

# NCOA Public Policy Priorities for the 112<sup>th</sup> Congress (2011-2012)

## **TIER ONE PRIORITIES**

### **Reauthorize the Older Americans Act (OAA) with NCOA priorities**

The OAA delivers great value for dollars spent on services to keep seniors healthy, independent, and active in their communities, including: senior centers, nutrition, home and community services, family caregiver support, protection against abuse and neglect, older worker training and employment, transportation, civic engagement, and health promotion/disease prevention. OAA programs save tax dollars by reducing premature nursing home placement, averting malnutrition, controlling chronic health conditions, and engaging well older adults to help meet the needs of their vulnerable peers.

Reauthorization of the Older Americans Act in 2011 – the year the first of the baby boomers turns 65 - offers a prime opportunity to reshape and modernize aging services in this country in a manner that fuels economic growth, bends downward the long-term entitlements cost curve, enables seniors to provide solutions, and promotes greater program efficiency. We must take the time now to ensure that the diverse needs of our nation's growing population of older adults – particularly those who are disadvantaged – are addressed, from cost-effective investments that allow them to continue to work or serve their communities, to strategies that enable them to maintain or enhance their health, independence and economic security. NCOA urges Congress to reauthorize the Older Americans Act and include the following priorities:

- Promote Economic Security: Establish economic security as a primary goal of the Act, enhance measurement of economic need and interventions, and invest in testing and disseminating innovative strategies to enable older adults to attain economic security (including expanding access to coordinated benefits, debt management and credit counseling, and housing options).
- Empower and Protect Older Adults: Improve education and training in best practices for advocacy and consumer empowerment, integrate various existing advocacy provisions, support independence to promote systems and policy change, and enhance accountability at all levels.
- Enhance the Senior Community Service Employment Program (SCSEP): Promote flexibility in eligibility requirements and service options and test innovations such as sector strategies for job creation for older adults to address employment and training needs in the current economy. SCSEP is the nation's only jobs program specifically designed for seniors and has a long, successful history of job training and placement for those in need.
- Support Modern Senior Centers: Create new opportunities to modernize multipurpose senior centers to foster innovation, build leadership and capacity, and promote pathways for centers to shape and deliver aging services, including congregate and home-delivered meals.
- Advance Evidence-Based Healthy Aging Initiatives: Imbed the key principles, standards and lessons learned from AoA's Evidence-Based Disease and Disability Prevention Program in the core services of the OAA under Title IIID.
- Restructure Aging Services Research and Development: Create a robust aging services research and development authority in the Act to evaluate and improve measurement of current services and support development of evidence-based innovations.

### **Improve access to Older Americans Act programs**

The purchasing power of OAA funding has seriously eroded over the past decade due to the increasing cost of providing services and a rapidly growing number of older adults in need. The economic downturn has led to increased demand for assistance and cuts in public and private funding. Funding for OAA is a cost-effective investment; every \$1 provided to the Aging Services Network is leveraged by nearly \$3 in non-federal support. NCOA urges Congress provide at least the 12 percent increase in funding to restore purchasing power of the program needed to respond to the growing cost of and demand for OAA services. Improving access to these cost-effective programs will create jobs, bend the Medicare and Medicaid cost curves downward, and promote economic growth in communities across the nation.

### **Improve access to evidence-based chronic care interventions**

Evidence-based programs such as falls prevention, the Stanford Chronic Disease Self Management program (CDSMP), and depression care management provide great value because they have been proven to work through rigorous scientific evaluation and peer review, and have measurable results. Research shows that participation in these programs can save money and improve health outcomes by significantly delaying functional impairments, helping prevent secondary conditions, and reducing hospitalization and other health resource utilization.

The Affordable Care Act (ACA) provides opportunities to take proven pilots to scale and bend the cost curve by improving access to evidence-based programs that promote self-care and patient engagement, through senior centers and other community-based organizations and those available on-line, that target older adults with multiple chronic conditions. NCOA supports effective implementation of ACA that takes full advantage of opportunities to these programs, including but not limited to provisions on the Center for Medicare and Medicaid Innovation, the Annual Medicare Wellness Visit, the Care Transitions program, the Prevention and Public Health Fund, and Community Transformation Grants.

### **Protect and strengthen access to long-term services and supports**

Long-term services and supports are essential to community participation, health, and economic security of millions of individuals with disabilities, seniors, and families. The Affordable Care Act provides opportunities to significantly strengthen access to long-term services and supports through establishment of the Community Living Assistance Services and Supports (CLASS) program and improvements in Medicaid Home and Community-Based Services (HCBS). NCOA is working collaboratively to successfully implement these reforms, protect and target cost effective Medicaid HCBS during the economic downturn, and advance additional reforms. Specifically, NCOA supports:

- Effective implementation of long-term services and supports provisions in the Affordable Care Act (ACA) , including: CLASS program, Money Follows the Person, HCBS State Plan option improvements, Balancing Incentive Payments Program, and Community First Choice option;
- Continued efforts to target fiscal relief to states to prevent reductions in Medicaid HCBS, balance Medicaid long-term services and supports programs, reduce of waiting lists for Medicaid HCBS, and better address the needs of the pre-Medicaid population at risk for placement in an institution;
- Improvement in the OAA to enhance access to home and community services;
- Efforts to ensure adequate supply and compensation of the direct supports workforce; and

- Initiatives to assist family caregivers across the lifespan, including increased appropriations for caregiver programs, development of caregiver assessments, and refundable tax credits for caregivers of individuals with disabilities.

**Ensure that Efforts to Reduce the Deficit and Reform Social Security Protect Vulnerable, Low-Income Americans**

The priorities identified above do not include two distinct, key issues of great concern to older adults and Congress: **deficit reduction and improvements to strengthen Social Security.**

Reducing the federal budget deficit is important to our nation’s economic future and will require difficult choices and shared sacrifice. We need to strike a balance between increases in revenues and targeted spending cuts, but any changes must be carefully and progressively structured so that they do not harm economically disadvantaged seniors and younger Americans. Efforts to strengthen Social Security should focus on long-term solvency and ensuring the adequacy of benefits, particularly for lower income, vulnerable seniors. NCOA will develop principles for reform in these two critical areas and will amend future versions of this document to reflect these views.

**TIER TWO PRIORITIES**

**Strengthen low-income Medicare programs to ensure that vulnerable and disadvantaged beneficiaries are able to access their needed prescription drugs and other health care services.**

Enrolling eligible seniors in need-based benefits programs is critical to their health and independence. Unfortunately, participation rates for these programs are very low, due to lack of awareness, complicated application forms, and insufficient resources dedicated to outreach and enrollment. NCOA will work to make significant improvements to both the Medicare prescription drug low-income subsidy (LIS, or Extra Help) and Medicare Savings Programs (MSPs). The LIS provides financial assistance to beneficiaries in paying for their needed prescription drugs. MSPs assist beneficiaries in paying their Medicare premiums and cost sharing through the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualified Individual (QI) programs. People eligible for one of the MSPs are automatically enrolled in the LIS program, as well. NCOA supports:

- Raising asset eligibility levels for LIS and MSP benefits, so that low-income seniors who did the right thing in creating a modest nest egg of saving are not penalized;
- Simplifying and aligning the LIS and MSP programs so that if you are eligible for the LIS program you are automatically enrolled in the appropriate MSP program;
- Making permanent the QI program, which pays Medicare premiums for beneficiaries with incomes between 120 and 135 percent of poverty. The program is due to expire on December 31, 2011;
- Aligning criteria for available need-based benefit programs while supporting benefits counselors, to streamline outreach and enrollment efforts that will result in the maximization of resources and removal of existing barriers to participation; and
- Providing additional resources for community-based low-income outreach and enrollment efforts.

### **Enact legislation that assists older workers.**

The number of older workers remaining in the workplace was already expected to grow; 80% of baby boomers expect to work past traditional retirement age. With the current economic downturn, an increasing number of older Americans are contemplating delaying retirement or returning to the workforce, while others are facing the massive layoffs affecting younger generations. The unemployment rate of older workers continues to be at record levels. In general, NCOA supports legislation that places immediate focus on the re-employment and re-training needs of these older, dislocated workers, including economic stimulus investment in the Senior Community Service Employment Program (SCSEP). More specifically, we support:

- The *Health Care and Training for Older Workers Act*, which would extend COBRA health coverage for workers aged 62+ who phase down their work hours; improve access to job training by amending the Workforce Investment Act (WIA); require states to report on the participation of older workers in WIA activities; and establish a DoL clearinghouse of best practices for hiring and retaining older workers;
- The *Older Worker Opportunity Act*, which would create a tax credit for employers who employ workers aged 62+ in flexible work programs.
- The *Incentives for Older Workers Act*, which would prohibit a defined benefit pension reduction due to phased retirement; allow delayed retirement Social Security credits until age 72; reduce the Social Security benefit offset from certain earnings; create a National Resource Center on Aging and the Workforce; expand eligibility of the Work Opportunity Tax Credit (WOTC) to include older workers; and clarify the Normal Retirement Age.
- The *Older Americans' Job Opportunities Blueprint Act*, which amends the Work Opportunity Tax Credit to include older workers and extend this credit and provides for the creation of a National Resource Center on Aging and the Workforce.

### **Increase funding for efforts to prevent and reduce senior falls.**

The nation's increased focus on prevention must also include injury prevention. Falls are the leading cause of injury-related deaths among seniors, accounting for more than 2.1 million emergency room visits, and over 500,000 hospitalizations in 2008. The total direct medical cost of senior falls is currently \$19 billion; by 2020, the annual direct and indirect cost is expected to reach \$54.9 billion. NCOA supports funding of \$20.7 million within the Centers for Disease Control for falls prevention activities implemented by the National Center for Injury Prevention and Control.

### **Modernize the Supplemental Security Income (SSI) program**

The SSI resource limit has not been updated to reflect inflation in over 20 years. SSI income disregards have not been adjusted since the program was enacted in 1972. It is unconscionable that these thresholds have not been updated. NCOA supports adjusting these levels for low-income Americans in need.

### **Improve the availability and quality of mental health preventive and treatment services to older adults and their families**

Approximately 20% of adults age 55 and over experience specific mental and cognitive disorders which are not part of the "normal" aging process. The need and demand for mental health and substance abuse services is expected to increase due to the growing older population and the increased acceptance and utilization of mental health services by aging baby boomers. However, two-thirds of older adults with a mental disorder do not receive needed services. Tragically, older

adults have the highest suicide rate of any age group, with persons 85 years of age and older having a rate almost double and older white men having a rate almost six times the suicide rate of the general population. NCOA supports the following:

- Awarding competitive Older Adult Mental Health Targeted Capacity Expansion grants through SAMHSA to assist communities with successful outreach and engagement in prevention and treatment. Coordination of this program with the Administration on Aging Healthy Aging Initiatives.
- Access to appropriate prevention and treatment services within implementation of provisions in the Affordable Care Act, including depression screening in the Annual Medicare Wellness Visit and the inclusion of depression care management in Medicare care coordination and other demonstrations, in Medicaid and HCBS provisions.
- Access to an affordable and comprehensive range of quality mental health and substance abuse services, including: outreach, home and community based services, prevention, and intervention, coordinated with acute and long-term services and supports through services supported by the Affordable Care Act, Public Health Services Act and the Older Americans Act and collaborative leadership by AoA and SAMHSA.

### **TIER THREE PRIORITIES**

#### **Improve senior transportation services**

New funds are needed to address the estimated \$1 billion per year in unmet transportation needs that exists for seniors – a level of need that will only increase over the next five years. NCOA is a member of the Senior Transportation Task Force and has endorsed their priorities for the reauthorization of SAFETEA-LU, which are included in the Senior Transportation and Mobility Improvement Act:

- Increasing funding for the Federal Transit Administration Section 5310 program to \$200 million by FY2014, expand access to funding for operating assistance, and improve the availability of program information;
- Providing incentives and support for coordination of transit and other human services programs by increasing accountability, transparency, and integration;
- Increasing funding for the National Center on Senior Transportation to \$5 million per year;
- Enhancing access to mobility management services by establishing a dedicated funding source; and
- Offering greater incentives to help transit and human services programs to recruit and retain volunteers.

#### **Increase funding for various aging services programs**

NCOA supports new or increased appropriations for a variety of federal aging services programs that play a significant role in supporting and facilitating the independence, health and continuing community involvement of older adults, including: (1) the Elder Justice Act; (2) Senior Corps and the Kennedy Serve America Act programs related to older adults, particularly the Silver Scholarship program; (3) the Lifespan Respite Care program; (4) the Social Services Block Grant (SSBG); (5) Section 202 Housing for the Elderly; (6) Direct Care Worker Demonstration Programs; and (7) senior transportation.

### **Improve access to Medicare prescription drugs for vulnerable beneficiaries**

In addition to LIS improvements, NCOA also supports the following reforms: (1) improving the Part D appeals/exceptions process; (2) capping cost sharing and providing appeal rights for those taking drugs in the specialty tier; (3) continuing to improve standards to make it easier for beneficiaries to choose among Part D plan options; and (4) making policy changes that can improve access to Patient Assistance Programs (PAPs).

### **Modernize the federal poverty measure**

NCOA supports the *Measuring American Poverty Act*, which would create a new Modern Poverty Measure. The current poverty threshold is based on a measure of “income inadequacy” developed in 1964 and fails to reflect the current cost of meeting basic needs. A key aspect of the legislation is the proposal for a new National Academy of Sciences study to define a “decent living standard threshold,” or “the amount of annual income that would allow an individual to live beyond deprivation at a safe and decent, but modest, standard of income.”

### **Amend the Independent Payment Advisory Board (IPAB)**

The ACA includes a provision to create a new Independent Payment Advisory Board that would limit Congress’ authority over Medicare policy and could jeopardize beneficiaries’ access to care by further widening the gap between Medicare and private payment rates. While it includes important protections against increases in beneficiary costs or cuts in benefits or eligibility, NCOA is concerned that the provision would make it increasingly difficult to make future needed program improvements for beneficiaries. Other concerns that should be addressed include:

- A continued narrow focus of binding recommendations on Medicare, as opposed to broader public and private health care spending in general;
- Dangerously low target thresholds for Medicare spending growth after 2020 that would trigger recommendations for spending reductions;
- Insufficient representation of Medicare beneficiaries’ interests and concerns on the Board itself; and
- Exclusion of payments to Part A providers, which limits efforts to extend Trust Fund solvency.

### **Enact legislation to improve protections against elder abuse, neglect and exploitation**

Protecting seniors from abuse and neglect is critical to their continued health and independence and is a fundamental responsibility of a just society. As many as five million older adults suffer from abuse annually and the annual loss by victims of financial abuse is estimated to be at least \$2.6 billion. Enactment of the Elder Justice Act in 2010 was an important first step, but a number of bills remain that must be passed to support comprehensive protection and remediation of abuse. NCOA supports legislation to expand elder abuse research and training for law enforcement; create Silver Alder plans nationwide; and monitor, prevent, and provide education regarding elder financial exploitation.