



advocacy | action | answers on aging

**National Association of
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December 3, 2020

The Honorable Mitch McConnell, Majority Leader
The Honorable Charles Schumer, Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi, Speaker
The Honorable Kevin McCarthy, Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi and Leader McCarthy:

On behalf of the country's 622 Area Agencies on Aging (AAAs) and the more than 250 Title VI Native American aging programs, which the National Association of Area Agencies on Aging (n4a) represents, we urge congressional action on several critical health and aging policy priorities before the end of the 116th Congress. The mission of AAAs and other Aging Network organizations is to maximize the health, safety, and independence of older adults so they can live at home and in the community as they age. To that end, AAAs develop, coordinate and provide a broad range of supportive services that include, but are not limited to, information and assistance, congregate and home-delivered meals, transportation, in-home services and caregiver support.

During the many months of this health and economic emergency, **AAAs, Title VI Native American aging programs and other vital Aging Network partners have selflessly served on the front lines responding to the COVID-19 pandemic by meeting the needs of older adults who face significantly increased risks from the virus.** Relying on more than 55 years of experience in providing support to enable older Americans to stay safe and healthy in their homes, this nationwide network has efficiently and effectively responded to our new national reality and accommodated the dramatically growing needs for aging services by deploying rapid-response innovations to address pandemic-related challenges.

However, AAAs, Title VI aging programs and thousands of their community-based Aging Network partners across the country cannot continue to meet the growing needs for services in this worsening pandemic without federal support and investment. **Before the end of 2020, it is imperative that congressional leaders in both chambers and both parties coalesce on key aging and health care funding and priorities** to ensure that older Americans and

their caregivers are receive the ongoing, necessary home and community-based services to endure the prolonged national coronavirus crisis. Relief is urgently needed. As such, we hope that lawmakers will leverage the remaining legislative days to approve:

- **A fourth comprehensive round of COVID-19 relief legislation that addresses the diverse needs of older Americans and their caregivers** and that includes robust funding for Older Americans Act programs.
- **Full year FY 2021 federal funding that prioritizes funding levels for Older Americans Act and other vital aging programs** included in the House-passed FY 2021 appropriations bill for the Departments of Labor, Health and Human Services, Education and Related Agencies.
- **Long-term authorization of, and funding for, important Medicare and Medicare health extenders programs** including the Medicaid Money Follows the Person (MFP) program, Spousal Impoverishment Protections, and Outreach and Enrollment Assistance for Low-Income Medicare Beneficiaries (MIPPA).

Congress Must Incorporate Aging Policy Priorities into Urgently Needed Coronavirus Relief Legislation

For the duration of this health and economic emergency, AAAs, Title VI Native American aging programs and other vital Aging Network organizations have selflessly served on the front lines of the COVID-19 pandemic by meeting the needs of older adults who face significantly increased risks from the virus. Congress' initial action to support older adults' safety and independence via emergency funding enabled the Aging Network to respond to rapidly increasing and evolving needs. Robust funding and added flexibility for Older Americans Act (OAA) nutrition services included in the Families First and CARES Acts and for OAA supportive services, family caregiver supports, and ombudsman and elder justice activities included in the CARES Act was an essential factor fueling the Network's expediency in the early days of the pandemic. ***Unfortunately, that vital funding is depleted, but the increased needs of older Americans persist in this pandemic. As a result, we urgently entreat federal lawmakers to pass additional support for policies and programs that enable older adults to remain safely in their homes and to avoid especially risky medical and institutional care settings.***

Addressing and alleviating suffering among our nation's most vulnerable populations must trump partisan posturing. Fortunately, providing additional emergency funding for Older Americans Act and other vital aging programs *has both bipartisan and bicameral support among Senate and House lawmakers*, and we urge congressional leaders to implement these funding recommendations [promoted by multiple national aging advocacy organizations](#) and included in these broadly supported Dear Colleague letters. ***Specially, the House-passed HEROES 2.0 bill included \$925 million in vital funding for OAA programs funding that has bipartisan and bicameral support, and we implore lawmakers to—at a minimum—include this funding in a desperately needed year-end COVID-19 relief package:***

- \$200 million for Older Americans Act Title III B Supportive Services;
- \$480 million in flexible Title III C1 and C2 Nutrition Services;
- \$20 million for Title VI Native American Aging Programs Part A;
- \$150 million for Title III E National Family Caregiver Support Program;
- \$44 million for Title III D Evidence-Based Health Promotion and Disease Prevention;
- \$6 million for Aging Network support activities to develop targeted outreach strategies to reach particularly at-risk populations; and
- \$20 million for Title VII elder rights protection activities.

Additionally, we urge lawmakers to include aging and health care policy requests that were outlined in n4a's multiple letters to Congress ([September](#), [May](#) and [March](#)) and have support from dozens of other national advocacy organizations. These requests include, but are not limited to:

- ***Implement funding increases and policy changes for Medicaid and Medicaid home and community-based services (HCBS) waiver programs to ensure that state Medicaid officials and HCBS service providers can sustain and increase HCBS options during the enduring pandemic.*** Eighty percent of AAAs partner with Medicaid, including a majority that are involved in delivering Medicaid home and community-based services (HCBS) waiver programs. HCBS options are essential to ensuring that, nationally, a majority of older adults and people with disabilities who require an institutional level of care can remain in their homes and communities. The coronavirus pandemic has starkly established the importance of ensuring that these populations have safer at-home services options, but without additional federal support these waiver programs are likely to be cut first by states facing dire budget realities. *We urge lawmakers to adopt the House-passed 14 percentage-point bump in the federal Medicaid allocation and 10 percentage-point increase for Medicaid HCBS waiver programs to ensure that the health and economic crises related to COVID-19 do not force states to choose between the health of their populations and other essential investments in state services.*
- ***Provide ongoing financial relief to states, communities and other essential safety net systems that have been especially hard hit from the economic fallout of the coronavirus pandemic to ensure that these systems—and the aging programs they support—are not subject to future devastating funding cuts.*** With stay-at-home orders shuttering businesses and concerns about health leading to wide-spread layoffs, state tax revenues have tumbled while state unemployment insurance and health care costs are skyrocketing. Consequently, we support the state, local and tribal government funding included in the HEROES Act and urge Congress to incorporate important state and local government funds to ease budget shortfalls that will hit vulnerable populations, including older Americans, particularly hard. Additionally, we urge lawmakers to include additional emergency funding for vital federal block grant programs, including the Social Services Block Grant (SSBG), and life-sustaining food assistance through the Supplemental Nutrition Assistance Program (SNAP). Enacting these investments will bolster the ability of our nation to mitigate the devastating economic and health effects of the coronavirus pandemic.

Lawmakers Should Pass Full-Year FY 2020 Funding Proposals That Support Older Americans and Caregivers

In addition to adopting critical coronavirus relief legislation, we urge lawmakers to adopt full-year funding proposals by the December 11 deadline that support Older Americans Act programs—and the millions of older adults and caregivers served by them—that reflect, at a minimum, the funding levels authorized in the March-passed Older Americans Act reauthorization, the Supporting Older Americans Act of 2020, P.L. 116-131, and reflected in [n4a's March 2020 letter to Senate and House Appropriators](#).

The funding priorities that we encourage lawmakers to incorporate into a must-pass year-end funding bill include investing in OAA and other aging programs at levels that more adequately

address national needs and the growing population. **In light of the pandemic, it is essential that lawmakers prioritize funding increases to vital wrap-around supportive and caregiver services within the Older Americans Act including funding and support, at a minimum, funding for:**

- Title III B Home and Community-Based Supportive Services at \$436.8 million;
- Title III D Evidence-Based Health Promotion and Disease Prevention Programs at \$28.1 million;
- Title III E National Family Caregiver Support Program at \$205.5 million; and
- Title VI Grants for Native American Aging Programs at \$39.2 million for Part A nutrition services and \$11.4 million for Part C caregiver supports.

In a long-term FY 2021 funding bill, we also urge lawmakers to:

- increase funding for the State Health Insurance Assistance Program (SHIP) and reject cuts to important SHIP support for Medicare beneficiaries to ensure that funding levels for SHIP programs adequately reflect and serve the need for these critical and cost-saving services; and
- extend funding for the National Community Care Corps at the Administration for Community Living based on its FY 2019 level and the ongoing efforts to fund innovative models for using volunteers to perform non-medical tasks that will reduce caregiver burden; and

Medicaid and Medicare Extenders Are Essential to Protecting Older Adults and Caregivers During and Beyond Our Current Crisis

Several other programs are also set to expire in December that are critical to supporting access to home and community-based supports for older Americans, and n4a urges lawmakers to ensure that a year-end, funding-and-health-care package includes long-term reauthorizations of the Medicaid Money Follows the Person (MFP) program, Medicaid HCBS Spousal Impoverishment Protections, and outreach and enrollment assistance for the low-income Medicare programs.

During the past several years there have been seven short-term reauthorizations of the Money Follows the Person program—a stop-gap funding strategy that has severely destabilized a program that has helped over 105,000 older Americans and people with disabilities transition out of institutions and into the community. As the longest-running effort to support people transitioning from a nursing home back to the community, the MFP program has bipartisan support and requires long-term or permanent reauthorization. Especially considering how dangerous institutional care has been for institutionalized populations, it is essential that lawmakers ensure stability for the program that allows states to properly plan and implement community transitions from institutional care.

Additionally, Medicaid’s “spousal impoverishment protections” make it possible for an individual who needs a nursing home level of care to qualify for Medicaid while allowing their spouse to retain a modest amount of income and resources. Since 1988, federal Medicaid law has required states to apply these protections to spouses of individuals receiving institutional long-term services and supports (LTSS). This has helped ensure that the spouse who is not receiving LTSS can continue to pay for rent, food, and medication while the other spouse receives their needed care in a facility. Congress extended this protection to eligibility for HCBS in all states beginning in 2014, so that married couples have the same financial protections whether care is provided in a facility or in the community, and we urge Congress to ensure long-term continuation of this program before the 116th Congress adjourns.

Additionally, Congress must extend funding for trusted CBOs that provide Medicare outreach and enrollment activities to assist low-income Medicare eligible beneficiaries in accessing benefits for which they are eligible (i.e., the LIS/Extra Help and Medicare Savings Programs). These bipartisan and longstanding Medicare education and enrollment activities enable AAAs, SHIPs and Aging and Disability Resource Centers (ADRCs) to work directly with beneficiaries to ensure that low-income older adults are provided with the information and support they need to make well-informed and cost-effective choices about their Medicare coverage. Originally funded for three years through the 2008 Medicare Improvements for Patients and Providers Act (MIPPA), funding for these activities expires on December 11, and n4a calls on Congress to include a MIPPA extension in forthcoming health care extenders legislation, including increases specifically for SHIPs, AAAs and ADRCs to conduct this essential work.

We are at a critical juncture as a nation. Without further federal legislative leadership and action to advance additional supports to vital community-based aging and health care programs, older adults and their caregivers will endure unnecessary, preventable suffering spurred by an unforeseen pandemic but exacerbated by political stalemate. ***The time to act is now. We implore lawmakers to prioritize older Americans by passing meaningful, substantial coronavirus relief legislation and long-term funding for vital aging and health care programs.*** Should you have any questions, please feel free to contact me or n4a's policy staff at 202.872.0888.

Sincerely,



Sandy Markwood
Chief Executive Officer

cc:
Members of the United States Senate
Members of the United States House of Representatives