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 in the next two years or beyond its 2021 expiration date.

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

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. 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. And yet, Congress approved at least $1.5 trillion dollars (over 10 years) in deficit expansion to pass a massive tax cut package in 2017. Not coincidentally, the federal deficit now stands at its highest level since the 2008 recession, $779 billion in 2018, an increase of 17 percent over the prior year.

**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.
As the 116th Congress begins consideration of FY 2020 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. The budget-making process should be as free as possible from political gimmicks and allow for honest, transparent debate over national revenue and spending priorities. We specifically oppose shutdowns of the government, as they create unnecessary confusion, inefficiencies and the risk of harm to older adults.

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.

Older Americans Act (OAA)
Congress must make critical investments in OAA in FY 2020 by protecting these essential programs and continuing to restore the capacity lost to years of funding erosion and sequestration. In FY 2018, Congress made tremendous strides at restoration, boosting most OAA programs to better address the rapidly rising need. As the population of older adults and caregivers continues to grow rapidly, an upward trajectory of these investments must continue: FY 2019’s level funding for OAA is not what is needed for an aging nation. Congress is missing a tremendous opportunity to prioritize the most cost-effective programs that directly address the realities we face as the population of older adults continues to grow.

While all subtitles of OAA require swift increases to meet the escalating demand, n4a’s members—who administer these programs locally and therefore see first-hand where the pressure points are as the number of older adults continues to grow—urge Congress to prioritize the following OAA services.

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 provide 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 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 seniors from needing expensive nursing home care—which often leads to their impoverishment and subsequent Medicaid eligibility.

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 a 20 percent increase for III B in FY 2020.

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 and FY 2019 recommendations by increasing 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 2020 by at least 20 percent.

The National Family Caregiver Support Program (NFCSP, Title III E) funds programs offered locally through AAAs that assist older caregivers and family members caring for older adults. The NFCSP offers a range of in-demand supports to family caregivers in every community. 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 are needed for these modest federal programs that support the 34 million caregivers for people age 50 and older, preventing billions in additional care costs to taxpayers if their loved ones are placed in a more expensive institutional setting.

For FY 2020, we encourage Congress to increase funding for the National Family Caregiver Support Program by at least 10 percent to better support family caregivers who provide the lion’s share of long-term care in this country.

Other Appropriations Priorities

n4a also believes the following appropriation actions for FY 2020 are critical to build and sustain 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 2020 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.

SHIPs, which two-thirds of AAAs operate locally, help individuals whose complicated situations 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 $70 million to reflect the increasing number of clients and the growing complexity of Medicare.
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 extremely difficult for older adults 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 2020 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, to increase transportation and mobility options for older adults and people with disabilities.

Evidence-Based Prevention and Wellness

Proven tools in our nation’s efforts to improve health outcomes and reduce costs are community interventions that have been rigorously evaluated to ensure that they improve the health and well-being of or reduce disease, disability and/or injury among older adults.

Supporting existing—and developing new—evidence-based prevention and wellness programs for older adults is imperative, given the nation’s aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have more than one chronic condition. Costs, both in terms of health care dollars and disability rates, are staggering. For all ages, health care spending on chronic disease in 2016 is estimated to have passed the trillion-dollar mark. Among older adults, chronic conditions account for nearly 95 percent of health care expenditures and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Congress and the Administration should protect and expand evidence-based programs, specifically:
Older Americans Act III D: This subtitle 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. However, at less than $25 million, appropriations for III D are woefully inadequate and should be increased significantly in FY 2020.

Chronic Disease and Falls Programs:
n4a urges Congress to protect funding for the Chronic Disease Self-Management Program (CDSMP) and falls prevention efforts, administered through the Administration for Community Living but implemented locally. The Prevention and Public Health Fund (PPHF) currently provides the funding, $8 million and $5 million respectively, for these successful programs, and we urge Congress to continue and grow these activities and resources. We must invest in preventing the diseases and injuries that are a main driver of health care costs, and Congress should look beyond discretionary appropriations to find other ways to increase investment in these approaches.

Elder Justice
Financial exploitation and elder abuse cost taxpayers and those affected billions of dollars annually. 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, although only a small part of the Act has been funded. n4a urges Congress to increase the existing funding for the Elder Justice Initiative at the Administration for Community Living, which focuses on Adult Protective Services, as well as Title VII of the OAA, which works to prevent elder abuse and provides ombudsmen to residents of long-term care facilities.

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 supports at least sustained funding for the Social Services Block Grant ($1.7 billion in FY 2019), Community Services Block Grant ($725 million), Low-Income Home Energy Assistance Program ($3.69 billion), Community Development Block Grant ($3.3 billion) and Senior Corps ($208 million).