Live from DC: A Federal Aging Policy Update

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Overview, Status and Advocacy Needed:

- Reauthorize the Older Americans Act
- Invest in Cost-Effective Aging at Home and in the Community
- Improve Health by Addressing the Social Determinants
What the 116th Congress Needs to Know About an Aging America

The 116th Congress must adopt policies that address the unprecedented and long-term shift in our country’s age demographics that have been ushered in by the maturing of America’s baby boomer generation. By 2030, 73 million—or one in five—people in America will be 65 or older. Federal priorities must address the opportunities and needs of an aging population.

In recent years, more seniors are in the workforce than ever before. They continue to support the nation’s economy, bring expertise and experience to the workforce, and pay taxes. These older workers are key contributors to the economic growth of the nation which helps support Medicare and Social Security programs. Overall, the nation’s economic growth is closely linked to the older population. Older adults are an active part of the economy’s growing workforce, playing a key role in the growth of the nation’s workforce and economy.

Promote the health, security, and well-being of older adults

Policy Priorities

- Ensure the health, security, and well-being of older adults
- Promote economic security by ensuring access to affordable health care and long-term care services
- Protect older adults from fraud, abuse, and neglect
- Support caregivers and family members who care for older adults
- Ensure older adults have access to safe and affordable housing
- Support older adults’ ability to live in their homes and communities
- Promote aging in place
- Support older adults’ ability to live independently and age gracefully
- Ensure older adults have access to quality education and training programs
- Support older adults’ ability to participate in the workforce
- Promote older adults’ ability to age gracefully and with dignity

A Foundation for the Future of Aging Services

The Older Americans Act was first signed into law in 1965 as part of President Lyndon B. Johnson’s “Great Society” initiative aimed at improving the lives of older Americans. The Act provides a range of services to older adults, including home-delivered meals, case management, and transportation services. The Older Americans Act is a critical component of the federal government’s efforts to support older Americans and ensure they have the resources they need to live independently and with dignity.

Recommendations for the Reauthorization of the Older Americans Act

The Older Americans Act authorization will expire at the end of FY 2019. A new Act has far-reaching implications for older adults and caregivers. The reauthorization of the Older Americans Act is critical to ensuring that older Americans have access to the services they need to remain independent and active in their communities.

- Increase funding for the Older Americans Act to support services for older adults
- Expand the range of services offered by the Older Americans Act
- Improve access to services for older adults
- Support the development of innovative approaches to aging services
- Ensure that older adults have access to affordable health care
- Support older adults’ ability to age gracefully and with dignity

National Association of Area Agencies on Aging

n4a.org
All n4a Cares About

Political Realities, Opportunities

Policy Priorities

Promote the health, security and well-being of older adults
Strengthen the aging services and supports that make it possible for older adults to age well and safely at home and in the community.

Reauthorize the Older Americans Act
Timeline of Major Amendments

1965

1972 – Nutrition program

1978 – Home-delivered meals authorized and ombudsman services required

1973 – AAAs created; multipurpose senior centers and community service employment authorized

2000 – National family caregiver support program

1992 – Elder rights recognized

2006 – HCBS systems thru ADRCs; evidence-based health promotion services

2016 – Small changes to definitions, specific authorization levels

Present (Preparing for 2019 OAA Reauthorization)
Typical (Theoretical) Process

✓ Advocacy groups develop recommendations
✓ Committee of jurisdiction staff (Senate HELP Committee, House Education and Labor Committee) start exploring the Act, the issues, thinking about Member interest and timing
✓ Administration proposal?
✓ Champions begin honing in on issue(s) to take up, working with groups
✓ Hearings or roundtables
✓ Bill development (many ways to occur)
  • Markup, committee approval
  • Advocacy needed to keep bill moving, get it to the floor
Summer 2018 Survey of n4a Members

Topics included:
- Barriers? Opportunities?
- Rising Demand
- Eligibility
- Flexibility
- Transfer Authority
- Targeting
- Cost-Sharing
- Data Collection & Technology
- Private Pay
- ADRCs

If you're a AAA or Title VI director, and your agency is a member of n4a, don't forget to fill out our Older Americans Act Reauthorization Survey by August 10.
We want your input on n4a's reauthorization priorities!

Go to www.n4a.org/OAAsurvey no later than August 10.
n4a Recommendations

Meet Consumers Where They Are: Protect Local Decision-Making and Flexibility ✓

- Maintain commitment to local planning and development ✓
- Area plans should inform state plan development
- Raise the cap for Title III E grandfamilies ✓

Meet Growing Needs by Increasing Investments

- GROW THE ACT (authorization levels) ?
  - Restore capacity (at the very least)
  - Index to population and inflation (better option)
  - Double the Act over five years (best option)
n4a Recommendations

Foster Innovations in Service Delivery
• Create a research, demonstration, innovation and evaluation center at AoA ✓
• Title VI: expand to wider range of supportive services; create new training, prof. development and TA ✓?
• Address high-need populations ✓
• Nothing prevents AAAs from HC contracts, private pay ✓

Ease Administrative Barriers to Increase Access to Services
• Find a better way to do transfer authority within Title III C to increase flexibility and reduce barriers ✓
• States should develop cost-sharing policy
Leadership Council of Aging Organizations (LCAO)

Consensus Recommendations for the
2019 Older Americans Act Reauthorization

Introduction

The Older Americans Act (OAA) is the major federal discretionary funding source for home and community-based services for older adults. Programs supported through the OAA include home-delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older adults, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and advocacy in long-term care facilities.

In addition, OAA funds resource centers that support the work of the Aging Network by addressing a variety of needs, including access to benefits, elder justice, multigenerational service and volunteering, legal services, financial literacy, long-term care ombudsman training, and targeted services to minority and special populations in need.

LCAO Priorities

• Need for higher authorization levels
• Research and Development, Title IV
• Ombudsman & Elder Justice
• Caregiving
• Targeted populations
• Nutrition & Supportive Services
• Local Flexibility
• Workforce, SCSEP

Top 10 recommendations include 6 from n4a’s priority list
Trump Administration Recommendations

- Eliminate the cap on Title III E NFCSP funding for
grandfamilies/kinship caregivers (now at 10% of total III E
  federal and state funding) ✔

- Increase small state admin. minimum to 750k from 500k (for
  when 5% is less than this amount)

- Eliminate the Right of First Refusal for local governmental
  entities when a new AAA needs to be designated, or a new PSA
  created
Senate Draft Bill

- Bipartisan, so nobody got all they wanted
- Lots of reports for AoA to do!
- No new programs
- Hesitant to add new definitions
- Modernizing, but also queuing up the next reauthorization
- No authorized funding levels yet, nor solution to “hold harmless”
- Mostly driven by ideas from the Aging Network, Senate champions; a few from those who just showed up for reauthorization
Senator Draft Bill

Caregiving
- Encourages caregiver assessment (not mandatory), best practices, AoA technical assistance, report to Congress
- Report on social isolation and how Network addresses it
- Lifts cap on III E grandfamilies funding
- Extends RAISE for 5 more years

Nutrition
- States encouraged to be more flexible on C to C transfer
- Adds nutrition service provider definition
- Study on unmet need for nutrition programs
Senate Draft Bill

- Attempt to help on business arrangements
- Title IV evaluation & demonstrations
- Age-friendly efforts (turns federal coordinating body on aging into one on “healthy aging and age-friendly communities”)
- Cross-federal study on home modifications
- Updates language on multi-generational demos
- GAO Report on cost-sharing and voluntary contributions
NOT in the Senate Draft Bill

• Right of first refusal!
• Title VI provisions (yet?)
• Title V changes
• Changes to eligibility age/requirements or targeting language (e.g., early-onset Alzheimer’s, LGBT)
• References to advanced illness, dementia
• Home care ombudsman (just a best practice report update)
Where Are We Now?

- **Senate:** Released draft bill June 5, *STUCK ON FUNDING FORMULA*
- **House:** Working on draft bill—to be released in late August?
- **n4a Now:**
  - Meetings with key offices, responding to language, cleaning up as much as we can
  - Working through legislative language with House leaders
  - Developed materials for grassroots, especially member education ([n4a.org/oaa](n4a.org/oaa))
What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your PSA’s delegation **knows how the OAA helps his/her constituents**, your community, and federal taxpayers.

- **NOW!:** Use our OAA toolkit, use sample alert to **activate your grassroots**, reach out to media, etc.

- **KEEP IT UP:** This could be done by September, or it could stall out, so stay flexible.

www.n4a.org/oaa
Invest in Cost-Effective Aging at Home and in the Community

Federal Budget: Stop the erosion of vital human needs programs from undermining the health and wellness of older adults by securing a bipartisan budget agreement for FY 2020 and FY 2021. Any agreement must prevent sequester-level cuts and share relief equally between the non-defense and defense discretionary categories.

FY 2020 Appropriations: Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities.
Federal Budgeting 101 (in theory)

- President’s Budget (blueprint, mixes spending and proposals)
- Congressional Budget Resolution (no force of law, big picture)
- Congress: Appropriations process, 12 subcommittees produce 12 spending bills
- Appropriations passed signed into law
- For mandatory programs (e.g., Social Security, Medicare), changes to the authorizing statute must occur outside of the appropriations process

Reality? First budget often gets ignored, second one often skipped, action is in the appropriations bills
Trump Administration Budget FY 2020

- Deep cuts to Non-Defense Discretionary (domestic) programs overall (5% cut from FY 2019 overall)
- 12% cut to HHS overall; 17% cut to housing
- “Flat” funds most core OAA programs, but cuts III E/VI C caregiver programs, ombudsman, Title V SCSEP
- Other cuts at ACL to SHIP, evidence-based health programs, Alzheimer’s programs, elder rights, ADRCs
- Cuts/eliminates critical domestic programs serving older adults (SSBG, CDBG, CSBG, LIHEAP, Housing)
- Guts Medicaid with block grants/per capita cap (states will limit HCBS)
- Cuts to Medicare
Most of the Federal Budget = Social Security and Major Health Programs (Mandatory Spending)

Components of Federal Spending, Fiscal Year 2019

- Interest: 9%
- Discretionary: 30%
- Mandatory: 61%

Source: Congressional Budget Office
Non-Defense Discretionary Spending, FY 2017

- Diplomacy and international affairs: 8%
- Law enforcement and governance: 12%
- Science, environment, and energy: 12%
- Economic Security: 13%
- Health care and health research: 21%
- Transportation and economic development: 19%
- Education and training: 15%

Source: CBPP calculations using Office of Management and Budget data

National Association of Area Agencies on Aging
Federal Budget Snapshot

In FY 2019...

- Total Federal Spending = $4.4 Trillion

- Total Non-Defense Discretionary Spending = $597 Billion (~15 percent)

- Total Older Americans Act Spending = $2 Billion

- Total OAA Spending as percentage of Federal Budget = <.05 percent
Budget & FY 2020 Appropriations

• **President’s Budget** (March; DOA)
  - Congress started the *appropriations process* late due to shutdown
    - House Labor/HHS bill had great wins!
    - Senate to come in September

• **Budget caps deal necessary in FY 2020**
  - Budget Control Act of 2011
  - Last budget deal lifted the caps for FY 2018 and FY 2019
  - House passed deal to lift caps on July 24; Senate considering this week
Despite Several Budget Agreements to Avoid Deep Cuts...

Non-Defense Discretionary Funding Cut by $400 Billion From 2011 to 2017

In billions of 2019 dollars
2019 Bipartisan Budget Agreement

- Lifts both Non-Defense and Defense spending caps
  - NDD = +$34 billion to $626.5 billion
  - Includes funding for 2020 Census
  - $77 billion in spending offsets

- Suspends the Federal Debt Ceiling through Summer 2021

- Does not include other policy changes
Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2020, and for other purposes.
### Table 1

**Discretionary Funding – Appropriations or “Budget Authority”**

Amounts subject to the BCA caps, in billions of dollars

<table>
<thead>
<tr>
<th></th>
<th>2019 levels</th>
<th>2020 levels</th>
<th>2020 Caps vs. 2019 levels</th>
<th>House plan vs:</th>
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<tr>
<td></td>
<td></td>
<td>BCA caps</td>
<td>House allocations</td>
<td>2019 levels</td>
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<tr>
<td>Defense</td>
<td>647</td>
<td>576</td>
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<td>-71</td>
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<td>Non-Defense (NDD)</td>
<td>597</td>
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<td>631</td>
<td>-54</td>
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Note: The figures in this table exclude allocation adjustments and scorekeeping adjustments that are outside the BCA's caps; see Table 2 and Appendix Table 1 for NDD figures that include them. May not add due to rounding.
House Labor/HHS Highlights

- **III B Supportive Services** by $37 million (~10 percent) to **$422 million**
- **III C1 Congregate Meals** by $29.6 million (6 percent) to **$525 million**
- **III C2 Home-Delivered Meals** by $53.6 million (21 percent) to **$305 million**
- **III E Family Caregiver Support** by $19 million (10 percent) to **$200 million**
- **Title VI** Parts A and C by 11 percent
- **SHIPs** by $5.9 mil to **$55 million**
What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your PSA’s delegation *knows how the federal discretionary funding you receive helps his/her constituents*, your community, and federal taxpayers.

- **NOW!:** Use n4a’s advocacy resources and templates to activate your networks to *push the Senate to match the House levels*!

- **KEEP IT UP:** Depending on the budget deal, we could be looking at a long fall of CRs.

www.n4a.org/approps2020
Improve Health by Addressing the Social Determinants

Recognize and protect the pivotal role that the Aging Network plays in addressing the social determinants of health and bridging the gap between the acute care, behavioral health and long-term services and supports systems to improve health outcomes and reduce health care costs.
Legislation and Regulation
Medicaid and Medicare Policy Updates

Medicaid
• Money Follows the Person and Spousal Impoverishment Protections—House and Senate Action
• Administrative approval and implementation of Medicaid cuts and work requirements

Medicare
• CHRONIC Care Act implementation and Medicare Advantage Call Letter
  – Implemented access to Special Supplemental Benefits for the Chronically Ill (SSCBI) opening door for wider coverage of meals, transpo, social services
  – Clarified that MA plans can work with ACL-funded programs
  – Potential new funding stream but we’re not the only ones chomping at the bit!
• MIPPA: Provide outreach to low-income Medicare beneficiaries to increase enrollment in Medicare low-income assistance programs
A Network on the Move

- In 2017 survey, 63% of AAAs involved in integrated care and 45% had a care transitions program
- In a 2018 survey, 44% of AAAs reporting had a contract with a health care entity (e.g., MCO, health system, provider)
- Services offered:
  - Care coordination, case management
  - Home and community-based services
  - Caregiver support
  - Evidence-based health programs
What You Need to Do Now

• **ALWAYS (and again):** Make sure every member of Congress in your PSA’s delegation knows about your integrated care work as the cost-saving, health-boosting interventions they are

• **NOW!:** Continue to push for MFP and spousal protections by calling your Senators

• **KEEP IT UP:** Stand by for additional advocacy on MFP and MIPPA
Important Issues on the Policy Horizon
Other Issues n4a Is Watching

Legislative Action

- Elder Justice
- Lifespan Respite Care Reauthorization
- Geriatrics Workforce Enhancement Program (GWEP)
- Caregiver Corps

Regulatory Issues

- Changes to Poverty Threshold Measures
- SNAP Administrative Restrictions
- Changes to Immigration Policies affecting seniors and caregivers
SAVE THE DATES!

☑️ March 17–18, 2020
☑️ April 27–28, 2021
☑️ March 29–30, 2022
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