March 16, 2015

The Honorable Orrin Hatch, Chair, and the Honorable Ron Wyden, Ranking Member
Finance Committee
United States Senate
Washington, DC  20510

The Honorable Fred Upton, Chair, and the Honorable Frank Pallone, Ranking Member
Energy & Commerce Committee
United States House of Representatives
Washington, DC  20515

The Honorable Paul Ryan, Chair, and the Honorable Sander Levin, Ranking Member
Ways and Means Committee
United States House of Representatives
Washington, DC  20515

Dear Chairman Hatch, Ranking Member Wyden, Chairman Upton, Ranking Member Pallone, Chairman Ryan and Ranking Member Levin:

The National Association of Area Agencies on Aging (n4a), which represents the 635 Area Agencies on Aging (AAAs) and more than 250 Title VI Native American aging programs in the U.S., urge you to include as part of the health care extenders package that has historically been included in legislation addressing the Medicare Sustainable Growth Rate (SGR) two items of top priority to our members: continued funding for Medicare low-income outreach and enrollment activities and restored funding for Aging and Disability Resource Centers (ADRCs) to continue to build out this “no wrong door” network that helps consumers access long-term services and supports.

MIPPA Low-Income Outreach & Enrollment

Authorized by the Medicare Improvements for Patients and Providers Act (MIPPA), the low-income outreach and enrollment funding to continue to support Area Agencies on Aging (AAAs), State Health Insurance Assistance Programs (SHIPs), Aging and Disability Resource Centers (ADRCs) and the National Center on Benefits Outreach and Enrollment is needed to find and enroll Medicare beneficiaries in low-income assistance programs they are eligible for but not receiving.
Previous allocations for these critical low-income outreach and enrollment activities enabled state-agency partners and community-based organizations to: (1) assist about 1.6 million people with Medicare in need; (2) increase the number of Medicare beneficiaries enrolled in low-income Medicare Savings Programs (without other Medicaid) from 2.1 million in 2008 to 3 million in 2013; (3) target rural communities and other high-need populations to improve access to Medicare Part D prescription drug coverage; and (4) help improve information for consumers making complex choices among multiple Medicare health plans.

We support the continued funding of at least $25 million a year to maintain current levels of funding.

**Aging and Disability Resource Centers**

We ask you to also include at least $10 million annually in mandatory funding for ADRC activities as part of any extenders package in upcoming SGR legislation. The Aging and Disability Resource Center model has proven to be a valuable tool for consumers of all ages and disabilities. In this “No Wrong Door” model, ADRCs serve as a streamlined point of entry for consumers and caretakers seeking information and referral assistance about public and private options for long-term services and supports (LTSS). ADRCs play a critical role in aligning consumer needs for LTSS with long-term care options. At the local level, ADRCs are collaborations or networks of Area Agencies on Aging (AAAs) and their disability partners (such as Centers for Independent Living), building on the outreach and referral work each community already does so well to streamline access for consumers.

The ADRC concept and framework was developed by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) during the Bush Administration. Since then, ADRCs have proven their value and deserve a continued, stable funding source to expand the system nationwide. ADRC systems not only streamline access to LTSS, they also use taxpayer dollars more efficiently by diverting older adults and individuals with disabilities from the most costly forms of care including institutionalization and hospitalization. In the effort to rebalance long-term care funding in states across the country from expensive and often unwanted institutional care, ADRCs play a critical role to align home and community-based service options with the long-term care needs of millions of individuals each year.

Since 2003, the Administration for Community Living (ACL) and CMS have made targeted investments to expand ADRC services nationwide. In 2010, the Affordable Care Act (ACA) granted $10 million in annual mandatory funding for five years, and ACL has primarily used those dollars to support eight states’ efforts to expand their ADRC networks and also develop a best-practice ADRC framework for all states. However, mandatory investments made through the ACA expired at the end of FY 2014, and the ADRC network stands to lose two-thirds of its annual federal funding if these investments are not continued in early 2015.

The 113th Congress maintained $6 million in discretionary appropriations in FY 2015, but was unable to bridge the $10 million gap in mandatory funding with discretionary appropriations. If this gap in funding is not bridged through the SGR legislation, a decade of
improvements and advancements in building this national network will be undermined. The ADRC network stands to lose much more than current-year funding without the extension of mandatory support—over a decade of investment in and progress by over 500 ADRC sites across all 50 states will be undermined as well.

As another SGR deadline approaches, we urge you to continue MIPPA outreach and enrollment funding and add ADRC funding to any health care extenders legislation, as we believe both programs are vital to the health and well-being of millions of older adults and people with disabilities. Thank you for your consideration of these requests.

Sincerely,

Sandy Markwood
Chief Executive Officer