



advocacy | action | answers on aging

# Federal Developments & Advocacy Priorities

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The National Resource Center  
for Engaging Older Adults

# 116<sup>th</sup> Congress



- Shutdown
- House: Adjusting committees, leadership, setting party strategy
- Senate: Up and running sooner
- Introducing message and substance bills
- Positioning for 2020



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING  
**POLICY BRIEF**

## What the 116th Congress Needs to Know About an Aging America

The 116th Congress must adopt policies that address the unprecedented and long-term shift in our country's age demographics that have been ushered in by the maturing of America's baby boomer generation. By 2030, 73 million—or one in five—people in America will be 65 or older.<sup>1</sup> Federal priorities must address the opportunities and needs of an aging population.



**M**ANY PLACES, IN EVERY REGION of the country but especially in rural areas, are already grappling with an historic population shift, with ratios of older adults far exceeding the current national average, and available services unable to keep pace with the growing need. However, by 2035, all communities must be prepared to address these demographic realities when, for the first time in the nation's history, the population of adults 65 and older will outnumber children younger than 18.<sup>2</sup>

Furthermore, at some point in their lives a majority of this growing population of older adults—nearly 70 percent or almost 80 million people—will need an average of three to five years of long-term care (LTC; also called long-term services and supports) as they age.<sup>3</sup>

These demographic milestones are not simply blips on the U.S. Census radar. They are mile markers on a longer road toward a significantly older nation. It is critical that lawmakers at all levels of government recognize that, unlike at any other point in our history, demographics demand, and must drive, a policy agenda that:

- Enables people's ability to live in their homes and communities as they age;
- Improves the health and well-being of the fastest-growing demographic cohort in our country while effectively managing expenditures; and
- Preserves the original intent and structural integrity of Medicare, Medicaid, Social Security and other vital aging programs upon which millions of older adults rely.

This Policy Brief for the 116th Congress is an update to the National Association of Area Agencies on Aging's (n4a) *What Policymakers Must Know About an Aging America*, which was published in January 2017 at the outset of the Trump Administration. **In the months and years ahead, we encourage policymakers in the 116th Congress to pursue ambitious but achievable strategies to advance policy solutions and promote innovative best practices that improve support for older adults and caregivers in their communities.\***

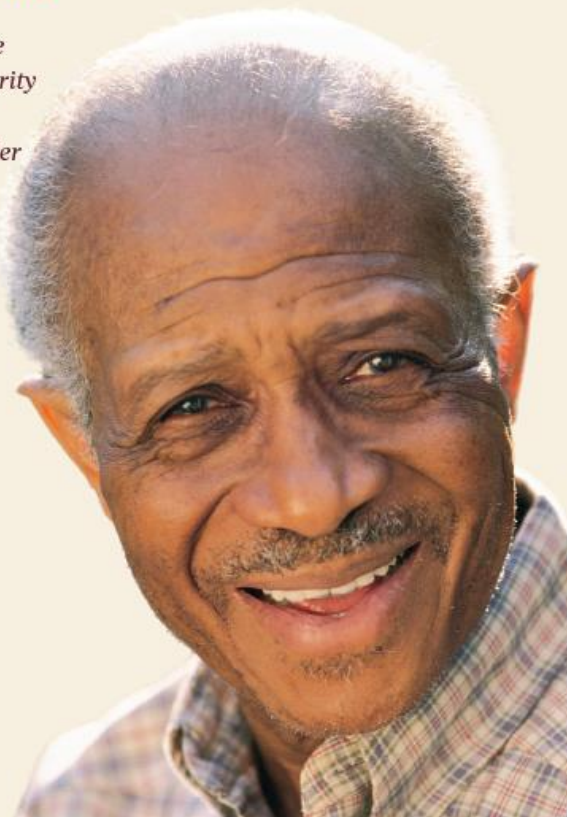
We hope the efforts of lawmakers to develop policy proposals that will affect older adults and caregivers, and their access to services at home and in the community, will reflect and advance the following key aging principles.

\*n4a also publishes a comprehensive set of our annual *Policy Priorities*. Current n4a *Policy Priorities* are available online at <https://www.n4a.org/policypositions>.

## 2019 Policy PRIORITIES



*Promote the  
health, security  
and well-  
being of older  
adults*



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING



NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING  
**POLICY BRIEF**

## Recommendations for the Reauthorization of the Older Americans Act

The Older Americans Act authorization will expire at the end of FY 2019. As it has for every past reauthorization, n4a will work with policymakers and stakeholders to update this vital Act, which supports millions of older adults and caregivers annually.



### A Foundation for the Future of Aging Services

**T**HE OLDER AMERICANS ACT (OAA) was first signed into law in 1965 as part of President Lyndon Johnson's "Great Society" initiative aimed at eliminating poverty and injustice among the country's most vulnerable populations. Fifty-five years ago, President Johnson shared the vision that this Great Society "is a challenge constantly renewed, beckoning us toward a destiny where the meaning of our lives matches the marvelous products of our labor." The OAA was enacted as part of these Great Society programs to help fulfill that destiny for millions of older Americans by implementing a nationwide network of community-based services to ensure that sustained health, independence and dignity could follow a lifetime of hard work.

Today the vision and mission of the Older Americans Act is even more important than it was five decades ago, as our nation faces an unprecedented demographic shift. In the next five years, more than 18 million people will turn age 65. By 2030, 73 million—or one in five—people in America will be 65 or older. And in addition to being historically large in size, this population is also living longer. Between 2020 and 2030, the number of people 85 and older is projected to rise by 35 percent; for people age 100 and older, it's an amazing 52 percent growth

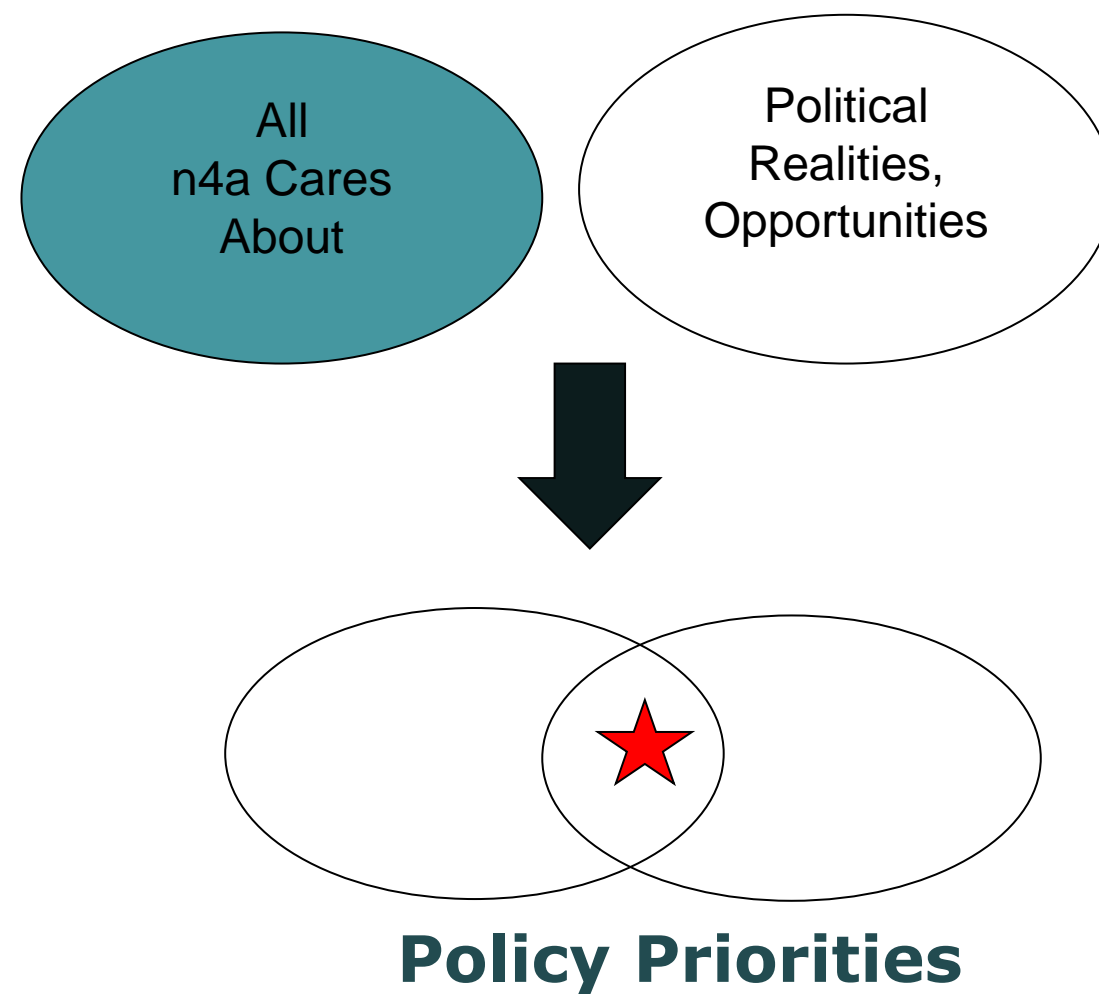
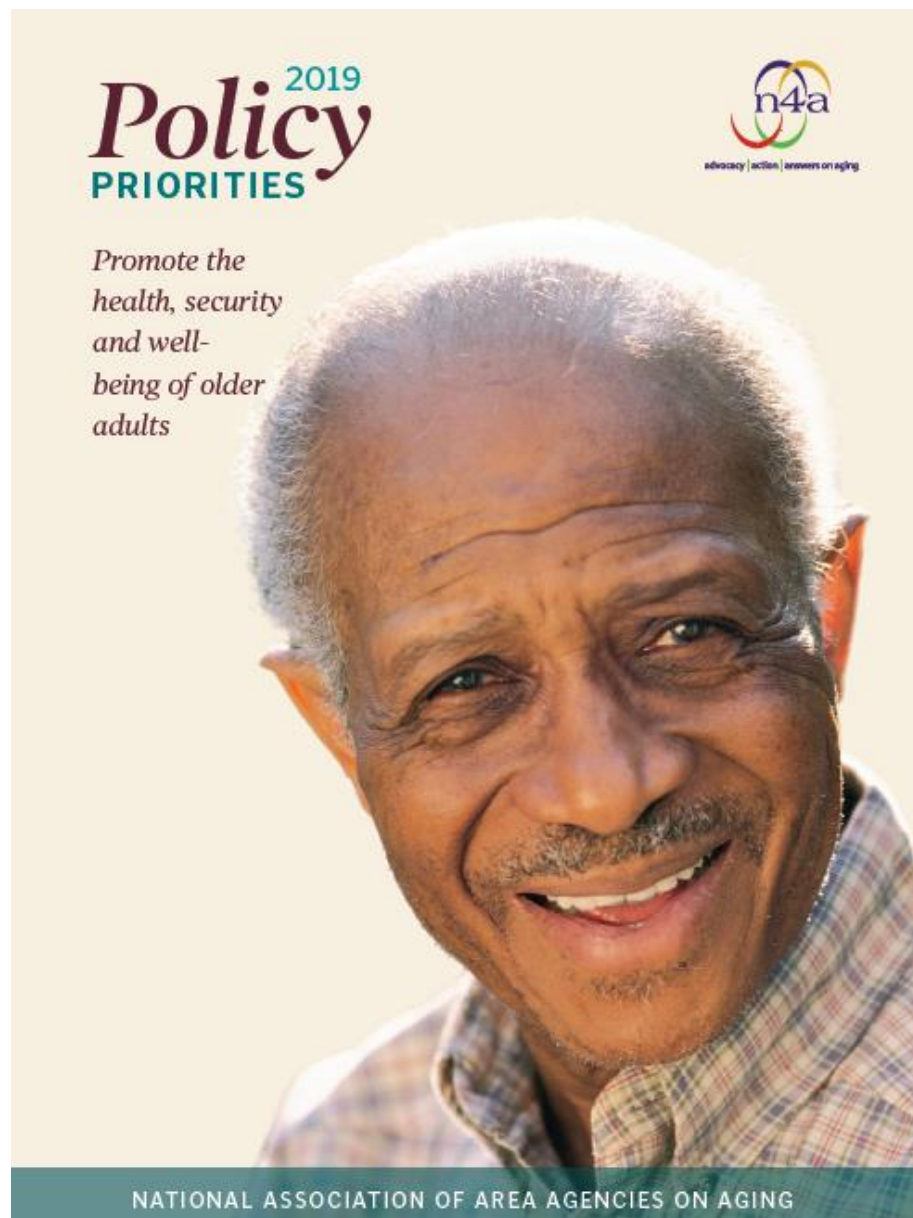
rate.<sup>1</sup> And there may be only one near-universal opinion among this cohort: an estimated 90 percent of them want to age in their own homes and communities rather than in institutional settings.

Enabling aging in place should be a national commitment regardless of party affiliation or geography. In fact, both Republican and Democratic lawmakers have espoused aging in place as an important policy goal for our country. Achieving it, however, requires that policymakers address significant challenges and seize new opportunities to elevate effective person and family-centered approaches that promote health and independence as people age. Fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation requires us to recognize, protect and bolster the foundation upon which this goal was built.

The Older Americans Act is that foundation, and as federal policymakers consider the Act's reauthorization, n4a urges Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative strategies that enable the existing services network to adequately meet the needs of this nation's rapidly growing aging population and their caregivers.

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National Association of Area Agencies on Aging



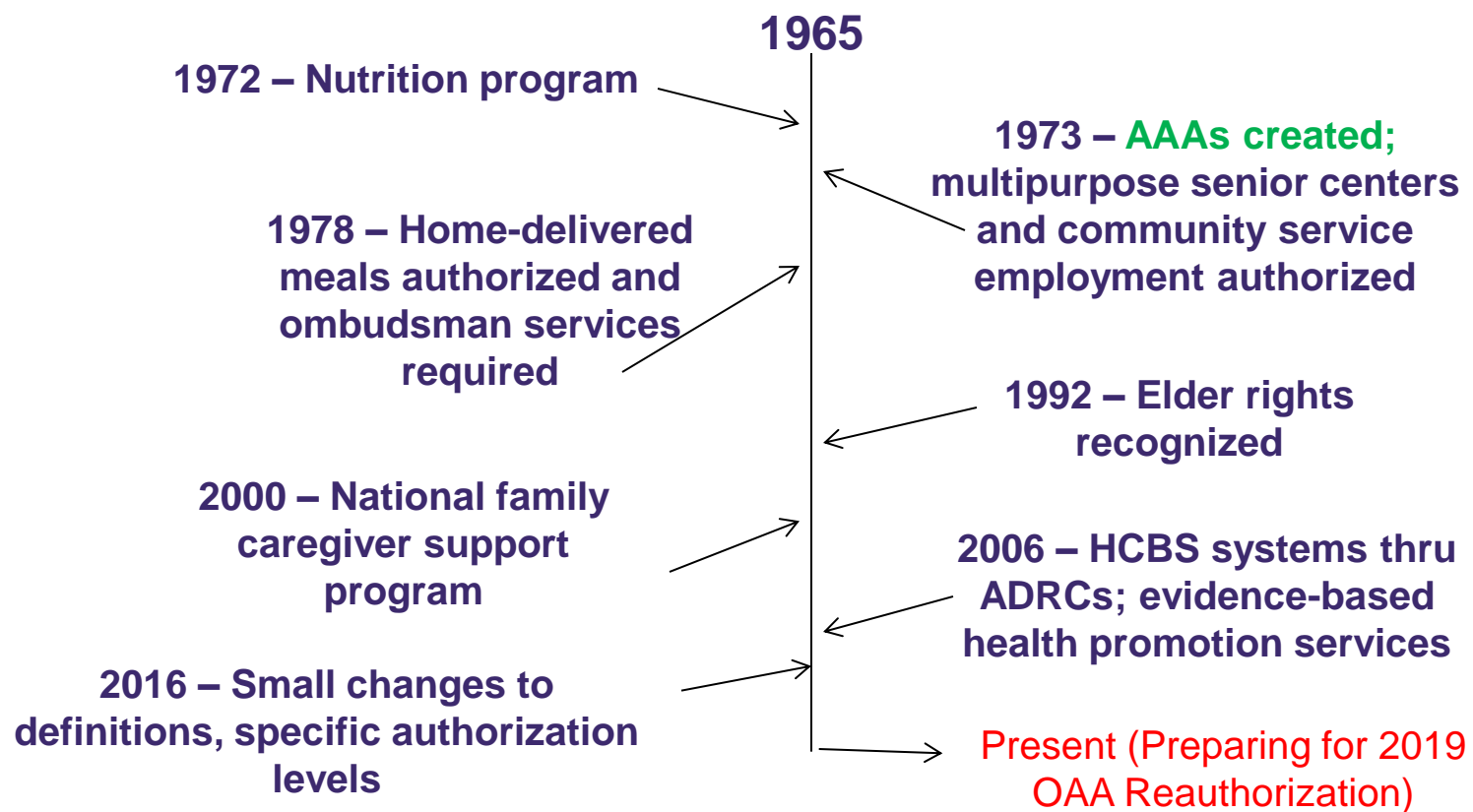




Strengthen the aging services and supports that make it possible for older adults to age well and safely at home and in the community.

*Reauthorize*  
the Older Americans Act

# Timeline of Major Amendments

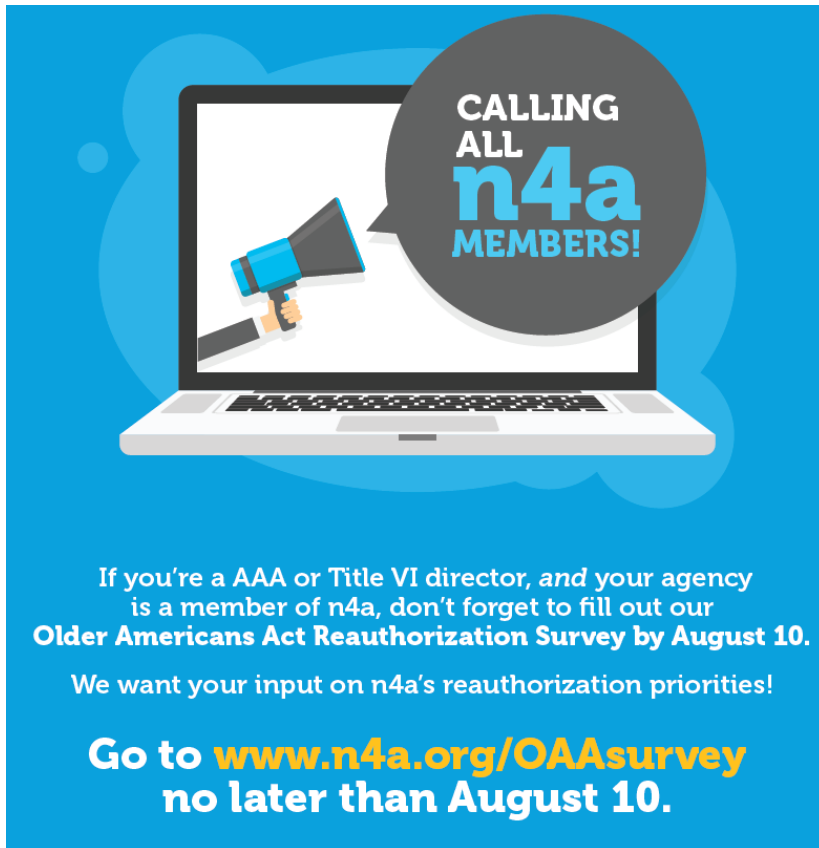


# Typical (Theoretical) Process

- Advocacy groups develop recommendations
- Committee of jurisdiction staff (Senate HELP Committee, House Education and Labor Committee) start exploring the Act, the issues, thinking about Member interest and timing
- Administration proposal?
- Champions begin honing in on issue(s) to take up, working with groups
- Hearings or roundtables
- Bill development (many ways to occur)
- Markup, committee approval
- Advocacy needed to keep bill moving, getting it to the floor



# Summer 2018 Survey of n4a Members



## Topics included:

*Barriers? Opportunities?*

Rising Demand

Eligibility

Flexibility

Transfer Authority

Targeting

Cost-Sharing

Data Collection & Technology

Private Pay

ADRCs

# Top Take-Aways from n4a Survey

- Funding insufficiency is biggest issue; all proposals will be viewed through this lens
- Desire for more flexibility. For ex, greatest growth in demand was III B, then C2; most common wait list = III B followed by C2, III E
- Strong support for language making clear AAAs can do private pay, integrated care
- Strong support for boosting research capacity, technology and quality measurement (Title IV)
- Support for raising 10% cap on III E Grandparents programs if AAA/state wants

# Examples of Political Realities

- Will this Congress set ambitious authorization levels?
- Cong. sites worried about merging C1 & C2
- Funding formula: how to balance out high-growth states without harming slower-growth states?
- State flexibility is popular with this Administration, always sounds good to Congress—but could reduce or kill local flexibility
  - Trump Admin proposal to allow total merging of OAA subtitles by states
  - NASUAD proposal to allow state waivers to lift restrictions on funding streams

## n4a Recommendations

### **Meet Consumers Where They Are:** *Protect Local Decision-Making and Flexibility*

- Maintain commitment to local planning and development
- Area plans should inform state plan development
- Raise the cap for Title III E grandfamilies

### **Meet Growing Needs by Increasing Investments**

- GROW THE ACT (authorization levels)
  - Restore capacity (at the very least)
  - Index to population and inflation (better option)
  - Double the Act over five years (best option)



# n4a Recommendations

## **Foster Innovations in Service Delivery**

- Create a research, demonstration, innovation and evaluation center at AoA
- Title VI: expand to wider range of supportive services; create new training, prof. development and TA
- Address high-need populations (dementia, social isolation, advanced illness)
- Nothing prevents AAAs from HC contracts, private pay

# n4a Recommendations

## **Ease Administrative Barriers to Increase Access to Services**

- Find a better way to do transfer authority within Title III C to increase flexibility and reduce barriers
- States should develop cost-sharing policy

# LCAO Discussion Topics

- Need for higher authorization levels
- Research and Development, Title IV
- Ombudsman & Elder Justice
- Caregiving
- Targeted populations
- Nutrition & Supportive Services
- Local Flexibility
- Workforce, SCSEP

*Common themes  
and foci:*

- Integrated Care
- Healthy Aging
- Social  
Determinants
- Key  
constituencies



# Where We Are Now

- LCAO process nearly done
- House: Committees finally set up, planning for OAA conversations to start in April
- Senate: Drafting proposals now, moving quickly
- Now:
  - Meetings with key offices, responding to ideas
  - Drafting legislative language
  - Developing additional materials for grassroots, especially member education



# What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your PSA's delegation knows how the OAA helps his/her constituents, your community, and federal taxpayers
- **NOW:** Put OAA reauthorization on their radar for 2019
- **SOON:** Reach out to share n4a's (or your!) reauth recommendations, make the connection to local needs
- **KEEP IT UP:** This could be a 6-month process, or a 6-year process, depends on how important we make it for them to get it done (right)



**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.

**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.

*Invest*  
in Cost-Effective Aging at  
Home and in the Community

# Federal Budgeting 101 (in theory)

- President's Budget (blueprint, mixes spending and proposals)
- Congressional Budget Resolution (no force of law, big picture)
- Congress: Appropriations process, 12 subcommittees produce 12 spending bills
- Appropriations passed signed into law
- For mandatory programs (e.g., Social Security, Medicare), changes to the authorizing statute must occur outside of the appropriations process

**Reality?** First budget often gets ignored, second one often skipped, action is in the appropriations bills

# Trump Administration Budget FY 2020

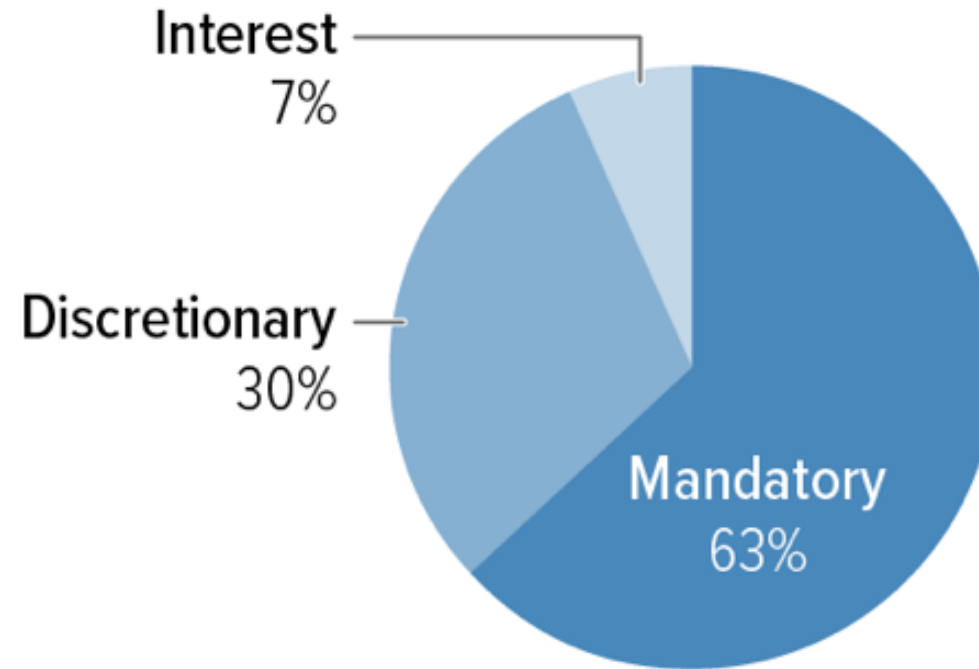
- Deep cuts to Non-Defense Discretionary (domestic) programs overall (5% cut from FY 2019 overall)
- 12% cut to HHS overall; 17% cut to housing
- “Flat” funds most core OAA programs, but cuts III E/VI C caregiver programs, ombudsman, Title V SCSEP
- Other cuts at ACL to SHIP, evidence-based health programs, Alzheimer’s programs, elder rights, ADRCs
- Cuts/eliminates critical domestic programs serving older adults (SSBG, CDBG, CSBG, LIHEAP, Housing)
- Guts Medicaid with block grants/per capita cap (states will limit HCBS)
- Cuts to Medicare



# Most of the Federal Budget = Social Security and Major Health Programs (Mandatory Spending)

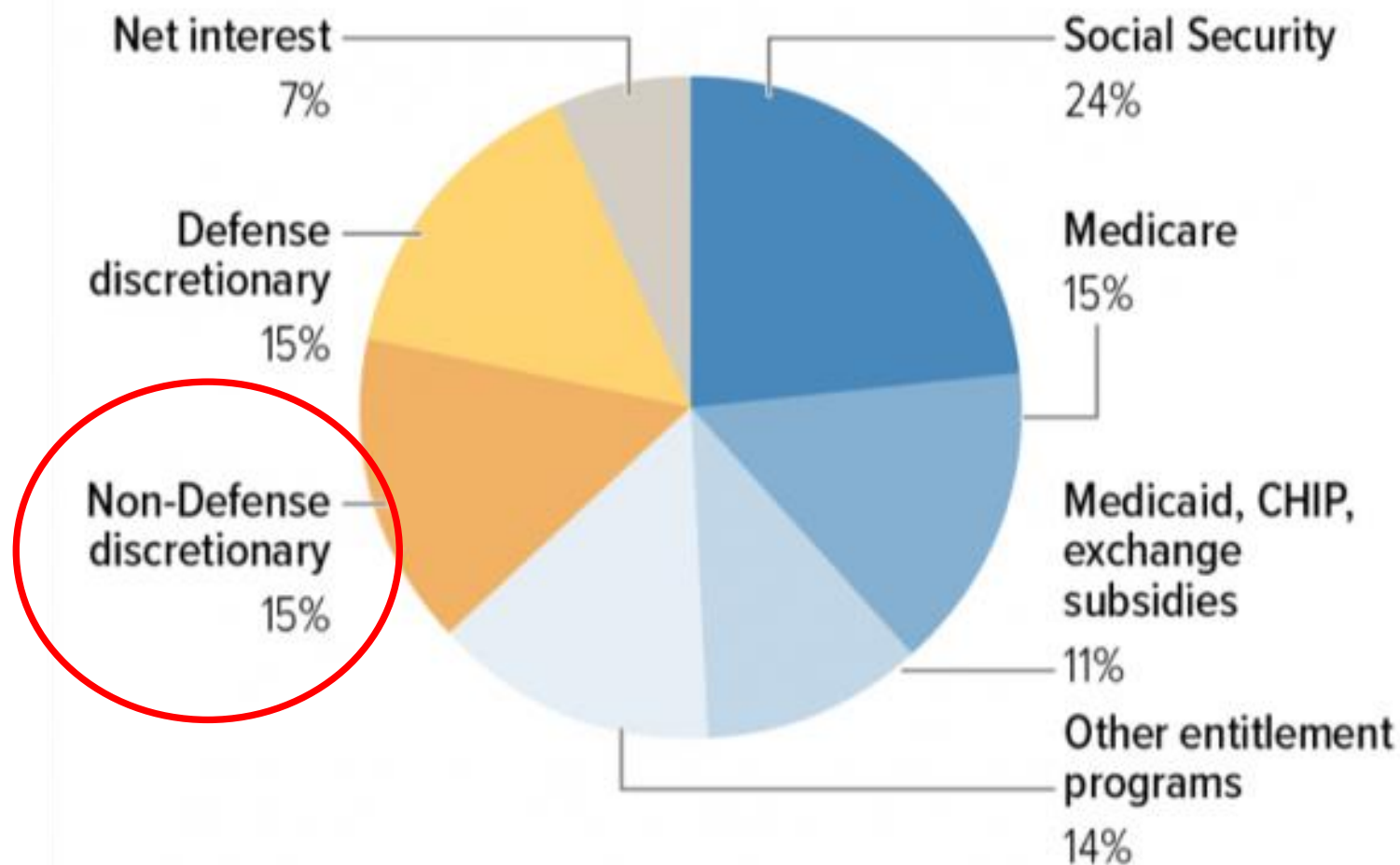
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## Components of Federal Spending, Fiscal Year 2017



Source: Office of Management and Budget

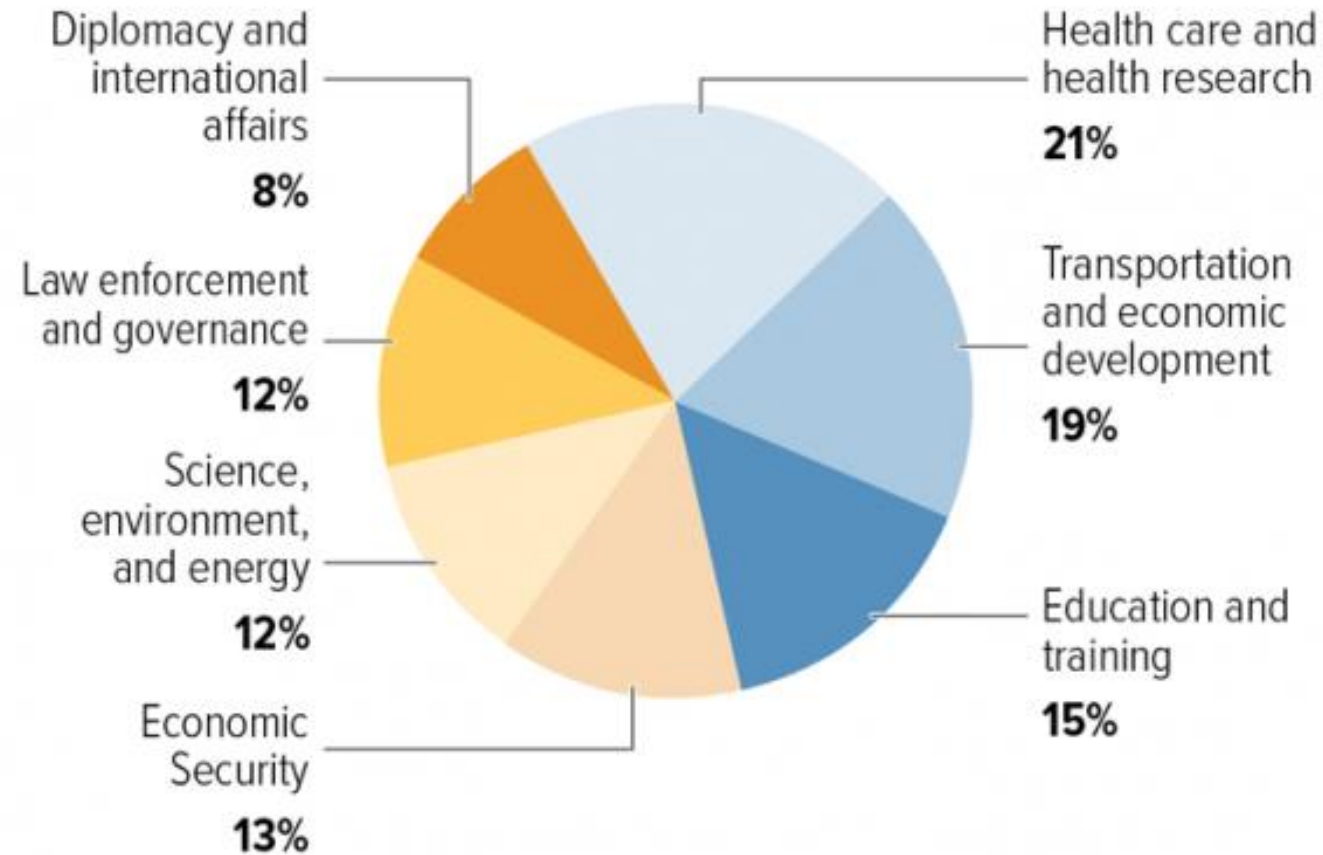
## Federal Spending, Fiscal Year 2017



Source: Office of Management and Budget

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## Non-Defense Discretionary Spending, FY 2017



Source: CBPP calculations using Office of Management and Budget data

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# Federal Budget Snapshot

In FY 2017...

- Total Federal Spending = ~**\$4 Trillion**
- Total Non-Defense Discretionary Spending = **\$610 Billion**  
(~**15.25 percent**)
- Total Older Americans Act Spending =  
~**\$2 Billion**
- **Total OAA Spending as percentage of Federal Budget**  
= **.05 percent**

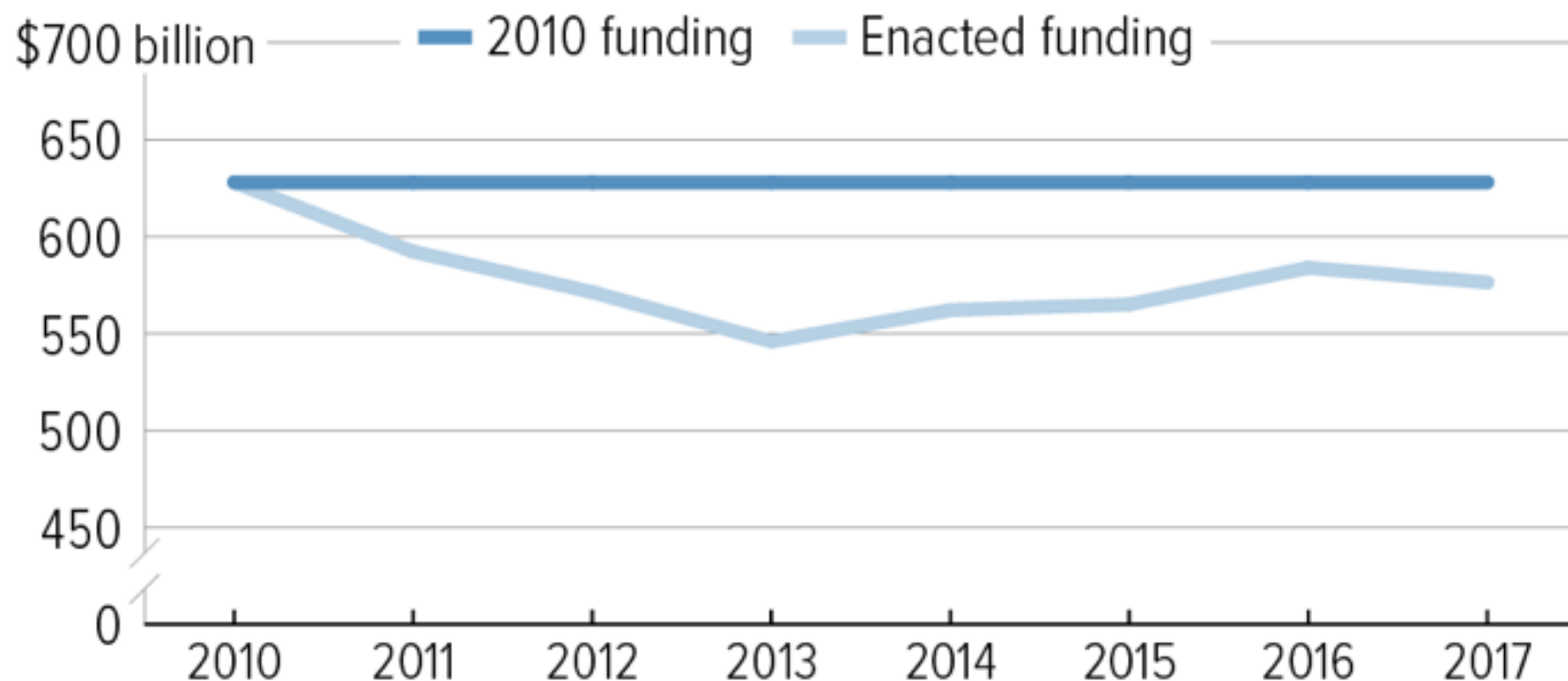


# Budget & FY 2020 Appropriations

- **President's Budget** trickling out in waves (skinny last week, more details this week...)
- Congress starting the **appropriations process** late due to shutdown, but pace is picking up now
  - House Dems want to be marking up bills by late April
  - Likely no budget resolution; instead focus on **budget caps deal**
- Budget caps in force again, will need bipartisan deal to lift them
  - Budget Control Act of 2011
  - Last budget deal lifted the caps for FY 2018 and FY 2019
  - Even though Congress keeps offering relief...

# Non-Defense Discretionary Funding Cut by \$400 Billion From 2011 to 2017

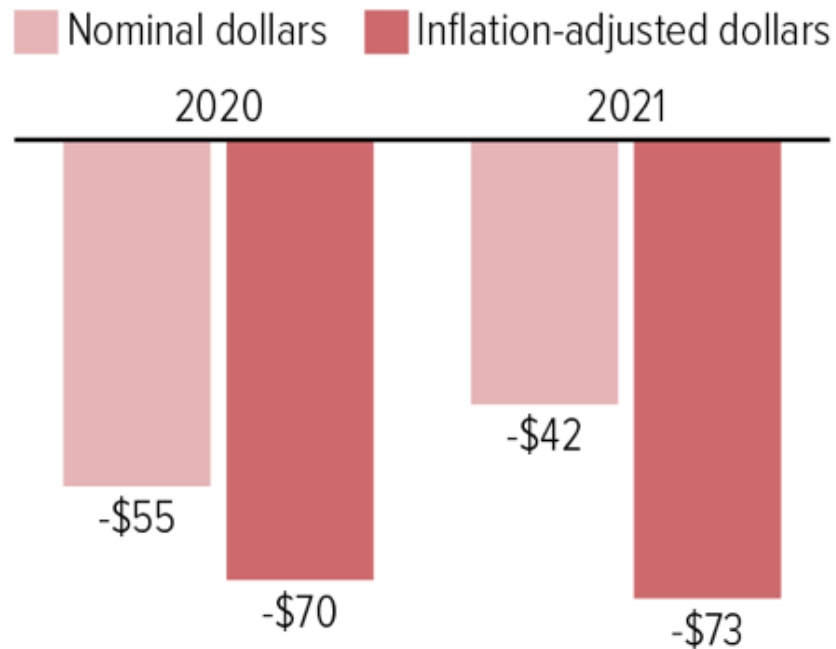
In billions of 2019 dollars



Note: We adjusted the 2010-2017 data to remove three items that were different in 2010 than in subsequent years: funding for the decennial census; income earned by the Federal Housing Administration and Government National Mortgage Association; and Changes in Mandatory Programs (CHIMPs). Enacted amounts include budget cuts required under the 2011

## Non-Defense Discretionary Funding Will Fall After 2019 Without a New Budget Deal

Cut from 2019 NDD funding level (\$597 billion), in billions



Note: All amounts exclude funding for disasters, emergencies, program integrity, and Overseas Contingency Operations.

Source: CBPP analysis of data from the Congressional Budget Office and Office of Management and Budget

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Under BCA, NDD would drop \$55 billion below FY 2019 before adjusting for inflation.

NDD programs on average would have to be cut 11 percent in 2020 after adjusting for inflation.

# Budget & FY 2020 Appropriations

- Appropriations process will proceed even without final overall numbers; Senate and House will have different overall topline numbers though
- Budget deal won't emerge until fall
- Safe prediction: last year's on-time Labor/HHS won't re-occur, CR highly likely
- How to avoid another shutdown?

# What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your PSA's delegation knows how the federal discretionary funding you receive helps his/her constituents, your community, and federal taxpayers
- **NOW:** Lead with the need for a bipartisan budget deal to lift the caps
- **ALSO and SOON:** Push for OAA III B, VI, III E, SHIP, etc. increases in FY 2020 appropriations bills (toolkit coming soon)
- **KEEP IT UP:** We will need to push for both of these spring, summer and likely well into fall, so keep up the drumbeat



Recognize and protect the pivotal role that the Aging Network plays in addressing the social determinants of health and bridging the gap between the acute care, behavioral health and long-term services and supports systems to improve health outcomes and reduce health care costs.

*Improve*  
Health by Addressing  
the Social Determinants



# Health and Integrated Care

## Medicaid

- Money Follows the Person (S. 548 Sen. Portman lead co-sponsor, HR 1342)
- Spousal impoverishment protections (expire March 31)
- Non-Emergency Medical Transportation (Trump Admin would make this optional; rule coming)

## Medicare

- CHRONIC Care Act implementation; Medicare Advantage Call Letter Comments on Special Supplemental Benefits for the Chronically Ill





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# What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your PSA's delegation knows about your integrated care work (and if you're still building it, tell your OAA or Medicaid stories as the cost-saving, health-boosting interventions they are)
- **NOW:** Push for MFP and spousal protections by calling your Senators and Reps (thank Sen. Portman on MFP!)
- **LATER:** Be ready to respond to emerging threats, like NEMT or other, as the President's budget proposals are considered by Congress

# Key Advocacy Reminders

- **Educate, educate, educate your elected officials** about the importance of OAA programs and delivering aging services in the home and community!
- **Build relationships** with Members/staff
- **Engage candidates** in your work (site visits!)
- THANK your elected officials for advocacy wins
- Keep them informed about what is going on in your community
- Engage with the media, too



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