



advocacy | action | answers on aging

**National Association of  
Area Agencies on Aging**

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March 6, 2020

The Honorable Roy Blunt, Chair  
The Honorable Patty Murray, Ranking Member  
Senate Appropriations Subcommittee on Labor/HHS/Education  
Washington, DC 20510

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

Dear Chairman Blunt, Ranking Member Murray, Chairwoman  
DeLauro and Ranking Member Cole:

As your Subcommittees consider the FY 2021 Labor/HHS/Education appropriations in the coming months, the National Association of Area Agencies on Aging (n4a), which represents the country's 622 Area Agencies on Aging (AAAs) and the more than 250 Title VI Native American aging programs, urges you to prioritize Older Americans Act (OAA) and other aging programs that help American seniors get the support they need to age successfully at home and in their communities.

The choices you make about where to direct limited federal resources will determine whether we, as a country, enable a growing population of older adults and caregivers to age with health and independence in their homes and communities where they want to be. If we don't sustain and enhance the current network of home and community-based services (HCBS), we will drive older adults into much more expensive medical care and long-term care services paid for by Medicare and Medicaid.

Supporting aging programs is now more important than ever. We are immersed in an unprecedented and long-term shift in our country's age demographics, as the maturing of America's baby boomer generation greatly increases the numbers of older adults. By 2030, 73 million—or one in five—people in America will be 65 or older.

Preparing for our demographic destiny requires solutions that leverage our existing national assets and infrastructure to serve an aging

population with investments that promote access to vital community-based services. n4a believes the following recommendations reflect that urgent charge.

As you consider funding levels for FY 2021, we urge you to:

- **Implement the funding recommendations included in the Supporting Older Americans Act of 2020, H.R. 4334**, to invest in critical OAA services and supports at a level that more adequately address national needs and the growing population.
- **Prioritize funding increases to vital wrap-around supportive and caregiver services within the Act.** As the population of older adults and caregivers continues to grow rapidly, we urge Congress to, in particular, support increases for:
  - **Title III B Home and Community-Based Supportive Services**
  - **Title III D Evidence-Based Health Promotion and Disease Prevention Programs**
  - **Title III E National Family Caregiver Support Program**
  - **Title VI Grants for Native American Aging Programs**
- **Increase funding for the State Health Insurance Assistance Program (SHIP)** and reject cuts to important SHIP support for Medicare beneficiaries. Ensure that funding levels for SHIP programs adequately reflect and serve the need for these critical and cost-saving services.
- 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.
- Invest in other critical programs and services that support community aging and the independence and health of older adults and caregivers.

## **Implement the Funding Recommendations Included in the Supporting Older Americans Act of 2020, H.R. 4334**

The OAA is the cornerstone of the nation's non-Medicaid home and community-based services (HCBS) system, providing older adults with much-needed supports, including in-home care, congregate and home-delivered meals, adult day care, information and referral assistance, case management, transportation, legal services and caregiver support/respice. The demand for these services is growing in every community as the older population continues to grow.

For years, OAA funding has not kept pace with inflation or the growing population eligible for services. This financial reality has made it increasingly difficult for the Aging Network to even maintain existing services, let alone meet escalating need and keep up with a growing population, which increases by thousands each day. In fact, stagnant or declining federal funding since 2010 has eroded the current capacity of the network to address the needs of older adults. It would require more than a 25 percent funding increase for OAA programs to simply restore the service capacity that has been lost since FY 2010.

Given the need to invest in critical aging services and despite the limited overall opportunity to support funding increases for federal discretionary programs, we hope that in FY 2021 lawmakers will heed the bipartisan and bicameral recommendations of their colleagues who recently proposed authorization increases for critical Older Americans Act programs in the Supporting Older Americans Act of 2020, H.R. 4334. As the population and support needs of older adults and caregivers continue to grow, so must investments in OAA programs and services. Authorizers have recently supported this necessity and we urge appropriators to follow suit by seizing the opportunity to prioritize investments in cost-effective programs that directly address the challenges of an aging nation.

*We encourage Congress to, at a minimum, meet the funding recommendations established in the recent Older Americans Act reauthorization (Supporting Older Americans Act of 2020, H.R. 4334) for all OAA programs and services.*

## **Prioritize Wrap-Around Supportive Services and Caregiver Support within OAA**

While the full scope of services and supports authorized through the Older Americans Act are vital to enabling more than eight million older adults age with dignity and independence in their homes and communities for as long as possible, investments in some titles of the Act have lagged behind the rate of increases for others. n4a remains committed to advocating that all subtitles of OAA require swift increases to meet the escalating demand. However, n4a's members, who administer these programs locally, see first-hand where the pressure points are as the numbers of older adults continue to grow.

*Therefore, we urge Congress to prioritize increased investments particularly for Title III B Supportive Services, Title III E National Family Caregiver Support Program, III D Evidence-Based Health Promotion and Disease Prevention and Title VI Native American Aging Programs.*

Perpetually overlooked despite being one of the most-valued sources of funding at the local program delivery level, **Title III B Supportive Services** provides states and local agencies with flexible funding to implement a wide range of needed supportive services to older Americans. Years of eroded funding has resulted in local agencies losing ground in their ability to provide critical III B supportive services, which include in-home services for frail and vulnerable older adults, senior transportation programs, information and referral/assistance services, case management, home modification and repair, chore services, and emergency/disaster response efforts.

Furthermore, inadequate funding for Title III B supportive services undermines the ability of AAAs to facilitate access to other core OAA programs, such as providing older adults with transportation to congregate meals sites. The flexibility of the OAA Title III B funding stream enables AAAs to meet the individual needs of older adults at the community level, and can delay or prevent more expensive nursing home care, which is often paid for by Medicaid.

*As the demand for and cost of providing services grows significantly each year along with the growth in the population of older adults, we call on Congress and the Administration to prioritize increasing funding for Title III B to, at a minimum, \$437 million, which reflects the amount authorized in H.R. 4334.*

**Title III D** of the OAA delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult's ability to live independently. Commonly used interventions address the risk of falls, managing chronic diseases, mental health and medication management.

*At less than \$25 million, appropriations for Title III D are woefully inadequate and should be increased significantly in FY 2021—at minimum, a 13 percent increase to reflect authorizers' recent recommendation in H.R. 4334.*

The **National Family Caregiver Support Program** (NFCSP) funds programs offered at the community level through AAAs and their partners that assist family members caring for older loved ones who are ill or who have disabilities. The NFCSP offers a range of in-demand supports to family caregivers in every community. These unpaid family caregivers annually provide more than \$470 billion in uncompensated care—an amount that rivals the entire federal Medicaid budget. Steady and sustained increases for modest federal programs that support the 34 million caregivers for people age 50 and older are essential to prevent billions in additional care costs to taxpayers if their loved ones are placed in a more expensive institutional setting.

*For FY 2021, we encourage Congress to increase funding for the National Family Caregiver Support Program to, at a minimum, \$206 million to reflect the amount included in H.R. 4334 and better support family caregivers who provide the lion's share of long-term care in this country.*

**Title VI Grants to Indians (Native American Aging Programs), Parts A (nutrition services) and C (caregivers)** are a primary authority for funding aging services in Indian Country, whose elders are the most economically disadvantaged in the nation. Furthermore, because the federal government has recently recognized new Tribal organizations and awarded Title VI aging program grants funding to them, current funding is insufficient to avoid anticipated cuts to all programs as funding is spread even more thin. We encourage lawmakers to build upon the trend of recent funding increases and ensure that Title VI appropriations levels reflect the current and future needs of American Indian elders.

*We encourage Congress to boost funding for Title VI Part A (nutrition services) and Part C (family caregiver support) in FY 2021 by at least 20 percent by funding Title VI Part A services at \$42 million and Part C at \$12.4 million.*

## **Expand Funding for the State Health Insurance Assistance Program (SHIP)**

n4a requests that Congress increase funding for SHIPs in FY 2021 to meet the ever-growing need for one-on-one, objective, assistance and counseling for Medicare beneficiaries. Administered by the U.S. Administration for Community Living (ACL), and leveraging the work of highly trained volunteers, SHIPs are essential to ensuring that older adults and people with disabilities can make informed decisions about their Medicare coverage and navigate the complicated and shifting landscape of Medicare choices. SHIP counseling assistance can save individual Medicare beneficiaries hundreds, or even thousands, of dollars every year. It's important to note that SHIPs help individuals with complicated situations who cannot be successfully assisted by 1.800.MEDICARE or [www.medicare.gov](http://www.medicare.gov).

*With 10,000 boomers becoming eligible for Medicare every day, n4a calls on Congress to increase SHIP funding to at least \$70 million to reflect the increasing number of clients and the growing complexity of Medicare.*

As noted above, n4a also supports restored funding to the **National Community Care Corps** at ACL, which is already underway thanks to FY 2019 funding. Extended funding will allow the exciting, ongoing efforts already started by ACL to continue, funding innovative models for using volunteers to reduce caregiver burden. The Corps volunteers would support the non-medical care needs of older adults and people of any age with a disability.

**In addition to these priorities, n4a supports funding for the following programs at FY 2020 levels or higher:**

- Chronic Disease and Falls Prevention Programs, ACL
- Elder Justice Initiative, ACL
- Social Services Block Grant, HHS
- Community Services Block Grant, HHS
- Low-Income Home Energy Assistance Program, HHS
- Community Development Block Grant, HUD
- Senior Corps, CNCS

Our final request falls under the Transportation-Housing subcommittee but is directly correlated to the ability of older adults to age at home and in the community. We support at least **\$5 million for the Federal Transit Administration's Technical Assistance and Standards Development Program**, which in part funds the **National Aging and Disability Transportation Center**, which provides technical assistance, education and support to the aging, disability and transit communities to increase the availability and accessibility of transportation options that address the mobility needs of older adults and people with disabilities.

We hope lawmakers Congress will continue to prioritize increases for cost-effective, common-sense investments in Older Americans Act and other critical aging programs in FY 2021. There

is significant fiscal ground to gain to ensure that these innovative, efficient programs that enable older Americans to live at home and in their communities for as long as possible are adequately funded to address the growing need.

Thank you for your consideration of our recommendations. Should you have any questions, please feel free to contact me or n4a's policy staff at 202.872.0888.

Sincerely,

A handwritten signature in black ink that reads "Sandy Markwood". The signature is written in a cursive, flowing style.

Sandy Markwood  
Chief Executive Officer

cc:

Chairman Richard Shelby, Senate Appropriations Committee  
Ranking Member Patrick Leahy, Senate Appropriations Committee  
Chairwoman Nita Lowey, House Appropriations Committee  
Ranking Member Kay Granger, House Appropriations Committee  
Members of the House and Senate Labor/HHS/Education Subcommittee