



*Richard J. Fiesta, Chair*

June 22, 2018

The Honorable Richard Shelby, 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 Shelby, Ranking Member Leahy, Chairman Frelinghuysen and Ranking Member Lowey:

The Leadership Council of Aging Organizations (LCAO) is a coalition of national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. Many of the federal programs under the jurisdiction of several of your Appropriations Subcommittees 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.

As you continue your work on FY 2019 appropriations, we appreciate your commitment to adhere to the Non-Defense Discretionary (NDD) budget caps established in the 2018 BBA. We support that leaders rejected the approach reflected in Trump Administration's FY 2019 budget request to further 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 also reject the Administration's 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 2019 bill and beyond.

We urge you instead to work toward the passage of FY 2019 appropriations bills that include adequate funding levels for a panoply of key programs within the Departments of Health and Human Services (HHS), Labor (DOL), Housing (HUD), Transportation (DOT), Agriculture (USDA), and Justice (DOJ) that prioritize and promote the goal to enhance the dignity, health and independence of older adults, such as the Older Americans Act (OAA) programs and services. As you move forward in developing these proposals, we ask you to consider the following requests for these programs.

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

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

#### ***The Value of the Older Americans Act***

The OAA is the backbone of our nation's home and community supports system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, case management, caregiver support, transportation, health promotion and disease prevention, legal services, elder abuse prevention, community service employment opportunities for low-income older adults, and ombudsman programs that help protect residents in nursing homes and assisted living facilities.

For more than fifty years, OAA programs have demonstrated a unique ability to provide these quality services while enhancing and protecting federal resources. OAA programs represent less than one third of one percent of federal discretionary spending (.0031), but offer an incredible return on investment by leveraging state, local, and private dollars, as well as volunteerism, to help over 11 million seniors and caregivers age in place every year.

Together, these services save taxpayer dollars by enabling seniors to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid.

Despite these successes and efficiencies, historically, funding for the OAA has not kept pace with inflation or population growth for years. The increases included in the FY 2018 omnibus appropriations agreement were an essential first step toward ensuring that funding levels are sufficient to meet burgeoning needs, and we encourage lawmakers to continue progress toward restoring the capacity of the Aging Network to meet the needs of a growing population.

#### ***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.

Despite the increasing need for services and supports to enable aging in place, funding for OAA programs has not kept pace with a growing population or the increasing costs of fuel, commodities and wages. Additionally, cuts to discretionary programs enacted in recent years have threatened the sustainability of these critical programs, and it is incumbent upon policy makers to further reverse the trend of stagnant and even declining funding for programs that address these complex needs of a changing demographic of older adults and caregivers.

We appreciate that in FY 2018 your committees have begun to restore eroded funding for core OAA programs, and we strongly believe that more must be done to strengthen OAA programs; to correct some of the losses over the years; and to reduce Medicare and Medicaid expenditures while doing so.

### ***FY 2019 Requests***

***We are very grateful that Congress approved significant funding boosts in the final FY 2018 funding bill, and at a minimum in FY 2019, we ask that Congress protect that funding for Older Americans Act programs and work to further restore the capacity of the Aging Network.***

***It would require over a 30 percent increase in funding for the Older Americans Act to restore the service capacity of the network lost since FY 2010. The funding boosts in FY 2018 were a critical first step toward that goal, and we encourage lawmakers to consider additional progress in FY 2019 with an additional 12 percent increase for Older Americans Act programs.***

### ***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. Yet until last year, III B remained funded at near FY 2004 levels.

**We appreciate the first meaningful increase in III B funding that was included in the FY 2018 funding bill, which began to rectify funding erosion since the sequester.** However, funding is still insufficient to meet a growing need. 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. ***At a minimum, we request that Congress protect the FY 2018 increases, and consider an additional 12 percent investment in OAA Title III B Supportive Services.***

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

OAA Title III C congregate and home-delivered meal programs serve every state and congressional district in the United States. More than 2.4 million seniors receive nutritious meals every year, each meal representing half or more of their total daily food intake. Further, for both congregate and home-delivered clients, the companionship provided is critical to reducing isolation, which 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 enabling independence and improving the health of our nation's most vulnerable. At the same time, they save significant taxpayer dollars by reducing healthcare expenditures through preventing unnecessary trips to the emergency room, admissions and readmissions to hospitals, and delaying or eliminating the need for nursing home care. 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.

***LCAO urges that, at a minimum, lawmakers maintain the critical funding boosts provided in FY 2018 for Title III C Nutrition Services for FY 2019, and work toward an additional 12 percent increase for essential Nutrition Services.***

### ***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. Similar to 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.

***LCOA urges that, at a minimum in FY 2019, Congress protect the recent increase and work toward an additional 12 percent boost in funding for these cost-effective Preventive Health Services.***

### ***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, often factors such as financial constraints, work and family demands, and the challenges of providing care place great pressure on family caregivers. Better support for informal caregivers is critical because often it is their

availability--whether they are family members or unrelated friends and neighbors who dedicate their time--that determine whether an older person can remain in his or her home. The annual economic value of unpaid caregiving for elderly adults is estimated at \$470 billion, which rivals the whole Medicaid budget.

Title III E of the OAA provides funding to state and local programs to assist caregivers of older Americans in many ways. ACL's caregiver programs provide services that address the needs of unpaid, informal caregivers, allowing many of them to continue to work while providing critically needed care. The National Family Caregiver Support Program (NFCSP) was the first federal program to recognize the needs of the nation's family caregivers. Relatives of older Americans providing in-home care qualify for supportive services; state and local agencies may provide caregivers with information and assistance about available services for older Americans; individual counseling and training assists caregivers in decision making; "respite care" provides temporary relief to caregivers of their responsibilities; and supplemental services complement the caregiver's activities. ***We appreciate the significant increase for Title III E programs included in last year's omnibus, and ask that lawmakers protect this boost and again work toward an additional 12 percent increase to ensure that funding for this program begins to reflect the widespread need for services.***

#### ***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 2019. ***LCAO urges, at a minimum, that CDSME funding be preserved at the current \$8 million level.*** Currently, 19 grantees in 19 states are offering these proven, cost saving programs, with funding for 12 grantees in 11 states expiring at the end of July this year. ***With additional resources made available by the Bipartisan Budget Act, 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 2019. ***LCAO urges, at a minimum, falls prevention funding be preserved at the current \$5 million level.*** To date, funding has supported 39 grants to public and private nonprofit entities in 21 states, and 8 grants have been awarded to tribal organizations. ***With additional resources made available by the Bipartisan Budget Act, we request that appropriators also consider increasing the investment in these cost-effective programs to expand access to evidence-based, falls prevention for more older adults across the country.***

### ***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 2018, and we hope that Congress will continue to build on these funding increases in FY 2019.***

### ***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 appreciate the modest, but important, investment of \$21.7 million included in the FY 2018 omnibus, and ask that lawmakers work toward an additional 12 percent increase for OAA Title VII services.***

***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.

### ***Aging & Disability Resource Centers (ADRCs)***

Aging and Disability Resource Centers, funded through the Older Americans Act, began under the George W. Bush Administration with the vision to facilitate and streamline access to the most appropriate and cost-effective public and private LTSS options for older adults, people with disabilities and caregivers across the country. This ambitious goal to build an integrated, robust network of information, referral and enrollment assistance in every state remains critically important. ***In FY 2018, appropriators took an important step to increase funding to sustain this important network. In FY 2019 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 15,000 mostly volunteer counselors to provide one-on-one assistance and counseling to Medicare beneficiaries and their families. SHIPs play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage, including selecting among supplemental Medigap plans, Medicare Advantage (MA) plans and Part D prescription drug plans. SHIPs are also essential in helping beneficiaries navigate an evolving Medicare benefit that includes innovative programs such as Accountable Care Organizations (ACOs) and managed care demonstrations designed for beneficiaries dually eligible for Medicare and Medicaid.

The Administration has proposed eliminating all \$49.1 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, at a minimum, to restore funding for the Medicare State Health Insurance Assistance Program to the FY 2016 level of \$52.1 million.*** 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. ***If the SHIP investment had simply kept pace with inflation and the increasing number of Medicare beneficiaries since FY 2011, FY 2019 funding would be nearly \$70 million.***

### ***Elder Justice Initiative***

The Elder Justice Initiative, administered through the Administration of Community Living's Elder Justice and Adult Protective Services office, funds continued work on the national Adult Protective Services (APS) data system, other APS support programs, programs to stop abuse in guardianship, elder abuse prevention programs in Indian Country, expansion of forensic centers to assist in crime identification and prosecution, and self-neglect prevention programs. This work is critical given the scope of the crisis of elder abuse and the work that must be done to develop effective, evidence-based prevention, intervention, and prosecution practices. ***We appreciate the FY 2018 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 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. ***While we are so grateful for the modest increase for the Lifespan Respite Program in FY 2018, the program remains underfunded, and we request that Congress work toward funding the Lifespan Respite Care Program at \$5.0 million in FY 2019.***

### ***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 \$7.5 million increase to the Alzheimer’s Disease Program for a total funding of \$30 million in FY 2019. In addition, we are requesting an appropriation of \$6.7 million, a \$2.2 million increase over FY 18, for vital public outreach under the Alzheimer’s Disease Communications Campaign***, administered by ACL, that aids in reducing stigma, promoting care resources and increasing awareness of clinical trials.

## **Older Americans Act (Department of Labor)**

### ***Senior Community Service Employment Program (SCSEP)***

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

We were deeply disappointed that the Administration has proposed to end this specialized and much-needed work-based training for older adults. SCSEP meets its congressionally-mandated dual purpose of fostering economic self-sufficiency through paid training and promoting employment by placing about one in every two participants into unsubsidized jobs. And SCSEP participants who exit for employment earn more in their first year than the annual SCSEP training costs, resulting in a strong return on the federal investment, according to a 2017 Urban Institute study. 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 at the authorized level of \$463,809,605 in FY 2019.***

## **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 SSBG. An elimination of SSBG would be devastating in aging programs such as adult protective services (APS). SSBG is the only federal funding source for APS, whose workers are often the first responders in cases of abuse, neglect, and exploitation. APS conducts investigations, evaluates client risk, develops and implements case plans, provides counseling, and arranges for a variety of services that also depend on SSBG. The strength in the program lies in its flexibility to allow state and local governments 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 2019.***

### ***Community Services Block Grant (CSBG)***

Since 1981, states have utilized these CSBG flexible funds to improve community health and living conditions for low-income families and seniors. For those aged 55 and older, these services include home-based household and personal care services, nutrition and wellness programs, Adult Protective Services, and transportation to and from medical appointments or adult day health centers, making this program a pre-Medicare/Medicaid partner in the long-term care continuum. Approximately \$56 million of FY 2015 CSBG resources specifically were used to serve seniors. Over 21 percent of those served, or nearly 2.4 million, were older adults, and nearly eight percent of those served were 70 years or older. Overall, nearly 1.9 million seniors were helped to live independently in their own homes and remain engaged in their communities. ***LCAO urges continued bipartisan support for CSBG at its current \$715 million level and rejection of any proposed cuts for FY 2019.***

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

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

### ***The Geriatrics Workforce Enhancement Program (GWEP)***

As the only federal program specifically designed to enhance the skills and training of health care teams serving older adults to improve care quality, safety, and reduce the cost of care, GWEP provides appropriate training for the entire care 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 in both the Senate (S. 2888) and the House (H.R. 3713). ***Included in the \$51 million appropriations authorized by S. 2888 and H.R. 3713 is funding for the Geriatrics Academic Career Awards (GACA), a previously funded program reestablished by both bills and 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 you continue to provide increased investments in these research programs that help our nation improve the quality of life for older adults and future generations while saving hundreds of billions in health care***

*costs.*

## **Corporation for National 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. We encourage Congress to reject the President's proposal to eliminate Senior Corps programs and to support these programs at \$216.2 million in FY 2019.

## **Social Security Administration (SSA)**

### **Social Security Limitation on Administrative Expenses (LAE)**

LCAO is disappointed in the \$12.393 billion appropriation for the Social Security Administration's (SSA) administrative funding in President Trump's FY 2019 budget. This is a decrease of \$89 million from actual spending in FY 2017. 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 \$900 billion in benefits annually. The agency boasts a 99 percent accuracy rate with about only one penny of every dollar invested in the trust funds going toward administrative costs. Since 2010, SSA has experienced devastating cuts to their administrative budget, which has resulted in field office closings, 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 2019 to allow it to operate fully again.*** This increase would help ensure that the public can be served

adequately by SSA staff in person and on the phone and address the unprecedented 1.1 million backlog of disability insurance appeals at SSA Payment Centers.

## **Subcommittee on Transportation, Housing and Urban Development**

### **Department of Housing and Urban Development**

#### ***Community Development Block Grant (CDBG)***

Since 1974, states have used CDBG funding for a variety of community development and anti-poverty programs, including programs for older adults and the facilities that serve them. These programs include constructing senior centers, providing home-delivered meals, completing home repairs, and modifying homes for accessibility. One in four federally-funded Meals on Wheels programs depends on CDBG funding. Further, according to the U.S. Conference of Mayors, every \$1.00 of CDBG grant money leverages an additional \$3.65 in non-CDBG funding, making it an effective public-private partnership. ***LCAO urges continued bipartisan support for CDBG at its current level of \$3.3 billion and rejection of any proposed cuts for FY 2019.***

#### ***Section 202 and Other Key Housing Programs for Older Adults***

Nearly two million low income senior households rely on HUD's Section 202 Housing for the Elderly, Section 8 Project-Based Rental Assistance, Public Housing, and Housing Choice Voucher programs for affordable housing. Many seniors are on waiting lists of several years for Section 202 buildings due to lack of availability. LCAO opposes the Administration's FY 2019 budget request to cut HUD spending by 22 percent compared to FY 2018, including insufficient renewal funding for existing Section 202 and Section 8 Project-Based Rental Assistance communities, Service Coordination grants and deep cuts to Public Housing, Resident Opportunities and Self-Sufficiency (ROSS) grants, and Housing Choice Vouchers. LCAO also opposes the budget request proposal to increase rents on all residents, including Section 202 Housing for the Elderly residents. We appreciate the sufficient funding of Section 202 buildings and service coordinators for the remainder of the fiscal year. We applaud the increased states' allocation of funding for the Low Income Housing Tax Credit (LIHTC) and additional funding for the Section 202 capital advance program allowing the construction of new buildings and expansion of current ones. ***HUD's rental assistance programs must be fully funded and expanded to meet the needs of the millions of seniors who qualify for rental assistance but do not receive it because the programs are limited in size.*** LCAO also supports greater collaboration between HUD, HHS, and other federal agencies to increase successful program linkages for seniors to help them successfully age in place.

#### ***Housing Counseling***

In addition to supporting homeownership counseling, the Housing Counseling program also invests in Home Equity Conversion Mortgage counseling that is mandatory prior to application for a reverse mortgage. The need for increased funding is especially acute to protect against fraud given recent changes in the reverse mortgage products marketplace, as well as for training,

testing, and other implementation issues related to the new HUD counselor certification. ***LCAO applauds Congress for increasing the program to \$55 million for FY 2017 and FY 2018, and urges, at a minimum, that the FY 2019 funding meet this level.***

## **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 2018 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.

Unfortunately, the President's FY 2019 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 2019 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 annually from FY 2018 through FY 2022 and we urge, at a minimum, full funding.***

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 2019, all of these programs will be funded at levels that enable them to meet a rapidly growing demand for services, and that current threats to these vital programs will be rejected. Thank you for your consideration, and we look forward to working with you to ensure sustained investment in the OAA and other key aging programs.

Sincerely,

Aging Life Care Association  
Alliance for Aging Research  
Alliance for Retired Americans  
Alzheimer's Foundation of America  
AMDA - The Society for Post-Acute and Long-Term Care Medicine  
American Association of Service Coordinators (AASC)  
American Foundation for the Blind  
American Geriatrics Society  
American Society on Aging  
Association for Gerontology and Human Development in Historically Black Colleges and Universities (AGHD-HBCU)  
Association of Jewish Aging Services  
B'nai B'rith International  
Center for Medicare Advocacy  
Easterseals  
International Association for Indigenous Aging  
Justice in Aging  
LeadingAge  
Lutheran Services in America  
Meals on Wheels America  
Medicare Rights Center  
National Adult Day Services Association (NADSA)  
National Adult Protective Services Association (NAPSA)  
National Alliance for Caregiving  
National Asian Pacific Center on Aging  
National Association for Home Care and Hospice  
National Association of Area Agencies on Aging (n4a)  
National Association of Nutrition and Aging Services Programs (NANASP)  
National Association of RSVP Directors (NARSVPD)  
National Association of Social Workers (NASW)  
National Association State Long-Term Care Ombudsman Programs (NASOP)  
National Committee to Preserve Social Security and Medicare  
National Consumer Voice for Quality Long-Term Care  
National Council on Aging  
National Indian Council on Aging (NICOA)

National Senior Corps Association  
PHI - Paraprofessional Healthcare Institute  
Social Security Works  
The Gerontological Society of America  
The Jewish Federations of North America  
The National Hispanic Council on Aging  
WISER

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

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

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

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

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

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