Invest in Cost-Effective Aging Services

Federal Budget: Stop the erosion of vital human needs programs from undermining the health and wellness of older adults.

As the 115th Congress begins consideration of FY 2019 federal funding, we acknowledge that there are hard choices ahead for our nation and its leaders. n4a encourages lawmakers and the Administration to have thoughtful conversations about strategies to restore and sustain investments in our nation's most effective federal programs while developing common-sense solutions to address the growing federal debt.

n4a strongly believes the federal budget process should be driven by the nation's foremost public policy goals, as well as by rational economic analysis. The budget-making process itself should be as free as possible from political gimmicks and allow for open public debate over national revenue and spending priorities.

That is why we strongly oppose the arbitrary budget caps and sequestration mechanisms called for in the 2011 Budget Control Act (BCA) and any attempts by lawmakers and/or the Administration to further erode funding below those arbitrary caps.

We encourage lawmakers to prioritize a long-term solution to eliminate the budget caps instead of engaging in continuing cycles of short-term budget agreements that cause harmful, repeated uncertainty in an already challenging annual budget and appropriations process.

The biennial threat of sequestration and capricious budgetary limits allow Congress to avoid making actual choices about which federal discretionary programs provide the greatest return on investment, reflect the current and future needs of our country, and leverage local dollars. The savings recouped from these cuts pale in comparison to the added costs of premature nursing home placement for seniors who find they can no longer stay in their homes and communities because of eroding funding for critical services and supports, including those provided by the Older Americans Act.

Furthermore, n4a believes that the original intent of the BCA—deficit reduction—unfairly burdened critical discretionary programs with the bulk of envisioned deficit reduction, while dismissing potential savings from revenues and largely ignoring mandatory federal spending. To date, the balance of recent deficit reduction has come almost solely from discretionary programs, which comprise only 35 percent of the federal budget (16 percent for non-defense discretionary alone)[8] and are not the driving force behind deficit spending.

This is not balanced or rational budgeting. As a result of these politically palatable but fiscally imprudent strategies, discretionary spending has fallen to historically low levels as a percentage of Gross Domestic Product.[9] And yet, Congress approved $1.5 trillion dollars in deficit *spending* to pass a massive tax cut package in 2017. We must reexamine our nation's investment priorities and approaches to deficits and the national debt, and consider only those that are the most sound and balanced.

Vital discretionary programs cannot withstand additional targeting. While we support the recent Bipartisan Budget Agreement to alleviate the threat of sequestration for FY 2018 and FY 2019, Congress must reexamine the BCA's budget cap and sequestration mechanism and soundly reject any future proposals to cut discretionary funding. Lawmakers should, instead, find a more fair and balanced approach to achieve real and meaningful deficit and debt reduction while maintaining a commitment to important discretionary investments.

In addition, the difficulty of appropriating within the BCA caps has led to further deterioration of the annual budget process, delaying finalization of spending bills until many months into the fiscal year. The series of short-term measures in the form of continuing resolutions (CRs) to keep the government open do not allow for reasonable planning or program stability at the state and local level. Given the fiscal uncertainty caused by the short-term nature of CRs, states often hold back federal funding from the local Area Agencies on Aging (AAAs). This creates hardships for local entities (AAAs and community providers alike) in terms of cash flow, program delivery and capacity—and ultimately negatively impacts services to older adults who most need them. Congress should complete the annual appropriations process in a more timely fashion, and eliminating the budget caps will help a great deal.

FY 2019 Appropriations: Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities.

Older Americans Act

Congress must make critical investments in OAA **by protecting these essential programs and continuing to restore the capacity lost to sequestration and years of funding erosion.** In FY 2018, Congress made tremendous strides at restoration, boosting most OAA programs, some significantly. As the population of older adults and caregivers continues to grow rapidly, the trajectory of these investments must continue.

Title III B Supportive Services provides states and local agencies with flexible funding to provide a wide range of needed supportive services to older Americans. Years of eroded funding has resulted in local agencies falling farther and farther behind 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 seniors with transportation to congregate meals sites. The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping near-low-income seniors from impoverishment and subsequent Medicaid eligibility.

The 10 percent increase for III B in the final FY 2018 omnibus is a landmark advancement and we thank Congress for wisely investing in OAA III B and restoring sequestration-era cuts. However, as the demand for and cost of providing services increases significantly each year as the population of older adults continues to grow, we must ask Congress to continue the growth in this investment.

We encourage Congress and the Administration to once again prioritize increases for III B in FY 2019 to better meet the increasing demand for these cost-effective home and community-based services that keep older adults out of more expensive nursing homes.

Title VI Native American aging programs are a primary authority for funding aging services in Indian Country, whose elders are the most economically disadvantaged in the nation. We encourage lawmakers to build on their FY 2018 recommendations and increase Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet escalating need. Fortunately, it does not require much additional funding to begin this process, given the small size of these programs, so ***we encourage Congress to boost funding for Title VI Part A (nutrition and supportive services) and Part C (family caregiver support) in FY 2019.***

The **National Family Caregiver Support Program** (NFCSP, Title III E) 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 supports to family caregivers that are in high demand in every community. Unpaid family caregivers annually provide over $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 more than 30 million caregivers 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 2019, we encourage Congress to build upon the $30 million restoration provided in FY 2018 for the National Family Caregiver Support Program in order to address years of funding cuts and erosion.

Other Appropriations Priorities

n4a ALSO BELIEVES the following appropriation actions for FY 2019 are critical to building and maintaining a comprehensive home and community-based services (HCBS) system that can meet the needs of the growing older adult population while preventing unnecessary medical expenditures and costly institutionalization.

State Health Insurance Assistance Programs (SHIPs)

n4a requests that Congress increase funding for SHIPs in FY 2019 to meet the ever-growing need for one-on-one assistance to and counseling of Medicare beneficiaries. Administered by the U.S. Administration for Community Living (ACL), and leveraging the work of highly trained volunteers, SHIPs play a critical role in ensuring that older adults and people with disabilities 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.

In FY 2017, the SHIP program received $47.1 million, a $5 million cut over FY 2016. In FY 2018,Congress wisely restored some of that cut with a final appropriation of $49.1 million. Unfortunately, the President's FY 2019 budget calls for the elimination of this effective program, citing duplication, despite the very nature of the effort, which is to help individuals with complicated situations that cannot be successfully addressed by 1.800.MEDICARE or www.medicare.gov.

With 10,000 boomers becoming eligible for Medicare every day, n4a calls on Congress to *increase* SHIP funding to at least $67 million to reflect the increasing number of clients and the growing complexity of Medicare.

Aging and Disability Resource Centers (ADRCs)

An initiative launched under the George W. Bush Administration, the ADRC effort began with the vision of facilitating and streamlining access to the most appropriate and cost-effective public and private long-term services and supports (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. n4a looks forward to working with lawmakers to find policy and funding solutions that would restore and augment federal investments by ACL to continue building ADRC "no-wrong-door" networks of access to LTSS information and assistance. At the very least, we support continued appropriations of $8.1 million.

Elder Justice Act

Financial exploitation and elder abuse cost taxpayers and victims over $35 billion each year.[10] The bipartisan Elder Justice Act (EJA), passed in 2010, was the first legislative accomplishment that would implement a comprehensive national strategy to address elder abuse, neglect and exploitation. (See also page 7 for more on elder abuse.) n4a appreciates that Congress increased funding to $12 million for this crucial work in FY 2018 and we support building on these increases for EJA implementation in FY 2019. We were disappointed that the Administration's FY 2019 budget proposed cuts to this vital and emerging effort to address the scourge of elder abuse.

National Aging and Disability Transportation Center

Transportation is one of the most pressing needs for older adults who are trying to remain at home and in the community, and yet it can be difficult to find reliable, accessible and affordable options to get to the doctor, the grocery store, religious services or social events—all of which are critical to staying healthy and independent. Appropriators should ensure that the FY 2019 Department of Transportation appropriations bill includes at least $5 million from the general fund for the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. Doing so will ensure that the National Aging and Disability Transportation Center (NADTC), a partnership between n4a and Easterseals funded through this FTA program, is able to provide technical assistance, education and outreach to the aging, disability and transit communities, in order to increase the transportation and mobility options for older adults and people with disabilities.

Chronic Disease Self-Management and Falls Prevention

Older Americans are disproportionately affected by chronic diseases, which account for more than three-quarters of all health expenditures and 95 percent of health care costs for older adults. Additionally, the nation is spending over $34 billion annually on direct medical costs resulting from elder falls, which is projected to increase to nearly $70 billion annually by 2020. We encourage Congress to provide to ACL at least $8 million for the Chronic Disease Self-Management Program (CDSMP) and at least $5 million for falls prevention activities. These evidence-based programs have proven savings of hundreds of dollars per participating Medicare beneficiary and need sustained, and ultimately increased, investment in order to effectively address growing rates of illness, injury and costs.

Gap-Filling Block Grants

Local agencies rely upon myriad funding streams to successfully implement aging programs, including several federal block grants that help serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. n4a opposes the President's recommendation to cut or eliminate the following essential sources of federal investment in healthy aging: Social Services Block Grant, Community Services Block Grant, Low-Income Home Energy Assistance Program, Community Development Block Grant, and Senior Corps.

National Aging and Disability Transportation Center photo contest winner
Senior Center & Mini Bus Transportation, Town of Suffield, CT