduce access to vital services for vulnerable older Americans and their caregivers. We urge you to reject this recommendation in your FY 2020 bill and beyond.

Instead, we urge you to work toward the passage of FY 2020 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.

Growing Population & Need, Yet Limited 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, about 80 percent has at least one chronic condition; 4.6 million live in poverty; the unemployment rate of low-income older workers is nearly three times higher than the overall jobless rate; and nearly 8.6 million seniors struggle with hunger.

For years, OAA funding has not kept pace with inflation or the growing population eligible for services. This financial reality has made it increasingly difficult for the Aging Network to even maintain existing services, let alone meet escalating need and keep up with a growing

population. In fact, stagnant or declining federal funding since 2010 has eroded the current capacity of the network to address the needs of older adults. ***It would require a 23 percent funding increase for OAA programs to simply restore the service capacity that has been lost since FY 2010.***

We are very grateful that Congress made steps toward restoring network capacity in FY 2018 and protected this funding in FY 2019. However, the time is now to make meaningful progress toward reversing stagnation and erosion.

We encourage lawmakers to reinvest in vital home and community-based services for older Americans and caregivers, and unless otherwise stated, we urge Congress to provide a 12 percent increase for all Older Americans Act programs in FY 2020 to make an important step toward restoring the service capacity of the network.

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 allows 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. Local agencies continue to struggle 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.

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 two 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 through these programs is critical to reducing isolation, which is also vitally important to health and quality of life. By delivering nutritious meals, opportunities for socialization, and safety and wellness checks each day, these programs produce concrete results: they are improving the health of our nation's most vulnerable older adults and assisting them in remaining independent in their homes and communities. At the same time, these programs save significant taxpayer dollars by reducing healthcare expenditures through preventing unnecessary trips to the emergency room as well as admissions and readmissions to hospitals and nursing homes. Seniors across the country have been placed on waiting lists because nutrition programs are unable to meet the growing demand, and the need for services will only continue to increase.

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 a hospital stay in the past year. Demand for tools for health promotion and disease prevention is evidenced by the fact that over 65 percent of those served by OAA in 2015 reported that they learned how to effectively manage a chronic illness or medical condition. Like other OAA programs, Preventive Health Services funding over the past decade has not kept pace with the increased numbers and demand for these evidence-based strategies, and the significant, but modest funding boost in FY 2018 was an important first step toward enabling these services to better meet the demand.

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 care. Unfortunately, factors such as financial constraints, work and family demands, and the challenges of providing care often 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 adult can remain at 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.

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 nearly 90 percent of all health expenditures. About 80 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 eliminating dedicated funding for CDSME for FY 2020. **LCAO urges that CDSME funding be preserved, at a minimum, at the current \$8 million level.** Last year, funding supported 19 grantees in 19 states with grants for 12 grantees in 11 states expiring at the end of July. **Given that CDSME has lacked new investments for several years, we request that appropriators consider restoring CDSME funding to \$16 million to expand access to evidence-based, cost-effective chronic disease management programs to more older adults across the country.**

OAA Title IV Falls Prevention

Each year, one in four Americans aged 65 and over falls. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. In 2016, over 29,000 older adults died from falls; the rate of death from falls increased 31 percent since 2007. Over 3 million nonfatal fall injuries were treated in emergency departments resulting in nearly 870,000 hospitalizations. One out of every five results in serious injuries such as broken bones and traumatic brain injuries.

The nation is spending \$50 billion on fall injuries annually, 75 percent of which is paid for by Medicare and Medicaid. 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 eliminating dedicated funding for falls prevention for FY 2020. Funding currently supports grants in 27 states. **Given that falls prevention has been flat-funded, we request that appropriators also increase the investment in these cost-effective programs to \$10 million, to expand access to 37 states to embed them into community organizations' and health systems' efforts to reduce the incidence of this preventable deadly health concern among older adults.**

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 funding bills, including FY 2019, and we hope that Congress will continue to build on these funding increases in FY 2020.**

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 until FY 2018 funding for OAA Title VII programs had received no restoration from FY 2013 sequestration cuts. **We ask lawmakers to**

continue this progress and provide an additional 12 percent increase for OAA Title VII services in FY 2020.

We also request an additional \$20 million to support State Long-Term Care Ombudsman Program (SLTCOP) work with residents of assisted living, board and care, and similar community-based long-term care settings. The quality of care for these residents is a serious problem identified in a [February 2018 GAO report](#) as a growing concern. While the mandate to serve residents in assisted living was added to the law and assisted living and similar businesses have boomed, the SLTCOP funding has not increased to meet the demand. Without regular visits to these buildings, residents are at risk of abuse, neglect, and exploitation, and other rights violations.

Additionally, Title VII authorizes funding to protect Native elder rights and prevent elder abuse. The concerns of tribal elders and the systems serving them are uniquely complex. However, this section of Title VII has never been funded, putting tribal elders at increased risk of abuse, neglect and exploitation. ***LCAO urges Congress to provide funding to tribal programs for these activities.***

Aging & Disability Resource Centers (ADRCs)

Aging and Disability Resource Centers, funded through the Older Americans Act, are a bipartisan endeavor 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. ***In FY 2018, appropriators took an important step to increase funding to sustain this important endeavor. In FY 2020, we hope to continue working with lawmakers to find policy and funding solutions to restore and augment federal investments in the effort 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 16,000 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 cutting \$13 million for Medicare SHIPs across the country, stating that Medicare beneficiaries can continue to access online tools and telephone assistance. This proposal fails to recognize that SHIPs offer increasingly critical services that

cannot be supplied by 1-800-MEDICARE, online 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 urges Congress, to increase funding for the Medicare State Health Insurance Assistance Program to at least \$70 million, the level at which the program would have reached if it had kept pace with inflation and the growing number of Medicare beneficiaries. Each day, 10,000 baby boomers become Medicare eligible. Over the past year, about 7 million people with Medicare received help from SHIPs; over the past decade, individualized assistance provided by SHIPs almost tripled.

Elder Justice Initiative

The Elder Justice Initiative, administered through the Administration for 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 2019 funding of \$12 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 (authorized under the Elder Justice Act) for the Long-Term Care Ombudsman Program to fight elder abuse and neglect, and \$20 million for the ombudsman to expand their efforts in assisted living facilities.***

Lifespan Respite Care Program

Millions of American families are faced with unexpected illness, disease, or disability every year, and these events 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. ***The program remains underfunded, and we request that Congress work toward funding the Lifespan Respite Care Program at \$5.0 million in FY 2020.***

The Alzheimer's Disease Programs

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 \$186 billion. The omnibus spending bill for FY 2018 consolidated two vital dementia caregiver programs, the Alzheimer's Disease Initiative (ADI) and the Alzheimer's Disease Demonstration Program, into one Alzheimer's Disease Program which will allow States, communities, nonprofits, and Indian tribes greater access to funding opportunities under the OAA. In addition, the legislation increased spending under this consolidated program by \$4 million, a 20 percent increase, for a total of \$23.5 million.

Research shows that education, counseling and other support for family caregivers provided under ACL's Alzheimer's Disease Programs can delay institutionalization of loved ones and improve a caregiver's own physical and mental well-being—thus reducing costs to families and government. ***To keep pace with the increasing numbers of persons and families impacted by dementia, we are asking for a \$6.5 million increase to the Alzheimer's Disease Program for a total funding of \$30 million in FY 2020.***

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, almost 60,000 older workers from every state and nearly all U.S. counties develop new skills and add relevant work experiences through SCSEP community training assignments at aging and other local programs. 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.

Through your leadership, Congress has rejected the Administration's proposal to end this specialized and much-needed work-based training for older adults who struggle to find jobs. Unfortunately, the Administration has once again proposed to end this valuable training, even though SCSEP meets its congressionally-mandated dual purpose of fostering economic self-sufficiency through paid training and promoting employment by placing about one in every two participants into unsubsidized jobs. The program also represents a strong return on investment as SCSEP participants who exit for employment earn more in their first year than the annual SCSEP training costs and 7 in 10 remain on the job more than one year after leaving the program. 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 continue your strong support for the Senior Community Service Employment Program by funding the program in FY 2020 at no less than the authorized level of \$463,809,605.***

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,

adult day services, in-home supportive services, congregate and home-delivered meals, case management and other programs dependent on the grant. An elimination of SSBG would be devastating in aging programs such as adult protective services (APS). SSBG is the only federal funding source for direct APS services, 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 to 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 2020.***

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. Over 21 percent of those served by CSBG, or over 2.3 million, were older adults, and more than eight percent of those served were 70 years or older. Overall, almost 1.8 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 2020.***

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 at the current \$3.64 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. ***Given the lack of new investments for several years LCAO urges, that funding be increased to \$4.1 million.*** 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. With this increased investment, NCIPC could partner with health systems and Medicare Advantage programs to incorporate Stopping Elderly Accidents, Deaths, and Injuries (STEADI) into outpatient care and discharge planning. The results would include reducing the incidence of falls and fostering/promoting replication of these practices.

BOLD Act Initiatives

Last year Congress passed, and the President signed, the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act that calls on the Centers for Disease Control and Prevention (CDC) to establish Centers of Excellence in Public Health Practice dedicated to promoting Alzheimer's disease management and caregiving interventions, as well as educating the public on Alzheimer's disease and brain health, which will establish Alzheimer's disease as a public health issue, increasing American awareness and care training around the disease. To fund BOLD Act initiatives at CDC, **LCAO is requesting \$20 million in appropriations as called for in the statute.**

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 team. 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. ***We request at least \$51 million to support the GWEP.*** This funding is consistent with bipartisan GWEP reauthorization bills introduced last Congress in the Senate (S. 2888) and the House (H.R. 3713), and S. 299 introduced in this Congress. ***Included in the \$51 million appropriations that would be authorized by these bills is funding for the Geriatrics Academic Career Awards (GACA) program, a previously funded program that HRSA has reestablished and that is also supported by LCAO.***

National Institutes of Health and National Institute on Aging (Department of Health and Human Services)

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 Medicare and Medicaid alone will spend more than \$186 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 at least 14 million by 2050. ***LCAO has been pleased with the strong bipartisan/bicameral support for NIH and NIA and we ask that Congress 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 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, they enable more than 220,000 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 to provide 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, nonprofits, and the private sector.

Senior Corps ensures that local needs are met at minimal cost to the taxpayers. Senior Corps programs are public-private partnerships in which grantees provide a non-federal match. CNCS estimates that in 2017 states and local communities will contribute an estimated \$91 million, in cash and in-kind. ***LCAO requests a funding level for the National Senior Corps of \$242.5 million in FY 2020, sufficient to increase stipend service (SCP and FGP) to \$3.00 per hour and allow modest expansion in RSVP and the Senior Companion Program.***

Social Security Administration (SSA)

Social Security Limitation on Administrative Expenses (LAE)

LCAO is disappointed in the \$12.773 billion appropriation for the Social Security Administration's (SSA) administrative funding in President Trump's FY 2020 budget. This is a decrease of \$34 million from actual spending in FY 2018. With 10,000 Americans turning 65 every day, funding at this level is inadequate and will not meet the rising needs of on the agency. SSA has approximately \$370 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 Social Security Administration manages one of our largest government resources, paying out nearly \$1 trillion 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, massive layoffs, 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 \$13.9 billion for FY 2020 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 dollar 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 \$3.3 billion and rejection of any proposed cuts for FY 2020.***

Section 202 and Other Key Housing Programs for Older Adults

The need for affordable housing among older adults is significant. Only one of every three older adults eligible for rental assistance receives it because the programs are too small to meet the need. HUD documented that older adult households comprise 66% of the latest increase of 582,000 households categorized as worst-case housing needs. Further, the share of older adults experiencing homelessness nearly doubled from 4.1% in 2007 to 8% in 2017, a sharper rise than the share of all U.S. individuals 62 or older. The U.S. Department of Housing and Urban Development (HUD) has excellent programs on to respond to the need for affordable senior housing. Nearly two million low-income senior households rely on HUD's Section 202 Housing for the Elderly. LCAO supports greater collaboration between HUD, HHS, and other federal agencies to increase successful program linkages for seniors to help them successfully age in place.

LCAO opposes the Administration's FY 2020 budget request to cut HUD Section 202, Project-Based Rental Assistance (PBRA), and Service Coordinator grant spending for older adults. ***We urge Congress to fund \$600 million for new Section 202 housing in FY202 to bring the program on par with its funding in the mid-2000s and build more than 4,300 new homes for older adults with low incomes.*** We are grateful that Congress has revived new construction funding for HUD's Section 202 Housing for the Elderly program in recent fiscal years. ***In FY 2020, we request full, 12-month funding for all Section 202/PRAC contracts and \$120 million total for Section 202 Service Coordinator Grant Program, which includes an additional \$30 million investment to expand Section 202 Service Coordinator grants to serve an additional 500 affordable housing communities; and \$5 million for the Emergency Capital Repair Grant program which provides one-time assistance to communities for issues that present an immediate threat to the health, safety, and quality of life of tenants. We also request support for the HUD-administered home modification***

program and full funding for the renewal of PBRA contracts for a full 12 months (amounts to be determined).

Service Coordinators in Public Housing

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. ***LCAO urges Congress to provide \$35 million for the Public Housing Resident Opportunity for Self Sufficiency (ROSS) Service Coordinator Program in FY 2020.***

Housing Choice Vouchers and Homelessness

LCAO urges Congress to provide Preservation of housing provided by the Housing Choice Voucher and Public Housing programs, which together assist almost 800,000 older adult households. Additionally, we urge lawmakers to appropriate adequate funding for Homeless Assistance Grants to help prevent and end homelessness among older adults.

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 March, Congress fulfilled its promise of improving the mobility of older adults and people with disabilities by fully funding FTA technical assistance and education in the Consolidated Appropriations Act of 2018 (P.L. 115-141). The 2019 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. Through these funds, transit operators, community leaders, and aging community advocates and providers learn about best practices and receive direct technical assistance to help improve the availability and accessibility of transportation options for older adults and people with disabilities. In addition, FTA used these funds to award grants to communities to help develop and implement innovative programs aimed at addressing unmet transportation needs of seniors and people with disabilities.

Unfortunately, the President's FY 2020 budget proposes to completely eliminate the \$5 million Technical Assistance and Training (GF) account. The proposed 36 percent cut would significantly limit the ability of FTA and its technical assistance centers to help improve the

mobility of seniors and individuals with disabilities. ***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 2020 bill.***

Subcommittee on Commerce, Justice and Science

Department of Justice

Missing Americans Alert Program

This recently enacted initiative which expands, broadens and renames the Missing Alzheimer's Disease Patient Program, provides DoJ grants for training and technologies that will help first responders locate persons with Alzheimer's disease or autism who wander and go missing. Such a program saves time and resources for law enforcement, allowing them to focus on other security concerns. ***The program is authorized at \$2 million for FY 2019 and we urge, at a minimum, that allocated amount.***

Subcommittee on Agriculture, Rural Development and Drug Administration

Department of Agriculture

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).

Supplemental Nutrition Assistance Program (SNAP)

An estimated 4.9 million people age 60 years and older are food insecure, and millions more face the threat of hunger. SNAP is the largest federal nutrition program, providing food assistance to over four million seniors alone, and is a critical component of our nation's response to the growing issue of hunger. For older adults, utilization of SNAP supports health and independence, and helps alleviate the burden of choosing whether to forgo food so that they can pay for rent, medicine, or other expenses. ***LCAO applauds the protection of SNAP in the bipartisan Agricultural Improvement Act of 2018 and urges Congress to defend SNAP from regulations that reduce benefits or restrict eligibility and access.***

Commodity Supplemental Food Program (CSFP)

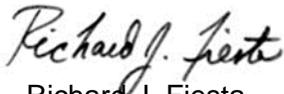
CSFP, sometimes known as the Senior Food Box Program, provides nutritious non-perishable food to low-income older adults once a month. This program helps older adults with limited financial resources and often restricted mobility receive the nutrition necessary to maintain and improve health and well-being. Food provided through CSFP is designed to address the nutritional needs of seniors, helping combat the impacts of hunger and malnutrition on an

individual's health. ***We urge Congress to reject any proposed cuts and fund CSFP at no less than \$238.12 million in FY 2020.***

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 2020, all 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,



Richard J. Fiesta
Chair

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

Chairwoman Rosa DeLauro and Ranking Member Tom Cole, 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 David Price and Ranking Member Mario Diaz-Balart, House Subcommittee on Transportation, Housing and Urban Development, and Related Agencies

Chairman Jerry Moran and Ranking Member Jeanne Shaheen, Senate Subcommittee on Commerce, Justice, Science, and Related Agencies

Chairman José Serrano and Ranking Member Robert Aderholt, House Subcommittee on Commerce, Justice, Science, and Related Agencies

Members of the Senate and House Appropriations Committees