Policy Priorities 2024
Promote the Health, Security and Well-Being of Older Adults
Key Policy Issues in 2024

• Older Americans Act reauthorization
• CMS Physician Fee Schedule and other Biden Admin. and congressional health care proposals
• Caregivers and implementing RAISE
• Tough budget fight to secure discretionary appropriations for FY 2025
• Not to mention housing, transportation, social connection, elder justice, farm bill, etc.
Support Aging Well at Home by Investing in Older Americans Act Programs and Services
Most of the Federal Budget = Social Security and Major Health Programs (Mandatory Spending)

Types of Federal Spending, Fiscal Year 2023

- Mandatory: 63%
- Discretionary: 30%
- Net interest: 8%

Note: Does not add to 100 percent due to rounding.
Source: Congressional Budget Office
Components of Federal Spending

- Social Security: 23%
- Medicare: 14%
- Medicaid, CHIP, ACA subsidies: 12%
- Other mandatory programs: 14%
- Non-defense discretionary: 16%
- Defense discretionary: 14%
- Net interest: 8%

Components of Federal Tax Revenue

- Payroll: 32%
- Individual income: 53%
- Corporate income: 9%
- Other: 6%

Note: "CHIP" = Children's Health Insurance Plan. "ACA" = Affordable Care Act. “Other” includes excise, customs duties, and more.
Data are for fiscal year 2023 and do not add to 100 percent due to rounding.
Source: Congressional Budget Office
USAGING Older Americans Act
Top Funding Priorities

• Title III B Supportive Services
• Title III E National Family Caregiver Support Program
• Title VI Native American Aging Programs

→ Calling for a doubling of these essential programs that have been long underfunded.

→ Also support increasing funding for all titles!
President’s FY 2024 Budget

• **Title III B** Supportive Services: 22% increase
• **Title III E** National Family Caregiver Support Program: 20% increase
• **Title VI** Native American Aging Programs: nearly doubling of Part A, 32% for Part C
• **Title III C** Nutrition: overall ~20 percent increase; but 41% C1 congregate, 12% increase C2 home-delivered, then NSIP cut 30%
• **Title III D** Evidence-Based Health and Wellness Programs: 0.2% increase
Debt Ceiling Deal

• Pauses the existing debt limit through January 2025 (not a rise of the ceiling, but a pausing on the $31.4 billion ceiling previous Congresses enacted)

• **Cuts $1 trillion over 10 years (projected) but it all comes from a portion of NDD funding**

• Caps amount to frozen topline number this coming fiscal year and only 1% growth for FY 2025—not remotely what is needed to keep up with inflation or population!
Senate/House FY 2024 Levels

- **Title III B** Supportive Services: Level funded; level funded
- **Title III E** National Family Caregiver Support Program: $5 million increase for demos/RAISE, not formula $; level
- **Title VI** Native American Aging Programs: nearly doubling of Part A, 32% for Part C; level funded
- **Title III C** Nutrition: +$25 million boost for C1 congregate, $11 million boost to C2 home-delivered, then NSIP cut 30% as President’s budget suggested; level funded
- **Title III D** Evidence-Based Health and Wellness Programs: Level funded; level funded
Next Steps on FY 2024

• Fiscal Year 2024 began October 1
• In mid-January, House and Senate leaders agreed on a top-line number of $1.66 trillion (equates to less than 1% decrease for NDD, 3% increase for defense). Back to the same deal they made back in May 2023!
• On Friday, the Senate cleared a six-bill $459 billion funding package, just in time to prevent a partial government shutdown.
• Next CR deadline: Friday, March 22!
FY 2025 Not Looking Much Better

• It will get a late start thanks to the hung-over FY 2024 process
• The President's FY 2025 Budget was released yesterday; President Biden sticking to $150B for Medicaid HCBS
• Election will diminish political willpower for actual work of budgeting/appropriating, increase political rhetoric
• We’re still stuck under the caps of the May 2023 debt ceiling deal, so only 1 percent growth overall is allowed for non-Veterans NDD programs
OAA Regs and Reauth
OAA Regulations

• Our August 25-page letter to ACL

• USAging provided a detailed analysis of regulations for our members last month (2/16, members-only link to crosswalk)

• We pushed for a 3-year implementation, but ACL set a compliance date of October 1, 2025, so AAAs and Title VIIs need to quickly engage with SUAs!

• ACL webinars to come
OAA Reauthorization

• Expires at the end of FY 2024, which is Sept. 30, 2024

• Senate HELP and Aging Committees diving in now!

• Use our OAA reauthorization tools to engage with your federal elected officials!
OAA Reauthorization Recommendations
AAA Independence, Health Care Recommendation

• Ensure that AAAs and other Aging Network community-based organizations are able to further meet their missions by tapping health care or other private funding to serve more older adults.

• Clear up confusing language.

• Differentiate SUA approval when OAA funds are used from when they are not.

• Strengthen “our” language from the last reauthorization to make clear that not only can AAAs engage in these outside activities, but no state approval is explicitly needed (just first and annual notification of the contract and assurances that all OAA activities and clients are still prioritized).
Title III C Nutrition Recommendations

• Unify the C1 and C2 funding streams under one III C Nutrition Services.

• HDM and congregate programs goals and parameters remain.

• Add a third bucket of nutrition services that can use III C: grab and go, meal-driven grocery delivery, etc. Write this broadly and reasonably to allow for future innovation.
Title III D Recommendation

• Allow use of evidence-informed programs under Title III D.
Social Engagement Center Recommendation

• Authorize a national training and technical assistance center in the OAA.

• Make clear that the focus is on professional and program development for AAAs, Title VIAs and other Aging Network organizations.

• Center would offer T&TA, best practices, innovations, spurring replication, and other tools to support practitioners working to increase social engagement and reduce social isolation and loneliness.
Increased Administrative Funding Recommendation

- Increase maximum percentage allowed for administration of the Area Plan to at least 12 percent from current 10 percent.
Title VI Programs
Recommendations

• Create a new funding stream for Title VI programs that is dedicated to supportive services (e.g., separate from the Title VI Part A nutrition programs), such as transportation, in-home care, legal assistance and other supports that are so desperately needed.

• Create more training, professional development and capacity-building resources to support Title VI grantees to bolster what AoA/ACL already provides.

• Ensure any nutrition services flexibility added in Title III (i.e., alternative models like grab-and-go) can also be provided under Title VI.
Authorized Funding Levels

Recommendation

• Urge Congress to significantly increase the authorized funding levels for all titles to better reflect need and the costs of implementing the Act.
Offense / Early Wins

• First group out with OAA recommendations; numerous groups coming to us to vet their proposals
• Working with Meals on Wheels on III C unification
• Interest from several Senate offices on top USAGing priorities (contracting, social engagement)
• ADvancing States restaffed its aging policy team and we’re working closely
• NCOA agreed to our III D priority
• Pam’s testimony for USAGing on 3/7 OAA hearing
Senate HELP OAA Reauth. RFI

• Responses due next Thursday, March 21
• General Questions
  o What are the biggest challenges currently facing the older adult population?
  o What are your top priorities for OAA reauthorization?
  o Please describe changing needs and how the Aging Network plans to address them.
  o What changes could Congress make to improve the efficiency and effectiveness of OAA services and programs?
Senate HELP OAA Reauth. RFI

• Please use our RFI Response Kit in crafting your letters to the Committee! See Monday’s Advocacy Alert for details, link to the kit (members-only).

• **If AAAs aren’t loud advocates in this reauthorization, we risk losing authority and funding.**
  • We must get our contracting language in the bill!
  • We must oppose carve-outs for providers, incl. senior centers! Or other restrictions on AAAs’ flexibility and role.
Defense Will Be Important!
Recognize and Support Caregivers
Latest Actions from Congress

- **Credit for Caring Act**, reintroduced in January by Senators Michael Bennet and Shelley Moore Capito & Representatives Mike Carey and Linda Sánchez; *USAging has endorsed*
  - Help working family caregivers offset the cost of some caregiving expenses such as a home care aide, adult day services, home modifications, assistive technology, respite care, transportation, etc.
    - Caregivers would receive a maximum credit amount of $5,000.
- Relaunched bipartisan, bicameral Assisting Caregivers Today Caucus (June 2023)
CMS 2024 Medicare Physician Fee Schedule Final Rule

• The annual schedule that sets Medicare Part B reimbursement/payment rates for physicians, other professionals—and can include policy changes

• USAging submitted comment letter in September 2023: usaging.org/advocacy

• CMS to pay for certain caregiver training services in specified circumstances
  o USAging Comment: We urged CMS to consider the role AAAs and others play in providing caregiver training services and create an appropriate pathway for caregiving experts to contribute to the value of this new program.
Prioritize Medicaid Home and Community-Based Services Options to Reduce Unnecessary Institutionalization
Workforce/Medicaid Bills

- **Better Care Better Jobs Act** (Senator Casey, D-PA, S. 100); $300 billion investment in expanding access to HCBS through strengthening the direct care workforce; works as an enhanced FMAP with directives around workforce investment by states; *USAging has endorsed*

- Senator Casey’s **HCBS Access Act** compliments BCBJ but makes HCBS equal with nursing home access for all states, and makes spousal impoverishment protections and Money Follows the Person permanent; *USAging has endorsed*
Bills & Regulations

• HCBS bills have equivalent House measures (Rep. Debbie Dingell, D-MI) but not bipartisan support yet

• **Advocacy needed:** Raise awareness of workforce issues with policymakers and recruit House republicans as champions

• CMS HCBS Access Rule, USAging submitted comments July 3. Rule is under White House (OMB) review and expected in April.
Connect Health Care and Aging Sectors to Improve Care and Reduce Costs
CMS 2024 Medicare Physician Fee Schedule Proposed Rule

• The proposed rule announced rate updates, advances health equity, and expands access to critical medical services; took effect January 1, 2024.

• CMS also included a section on Community Health Integration in which they encouraged ACO partnerships with CBOs to help address health-related social needs (HRSNs).

• Read our letter: usaging.org/advocacy
USAging Key Areas of Feedback

• **Role of AAAs in addressing health-related social needs**
  • The most effective way for the health system to address HRSNs is through contracting with social care entities

• **Principal illness navigation services**
  • Highlighted AAAs involvement in CMS’ Community-based Care Transition Program (CCTP)

• **Payment for caregiver training services**

• **Medicare Part B payment for services involving community health workers**
• Three-part webinar series
• “Data, Billing and Coding: What AAAs, CBOs and Networks Need to Know”

www.aginganddisabilitybusinessinstitute.org
Advocates To-Do List

• **THIS WEEK**: Use the APB Talking Points document in your Hill visits! [www.usaging.org/2024apb](http://www.usaging.org/2024apb)

• **NEXT WEEK**: Follow-up with Hill offices; submit comments to Senate RFI by 3/21 (see 3/11 email)

• **ONGOING**: Use USAging OAA Reauthorization Toolkit to engage with Congress and your own grassroots, [www.usaging.org/OAA](http://www.usaging.org/OAA)

• **NEXT**: Advocate for AAA consultation on SUA policy and procedures! Consult USAging analysis on key provisions (see 2/16 email).
49th Annual Conference & Tradeshow

Save the Date!

Tampa

July 8–11 2024
Dollars and Drama: An FY 2025 Federal Budget Forecast

Ilene Stein
March 12, 2024
Agenda

1. Basic Federal Budget Concepts
2. Federal Budget Process
3. What’s Actually Happening
Basic Budget Terms:
Federal Spending Categories

• Discretionary Programs (Appropriations)
  – Defense
  – Non-Defense
• Mandatory Programs (Entitlements)
• Interest on the debt
Federal Spending, FY 2023

- Mandatory: 63%
- Discretionary: 27%
- Interest: 10%

Source: Data from the Congressional Budget Office
Spending, Revenues, and Deficit, FY 2023

$6.4 trillion

Deficit:
$1.5 trillion

$4.8 trillion

Outlays
Revenues

Note: Figures may not sum to totals due to rounding.
Source: Data from the Congressional Budget Office
NDD Spending, FY 2023

- Diplomacy & international affairs: 9%
- Law enforcement & governance: 10%
- Science, environment, and energy: 11%
- Economic security: 11%
- Transportation and economic development: 19%
- Veterans' medical care and services: 14%
- Education and training: 13%
- Health: 12%

Note: Does not add to 100% due to rounding.
Source: CBPP analysis of data from the Congressional Budget Office
### Non-Defense Discretionary Funding Down for Most Categories Between 2010 and 2023

Percent change in NDD funding relative to 2010 level, adjusted for inflation & population growth

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Change</th>
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<tbody>
<tr>
<td>Veterans’ health care &amp; benefits</td>
<td>68%</td>
</tr>
<tr>
<td>Health care &amp; public health</td>
<td>-1%</td>
</tr>
<tr>
<td>Economic security &amp; social services</td>
<td>-1%</td>
</tr>
<tr>
<td>Medical research, science &amp; space</td>
<td>-2%</td>
</tr>
<tr>
<td>Law enforcement &amp; judicial activities</td>
<td>-4%</td>
</tr>
<tr>
<td>Transportation &amp; water resources</td>
<td>-10%</td>
</tr>
<tr>
<td>Agriculture, energy &amp; commerce</td>
<td>-13%</td>
</tr>
<tr>
<td>Environment, parks &amp; conservation</td>
<td>-16%</td>
</tr>
<tr>
<td>Education &amp; job training</td>
<td>-20%</td>
</tr>
<tr>
<td>Diplomacy &amp; international affairs</td>
<td>-22%</td>
</tr>
<tr>
<td>General government operations</td>
<td>-25%</td>
</tr>
</tbody>
</table>

Note: Amounts include the following categories not counted against the BCA caps or budget resolution allocations: overseas contingency operations, program integrity, wildfire suppression, Cures Act, and the Harbor Maintenance Trust Fund. They exclude the Census Bureau and offsets from changes to mandatory programs (“CHIMPs”) and mortgage insurance receipts.

Source: CBPP analysis of data from Congressional Budget Office and Office of Management and Budget.
The Budget Process
Annual Federal Budget Process

- **Early February**: President’s Budget
- **Mid-April**: Congressional Budget Resolution
- **Summer/Fall**: Reconciliation, Appropriations
- **October 1**: Beginning of new fiscal year
What Really Happens

- Often timetables aren’t met
- Often disagreement about basic facts
- People complain about the process
  - Budget issues are hard
  - Partisanship/polarization is significant
FY24 Appropriations Timeline

• March 9 – President Budget
• May 27, 2023 – McCarthy-Biden debt ceiling agreement
• June 2023 - November 2023: House and Senate work on competing appropriations bills
• September 2023 – House Budget Committee passes Budget
• September 30, 2023 – First Continuing Resolution
• October 3, 2023 – McCarthy loses Speaker position
• October 25, 2023 – Johnson elected Speaker
• November 15, 2023 – Continuing Resolution passes
• January 17, 2024 – Continuing Resolution passes, Johnson-Schumer debt ceiling agreement
• February 29, 2024 – Continuing Resolution passes
• March 8, 2024 – First Minibus package passes

March 22, 2024 – ?
What does the rest of the year hold?

- Biden FY 2025 Budget
  - Makes important investments
  - Captures revenues
  - Mostly sticks with the FRA on discretionary funding
- Election looms large
- FY 25 appropriations starts soon but Congress likely to kick can
March 12, 2024

Medicaid and CHIP Payment and Access Commission (MACPAC)

Kirstin Blom, Policy Director
Overview

- Introduction to MACPAC
- Authorizing statute
- Recent work on HCBS payment
Introduction to MACPAC

• The Medicaid and CHIP Payment and Access Commission (MACPAC) is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and the State Children’s Health Insurance Program (CHIP). The U.S. Comptroller General appoints MACPAC’s 17 commissioners, who come from diverse regions across the United States and bring broad expertise and a wide range of perspectives on Medicaid and CHIP.
The Commission’s authorizing statute, 42 U.S.C. 1396, outlines a number of areas for analysis, including:

- payment;
- eligibility;
- enrollment and retention;
- coverage;
- access to care;
- quality of care; and
- the programs’ interaction with Medicare and the health care system generally.

MACPAC’s authorizing statute also requires the Commission to submit reports to Congress by March 15 and June 15 of each year. In carrying out its work, the Commission holds public meetings and regularly consults with state officials, congressional and executive branch staff, beneficiaries, health care providers, researchers, and policy experts.
Recent Work on HCBS Payment

• Compendium (January 2024): State-by-state review of Medicaid payment rate setting methodologies for home- and community-based services (HCBS) provided under Section 1915(c) waiver authority.
• Presentation (November 2023): Reviewed how Medicaid payment policies for HCBS support HCBS workers. Staff presented initial findings from a review of state payment policies and interviews with national experts.
• Final report to be published in the next few months
Leadership, innovation, collaboration for state Aging and Disability agencies

USAging
Aging Policy Briefing & Capitol Hill Day
March 12, 2024
Our Vision:

Older adults, individuals with disabilities, and their caregivers will have access to the resources they need to live well & thrive in every community.

Our Mission:

To design, improve, and sustain state systems delivering long-term services and supports for people who are older or have a disability, and their caregivers.
ADvancing States contributes to shared success:

**For state agencies:**
We provide a state-to-state exchange of information that informs and enhances policy and program development, reaching beyond departments focused on aging and disabilities.

**For federal partners:**
We deliver accurate, timely, national and state specific information vital to the interests of older adults and persons with disabilities and their caregivers.

**For the networks:**
We contribute to meaningful collaboration among partners, including other national associations, to achieve desired results.

**For individuals:**
We enhance the ability to live healthily, safely and engaged in all communities with appropriate services, supports and opportunities.
## Waiting Lists

### Facts & Figures

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2023</th>
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<tbody>
<tr>
<td>States with waiting lists</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Number of people on waiting lists</td>
<td>665,000</td>
<td>692,000</td>
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### Considerations:

- Terminology varies by state. Some states use the term “interest list” or “referral list.”
- Some states do **not** screen individuals for eligibility before adding them to the waiting list.
  - Six states do not screen for eligibility. Those states account for over 50% of all people on waiting lists.
  - Changes in screening policies in a single state or for specific programs can significantly impact the number of individuals on waiting lists nationally.

*Source: Kaiser Family Foundation*
Waiting Lists

States would be required to submit to CMS annually a description of how the state maintains its waiting list(s), including:

- Whether the state screens individuals for eligibility;
- Whether the state periodically re-screens individuals on the waiting list;
- Frequency of re-screening;
- Number of people on the waiting list;
- Average amount of time individuals newly enrolled in the waiver program in the last 12 months spent on the waiting list.
Upcoming Access Regulations

Timeliness of Access

• The proposed Access regulations would require states to report annually on timeliness of access to three services:
  o Personal care,
  o Homemaker, and
  o Home health aide services.

• States would be required to report on:
  o The average amount of time from initial service authorization to initiation of services months; and
  o The percent of authorized service hours that were actually provided in a 12-month period.
Nursing Facility Staffing Regulations

- Sets nurse staffing standards and requires states to report on payments to direct care workers and support staff.
- This rule could unintentionally incentivize providers to deliver institutional services rather than home and community-based services.

Workforce Challenges

- The direct care workforce crisis could exacerbate waiting list and timeliness of access challenges, if there are not workers available to deliver waiver services.
The Latest on Medicaid HCBS Policy

March 12, 2024
Who We Are

Aurrera Health Group is a nationally recognized team of Medicaid and behavioral health policy, financing, delivery system, and strategic communications experts.

Medicaid Policy & Programs

Behavioral Health/Integrated Care

Strategic Communications
<table>
<thead>
<tr>
<th>Legislation</th>
<th>Summary</th>
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<tr>
<td><strong>HCBS Access Act</strong>&lt;br&gt;S. 762, H.R. 1493&lt;br&gt;Sen. Bob Casey, Rep. Debbie Dingell</td>
<td>• Mandates HCBS and provides 100% federal funding for HCBS for 10 years.&lt;br&gt;• Eliminates need for HCBS waivers and ends waiting lists and enrollment caps.&lt;br&gt;• Creates uniform and expanded income and functional eligibility criteria for HCBS.&lt;br&gt;• Makes permanent the Money Follows the Person program and spousal impoverishment protections.&lt;br&gt;• Requires HCBS quality measure reporting disaggregated by demographic characteristics.</td>
</tr>
<tr>
<td><strong>HCBS Relief Act of 2023</strong>&lt;br&gt;S. 3118, H.R. 6296&lt;br&gt;Sen. Bob Casey, Rep. Debbie Dingell</td>
<td>• Temporarily increases the applicable Federal Medical Assistance Percentage by 10 percent under Medicaid for certain approved HCBS that are provided during fiscal years 2024–2025.&lt;br&gt;• Requires states to undertake activities to improve service delivery, such as providing additional benefits to home health workers and by helping individuals who were relocated to nursing facilities move back home.</td>
</tr>
<tr>
<td><strong>Supporting Our Direct Care Workforce and Family Caregivers Act</strong>&lt;br&gt;S. 1298&lt;br&gt;Sen. Tim Kaine</td>
<td>• Requires HHS to set up a national technical assistance center and grant program to support the direct care workforce and family caregivers.&lt;br&gt;• Requires HHS to award grants for recruiting, training, and retaining direct care workers and supporting family caregivers.</td>
</tr>
<tr>
<td><strong>Supporting Our Seniors Act</strong>&lt;br&gt;S. 2584&lt;br&gt;Sen. Jacky Rosen</td>
<td>• Establishes a commission to investigate and make annual recommendations about policies to address aspects of long-term care, such as financing options, affordability of services, and caregiver supports.</td>
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</tbody>
</table>
The proposed "Access Rule" addresses a range of issues, with a particular emphasis on HCBS access. If finalized, the rule would require states to:

• Ensure 80% of state Medicaid payments for certain services directly support staff compensation
• Report annually on the average hourly rate paid to direct care workers
• Report on the HCBS Quality Measure Set, set performance targets, and create quality improvement strategies
• Implement improved incident management systems and grievance processes for FFS HCBS
• Report on the number of people on HCBS waiver waiting lists, how the state manages them, and how long newly enrolled waiver participants waited for access to the program
• Publish certain HCBS data on a public website
Other HCBS-Related Policy Developments

• Support for the HCBS workforce
• Expiration of American Rescue Plan Act funds
• Participation in the Money Follows the Person demonstration
• Efforts to improve care for dually eligible beneficiaries
• Changes to eligibility policy (e.g., income and assets tests)
What this Means for AAAs

• There are many opportunities to get involved in HCBS policymaking
• Expertise of aging network can inform legislative and regulatory decision making
• Policymakers need to understand AAA role in HCBS
• Awareness can support interactions with state and local partners
• Engagement can help AAAs better educate and serve older adults
Thank You!

Contact: Kristal Vardaman
Kristal@AurreraHealth.com

Visit: AurreraHealth.com
@AurreraHealth

Mission driven. Forward thinking.
Legislative Opportunities in Nutrition and Elder Justice

March 12th, 2024

Bob Blancato
Executive Director, NANASP
National Coordinator, Elder Justice Coalition
rblancato@matzblancato.com
Hello and Thank You

• Honor to be invited back to the USAging policy briefing
• 30th anniversary of APB and I was working hard to put together the 1995 White House Conference on Aging
• I got such great help from many area agency directors. Some might even be in this room
• 30 years later and you as USAging are doing outstanding work on behalf of the older adults you serve
• Of course, a salute to my dear friend, colleague, and occasional co-conspirator, Sandy Markwood
This will be shortest part of this presentation

Instead of a reauthorization in 2023, it received a one-year extension because why—guess what? Democrats and Republicans cannot get along.

In many ways this is more than a policy battle, it is ideological and focused on SNAP program

Many recognize it is a vital safety net program that needs strengthening by enhancing benefits and making applying easier

Others view the program and its growth as wasteful and worthy of cutting.

Everything is on hold until the FY24 funding is determined
Nutrition Programs in the Farm Bill

- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR) (alternative to SNAP)
- The Emergency Food Assistance Program (TEFAP)
- Commodity Supplemental Food Program (CSFP)
- Community Food Projects
- Senior Farmers’ Market Nutrition Program (SFMNP)
- Gus Schumacher Nutrition Incentive Program (GusNIP) grants

Projected outlays under the 2018 Farm Act, 2019-2023

- Nutrition, 76%
- Conservation, 7%
- Commodities, 7%
- Crop insurance, 9%
- Other, 1%

Total outlays = $428

Sources: USDA, Economic Research Service calculations based on Congr Budget Office estimates.
USDA Funding

• Last week Senate did pass a minibus, or maybe a semi omnibus funding 6 agencies
• For USDA key feature was securing adequate funding for the WIC program which we all care about at
  • WIC at $7.03 billion
  • SNAP at $119 billion
  • Commodity Supplemental Food Program (CSFP) at $389 million
Older Americans Act Funding

- Under a CR for another 10 days at FY 23 levels
- Should no HHS bill be completed by March 22, options are:
  - Another short-term CR
  - A year long CR (at FY 23 levels)
  - A separate HHS FY 24 funding bill
  - Or a government shutdown
- Did not come with a crystal ball, but least likely are shutdown or separate bill
- As you all well know, holding funding at FY 23 levels is a cut
• Wearing my NANASP hat I can say that we were pleased with the final regulations released by ACL as they maintained important pandemic-era flexibilities such as grab and go meals and expanded definition of homebound
• The regs are a done deed and for the existing law
• Time to look ahead—and that is what reauthorization will do
2024 NANASP-NRCNA
Addressing Malnutrition Learning Collaborative

• States are now required to address malnutrition in their State Plans.
• The new regulations require that area plans to outline services that address malnutrition and reflect plans at the state level.

• Apply Today!
  • Targeted at Area Agencies on Aging
  • receive one-on-one guidance from technical experts
  • meet four times with peers to discuss common barriers and innovative ways to implement screening, education, and intervention for malnutrition in older adults
OAA Reauthorization

• Nutrition was featured during the first hearing on the OAA last week before Senate HELP Committee
• One of the purposes of a reauthorization is to modify and modernize its programs
• One of the more interesting focus will be the structure of Title III-C nutrition programs (congregate, home-delivered, NSIP)
• Is there a need for a consolidation? 100% transfer authority? Something else? Those of you in the field should weigh in
• NSIP should be reexamined to connect it more to the aging and nutrition network
OAA Modernization

• Time for the OAA to make a new commitment to diversifying the food it provides.
• We need to be concerned about the rising rates of older adult malnutrition. One in two older adults are at risk or are malnourished.
• Could prioritize (with funding) medically tailored and culturally appropriate meals.
  • A recent survey of NANASP members showed that 2/3 are providing one or both, but many talked of the additional associated costs.
  • Isn’t it worth it if they lead to better health increased diversity of participants?
Modernization with AAAs

• Let me just add we support USAging in their position on securing private contracts without requiring state approval. In our comment on the draft regulations, we stated, 
  “We have strong concerns about the language which says that states must approve contracts that area agencies enter. Our concern would be a state’s failure to approve a contract which would benefit a local nutrition program.”

• This is a two-pronged reality issue
  1) OAA funding is not keeping up with demand
  2) area agency programs and services go well beyond what the OAA calls for

• You also have a strong history of building good relations with the private sector especially healthcare and that should not be interfered with
Moving the needle on Elder Justice

• Want to first thank USAging for their steadfast support and leadership on our Elder Justice Coalition.
• But as someone used to say, CAN WE TALK?
• To move the needle on elder justice, we need each of you in this room to care and act
  • Real life stories told by victims and those who care for them
  • You as trusted community aging service providers to raise this issue to your individual House member or Senators.
Elder Justice is not in a good place

• That is the current state of elder justice legislation
• Two big issues:
  • Funding for Adult Protective Services:
    • FY 23 included APS line item for the first time at $15 million
    • Nowhere near enough but a start
    • House FY 24 bill in the fall zeroed out APS Funding
  • This House action comes after more than $300 million in emergency pandemic funding was provided to APS. Why? to cope with covid and related scams and to anticipate more cases being reported as the covid lock down began to loosen
Advocate for APS

• Partner with your local APS to make a joint appeal for at least $15 million
• EJC is involved in an effort led by Rep. Neal (D-MA) to add $188 million to APS from FY22 into an end of year package
Reauthorization of Elder Justice Act of 2010

- Even more urgent today as elder abuse cases continue to rise
- The bill (H.R. 2718/S.1198) would not just renew the existing programs, but adds new provisions
  - Greater than $4 billion investment in elder abuse prevention
  - Dedicated and increased funding for APS and the LTCOP
  - New provisions for increased staffing in nursing homes
  - Provide greater support for legal medical partnership and legal hotlines
  - Grants to AAAs and CBOs to combat social isolation and loneliness

Ask your representative to co-sponsor Elder Justice Reauthorization and Modernization Act

More on the social isolation grants

• As isolation and loneliness approach crisis levels
• With San Mateo county in California just declaring it a public health emergency??
• The bill is modest in scope and helps older adults
• So why does it not move?
• No Republican has joined either bill as a cosponsor
If you are represented by a Republican

• Ask them to co-sponsor the Elder Justice Reauthorization and Modernization Act
• Put it in the context that it is a local issue that affects older adults in their district/ state
• Prospects for passage this year are low
• We may have to rethink our approach and break this bill down into its pieces and work for individual action

Ask your representative to co-sponsor Elder Justice Reauthorization and Modernization Act

An Uncertain Time of Year

• As always, this Conference is held at a very important juncture in the year.
• So much is still uncertain including and especially FY 24 funding
• I feel the reauthorization process is off to a good bipartisan start
• Elder justice is going to take more work but there is time
• So leave here energized– excited and engaged to do good advocacy at home because when you convene next year it will be
2025 will be a good year

• 2025 is a potentially pivotal year for aging and aging policy because it is an anniversary year
  • Social Security turns 90
  • Older Americans Act, Medicare and Medicaid turn 60
  • Youngest baby boomer turns 61 and oldest almost 80
  • And start of a new Administration and Congress
• Let’s be ready and make these anniversaries celebrate the good these programs have done and what more they can do in future
Join Us in Celebrating Three Decades of Advocacy!

USAging Capitol Hill Reception
TONIGHT!
5:30 – 7:30pm

Rayburn House Office Building Foyer

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