December 20, 2013

The Honorable Jack Kingston
Chair, House Appropriations
Subcommittee on Labor/HHS/Education
Washington, DC 20515

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

The Honorable Tom Harkin
Chair, Senate Appropriations Subcommittee on Labor/HHS/Education
Washington, DC 20510

The Honorable Jerry Moran
Ranking Member, Senate Appropriations
Subcommittee on Labor/HHS/Education
Washington, DC 20510

Dear Chairman Kingston, Ranking Member DeLauro, Chairman Harkin and Ranking Member Moran:

As your Committees determine spending levels in the FY 2014 Labor/HHS/Education bill in the next few weeks, the National Association of Area Agencies on Aging (n4a), which represents the 618 Area Agencies on Aging (AAAs) and 246 Title VI Native American aging programs in the U.S., urge you to make the programs that help older Americans get the support they need to age successfully at home and in their community a top priority. To this end, we urge you to:

- **Restore sequestered and otherwise eroded funding to all Older Americans Act (OAA) programs.** At a minimum, restore OAA levels to enacted FY 2012 levels. Please pay special attention to the following key titles, which often get overshadowed by other, more well-known and also much-needed OAA programs: Title III B Supportive Services; Title VI Grants for Native Americans; and Title III E National Family Caregiver Support Program.

- **Provide adequate resources for Medicare Part D enrollment assistance and counseling by funding the State Health Insurance Assistance Programs (SHIPs) at $52 million and permitting the Administration’s request to transfer the SHIP program from CMS to ACL.**

- **Provide first-time funding to the Elder Justice Act.** We appreciate the President’s budget request for $8 million for Adult Protective Services (APS) within the Administration for Community Living (ACL).

- **Allocate modest amounts of Prevention and Public Health Fund (PPHF) funding to aging-focused evidence-based programs**, including $10 million to ACL for the Chronic Disease Self-Management Program and $10 million for falls prevention activities.
Older Americans Act (OAA)

The OAA is the cornerstone of the nation’s HCBS system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, adult day care, case management, legal services, transportation and caregiver support. OAA funding has not kept pace with inflation or the growing population of individuals eligible for services for years, yet demand by at-risk older adults in need of supportive services has risen and will continue to rise with the growth of the aging population.

n4a recently conducted a survey of AAAs in nine states (“Squeezing Seniors,” www.n4a.org) to determine how years of stagnant funding followed by sharp sequester cuts were affecting their ability to serve older adults and caregivers. Virtually all AAA directors who responded were concerned or very concerned about the ability of seniors in their community to be able to remain living independently without costly institutional care. Of those agency leaders who were able to partially offset the FY 2013 budget cuts, three-quarters indicated they would not be able to repeat that gap-filling in FY 2014. This untenable funding situation has led to direct cuts in many local aging programs. Nationally, nearly three-quarters of survey respondents have cut nutrition services, half have cut transportation programs and more than one-third have reduced caregiver supports and services.

In April, we requested that you sustain the capacity of OAA programs by increasing total funding by at least 5.26 percent above FY 2012 levels, which would have held OAA harmless in relation to CPI and population growth. Now, we strongly urge you to use the additional funds provided by the recent bipartisan budget deal to restore all OAA line items to at least FY 2012 enacted levels. These programs, especially when they work together at the local level to meet the complex needs of older adults, are an incredible investment and more than worthy of being restored to previous levels.

If you cannot boost funding for all OAA programs and services, please give special attention to these three:

Title III B Supportive Services, Title VI Grants for Native Americans and Title III E National Family Caregiver Support Program. Here’s why:

**Title III B Supportive Services** provides flexible funding to states and local agencies to provide a wide range of needed supportive services to older Americans. Title III B dollars, for example, support in-home services for frail elderly, senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, and emergency/disaster response efforts targeted to older adults. The flexibility of this funding stream gives agencies greater means to meet the 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.

**Title VI Native American aging programs** are especially overdue for a funding increase. OAA provides the primary authority for funding services to elders in Indian country. Older American Indians are the most economically disadvantaged elders in the nation. Current Title VI funding levels are woefully inadequate to meet the needs of Indian elders; there has long been a lack of proper investment in these programs, which further exacerbates the challenges Indian elders face. It would take a significant funding increase to address the large gaps in service capacity for these programs and start to remedy the many challenges faced by this population—at the very least, we must hold these small programs harmless and prevent erosion.

**The National Family Caregiver Support Program** (NFCSP) was added to the OAA as Title III E in 2000 and funds programs offered at the community level through the Aging Network and their partners. The programs assist family members caring for older loved ones who are ill or who have disabilities. The NFCSP offers a range of services to support family caregivers, including information about services; assistance in gaining access to services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services as limited funding allows. These services are in high demand in every community, yet have limited federal resources.
n4a also believes the following appropriation actions for FY 2014 are critical to building and maintaining a comprehensive home and community-based services system that can meet the needs of the growing older adult population.

**State Health Insurance Assistance Programs**

n4a requests that Congress provide at least $52 million in discretionary funding under the U.S. Administration for Community Living (ACL) for the **State Health Insurance Assistance Programs (SHIPs)** in FY 2014. n4a strongly supports ACL’s proposal to transfer the SHIP program from the Centers for Medicare and Medicaid Services (CMS) to the ACL budget and believe it will enhance the program’s ability to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. With two-thirds of local SHIP programs operated through AAAs, this move makes good policy sense.

**Elder Justice Act / Adult Protective Services**

n4a supports the Senate and Administration requests of **$8 million for Adult Protective Services to ACL, reflecting first-time funding for the Elder Justice Act (EJA)**. The EJA of 2010 would implement a comprehensive national strategy to address elder abuse, neglect and exploitation and is authorized at $777 million. If adequately funded, EJA would enhance the training, recruitment and staffing in long-term care and enhance state adult protective service systems, long-term care ombudsman programs and law enforcement practices. Without appropriated funding, however, this response cannot yet begin to make a difference in older adults’ lives.

**Evidence-Based Health Promotion and Disease Prevention**

n4a requests Congress provide modest amounts of **Prevention and Public Health Fund (PPHF) funding to aging-focused evidence-based programs**, including $10 million total for the Chronic Disease Self-Management Program and $10 million for falls prevention activities. Supporting evidence-based prevention and wellness programs for older adults is imperative given the nation’s aging population and growing rates of chronic disease. Lawmakers and administrators must not overlook tested and proven evidence-based health promotion and disease prevention programs for older adults at the community level, such as chronic disease self-management and falls prevention programs that are currently provided by the Aging Network under the ACL’s leadership. These programs deliver proven results and reduce Medicare and Medicaid costs.

While we understand the difficult fiscal constraints under which you are operating, we hope you will make every effort in the final FY 2014 funding bill to prevent the erosion of—and maintain the investment in the future of—the innovative and cost-effective Older Americans Act programs, which support older adults to live at home and in the community for as long as possible. Thank you.

Sincerely,

Sandy Markwood
Chief Executive Officer

cc: Members of the House and Senate Labor/HHS/Education Subcommittees