Live from DC: Federal Policy Update

ma4 16th Annual Show Me Summit on Aging and Health

September 10, 2019
Aging Policy Update Agenda

Overview, Status and Advocacy Needed:

➢ Older Americans Act Reauthorization

➢ FY 2020 Budget and Appropriations

➢ Other Important Issues on the Policy Horizon
Policy Priorities

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

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
Older Americans Act of 1965, P.L. 89-73, July 14, 1965

Lyndon Johnson signing the OAA, July 14, 1965.
Older Americans Act (OAA)

- Summer of 1965, alongside Medicare and Medicaid
- Created the National Aging Network (AAAs designated in 1973)
- Remains the foundational core of the Network’s work today
- Most of Act applies to those age 60 and older; also targets services to most frail and vulnerable, as well as special populations: veterans, minority, low-income, limited English proficiency
Timeline of Major Amendments

- **1965**
  - 1965 – AAAs created; multipurpose senior centers and community service employment authorized

- **1972**
  - 1972 – Nutrition program

- **1978**
  - 1978 – Home-delivered meals authorized and ombudsman services required

- **1992**
  - 1992 – Elder rights recognized

- **2000**
  - 2000 – National family caregiver support program

- **2006**
  - 2006 – HCBS systems thru ADRCs; evidence-based health promotion services

- **2016**
  - 2016 – Small changes to definitions, specific authorization levels

- **Present** (Preparing for 2019 OAA Reauthorization)
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, get it to the floor**
The Older Americans Act on Advocacy

The Older Americans Act of 1965 (as amended in 2016) states that area agencies on aging shall:

“Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals.”

Supersedes any other federal or state law or regulations
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
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

• Title IV: 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 ✓
• Nothing prevents AAAs from HC contracts, private pay ✓

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 ✓
Leadership Council of Aging Organizations (LCAO)

Consensus Recommendations for the 2019 Older Americans Act Reauthorization

Introduction

The Older Americans Act (OAA) is the major federal discretionary funding source for home and community-based services for older adults. Programs supported through the OAA include home-delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older adults, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and advocacy in long-term care facilities.

In addition, OAA funds resource centers that support the work of the Aging Network by addressing a variety of needs, including access to benefits, elder justice, multigenerational service and volunteering, legal services, financial literacy, long-term care ombudsman training, and targeted services to minority and special populations in need.

LCAO Priorities

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

Top 10 recommendations include 6 from n4a’s priority list
Trump Administration Recommendations

- Eliminate the cap on Title III E NFCSP funding for grandfamilies/kinship caregivers (now at 10% of total III E federal and state funding) √

- Increase small state admin. minimum to 750k from 500k (for when 5% is less than this amount) ?

- Eliminate the Right of First Refusal for local governmental entities when a new AAA needs to be designated, or a new PSA created X
Senate Draft Bill

- Bipartisan, so nobody got all they wanted
- Lots of reports for AoA to do!
- No new programs
- Hesitant to add new definitions
- Modernizing, but also queuing up the next reauthorization
- No authorized funding levels yet, nor solution to “hold harmless”
- Mostly driven by ideas from the Aging Network, Senate champions; a few from those who just showed up for reauthorization
Senate Draft Bill

Caregiving
• Encourages caregiver assessment (not mandatory), best practices, AoA technical assistance, report to Congress
• Report on social isolation and how Network addresses it
• Lifts cap on III E grandfamilies funding
• Extends RAISE for 5 more years

Nutrition
• States encouraged to be more flexible on C to C transfer
• Adds nutrition service provider definition
• Study on unmet need for nutrition programs
Senate Draft Bill

- Attempt to help on business arrangements
- Title IV evaluation & demonstrations
- Age-friendly efforts (turns federal coordinating body on aging into one on “healthy aging and age-friendly communities”)
- Cross-federal study on home modifications
- Updates language on multi-generational demos
- GAO Report on cost-sharing and voluntary contributions
NOT in the Senate Draft Bill

- Right of first refusal
- Title VI provisions (yet?)
- Title V changes
- Changes to eligibility age/requirements or targeting language (e.g., early-onset Alzheimer’s, LGBT)
- References to advanced illness, dementia
- Home care ombudsman (just a best practice report update)
Where Are We Now?

- **Senate:** Released draft bill June 5, *hung up on funding formula, other policy issues...*
- **House:** Working on draft bill—pushing for committee markup by 9/30
- **n4a Now:**
  - Meetings with key offices, responding to language, cleaning up as much as we can
  - Working through legislative language with House leaders
  - Developed materials for grassroots, especially member education (*n4a.org/oaa*)
What You Need to Do Now

- **ALWAYS (and again):** Make sure every member of Congress in your state’s delegation **knows how the OAA helps their constituents**, your community, and federal taxpayers

- **NOW!:** Use our OAA toolkit, use sample alert to **activate your grassroots**, reach out to media, etc.

- **KEEP IT UP:** This could be done by September, or it could stall out, so stay flexible.

www.n4a.org/oaa
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.
Most of the Federal Budget = Social Security and Major Health Programs (Mandatory Spending)

Components of Federal Spending, Fiscal Year 2019

- Interest: 9%
- Discretionary: 30%
- Mandatory: 61%

Source: Congressional Budget Office
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 HUD
- 5% cut to the Section 202 program
- Eliminates the Public Housing Capital Fund, the HOME program, and the National Housing Trust Fund; asks Congress to raise rents for HUD-assisted households
- “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)
- Guts Medicaid by $1.5 trillion with block grants/per capita cap (states will limit HCBS) and cuts to Medicare by $800+ billion
Budget & FY 2020 Appropriations

- **President’s Budget** (March; DOA)
- Congress started the *appropriations process* late due to shutdown
  - House Labor/HHS bill had great wins
  - House T-HUD bill had great wins
  - Senate: planned Labor/HHS markups today and Thursday

- **Budget caps deal necessary in FY 2020**
  - Budget Control Act of 2011
  - Last budget deal lifted the caps for FY 2018 and FY 2019
  - Congress passed Budget Deal on July 26
Despite Several Budget Agreements to Avoid Deep Cuts...

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

In billions of 2019 dollars
2019 Bipartisan Budget Agreement

- Lifts both Non-Defense and Defense spending caps
  - NDD = +$34 billion to $626.5 billion
  - Includes funding for 2020 Census
  - $77 billion in spending offsets

- Suspends the Federal Debt Ceiling through Summer 2021

- Does not include other policy changes
Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2020, and for other purposes.
### TABLE 1

**Discretionary Funding – Appropriations or “Budget Authority”**

Amounts subject to the BCA caps, in billions of dollars

<table>
<thead>
<tr>
<th></th>
<th>2019 levels</th>
<th>2020 levels</th>
<th>2020 Caps vs. 2019 levels</th>
<th>House plan vs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BCA caps</td>
<td>House allocations</td>
<td>2019 levels</td>
</tr>
<tr>
<td>Defense</td>
<td>647</td>
<td>576</td>
<td>664</td>
<td>-71</td>
</tr>
<tr>
<td>Non-Defense (NDD)</td>
<td>597</td>
<td>543</td>
<td>631</td>
<td>-54</td>
</tr>
<tr>
<td>Total</td>
<td>1,244</td>
<td>1,119</td>
<td>1,295</td>
<td>-125</td>
</tr>
</tbody>
</table>

Note: The figures in this table exclude allocation adjustments and scorekeeping adjustments that are outside the BCA's caps; see Table 2 and Appendix Table 1 for NDD figures that include them. May not add due to rounding.
House Labor/HHS Highlights

- **III B Supportive Services** by $37 million (~10 percent) to $422 million
- **III C1 Congregate Meals** by $29.6 million (6 percent) to $525 million
- **III C2 Home-Delivered Meals** by $53.6 million (21 percent) to $305 million
- **III E Family Caregiver Support** by $19 million (10 percent) to $200 million
- **Title VI** Parts A and C by 11 percent
- **SHIPs** by $5.9 mil to $55 million
**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!:** Use n4a’s advocacy resources and templates to activate your networks to **push the Senate to match the House levels**!

- **KEEP IT UP:** CRs likely this fall, so will need to keep up pressure.

---

**Advocacy Tools for FY 2020 OAA Appropriations**

Join our efforts to protect funding for Older Americans Act (OAA) and other federal aging and health programs that support older adults and their caregivers! We hope the following resources help you take action, as well as engage local advocates in your area to speak out!

- April 4 n4a Advocacy Alert
- n4a's Letter to Congress
- Template Letter to Congress
- Template Grassroots Alert
- Key Committees for 116th Congress, 1st Session
- Congressional Visit Tips
- **Take Action!**
- One-Pager on OAA Title III B
- Talking Points for Advocates
- Advocacy Leave-Behind Card
- Policy Priorities

---

[www.n4a.org/approps2020](http://www.n4a.org/approps2020)
Important Aging Issues on the Policy Horizon
Improve
Health by Addressing the Social Determinants

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.
Medicaid and Medicare Policy Updates

**Medicaid**
- Money Follows the Person and Spousal Impoverishment Protections—House and Senate Action
- Administrative approval and implementation of Medicaid cuts and work requirements

**Medicare**
- CHRONIC Care Act implementation and Medicare Advantage Call Letter
  - Implemented access to Special Supplemental Benefits for the Chronically Ill (SSCBI) opening door for wider coverage of meals, transpo, social services
  - Clarified that MA plans can work with ACL-funded programs
  - Potential new funding stream but we’re not the only ones chomping at the bit!
- MIPPA: Provide outreach to low-income Medicare beneficiaries to increase enrollment in Medicare low-income assistance programs
Legislation and Regulation
Other Issues n4a Is Watching

Legislative Action
- Elder Justice
- Lifespan Respite Care Reauthorization
- Geriatrics Workforce Enhancement Program (GWEP)
- Caregiver Corps

Regulatory Issues
- Changes to Poverty Threshold Measures
- SNAP Administrative Restrictions
- Changes to Immigration Policies affecting seniors and caregivers
Proposed SNAP Changes

• Restrict Broad-Based Categorical Eligibility for the Supplemental Nutrition Assistance Program (SNAP)
• Eliminates the state option to use Broad-Based Categorical Eligibility (BBCE), which is currently used by over 40 states
• Redefines Categorical Eligibility to:
  - “ongoing and substantial [cash] benefits”
  - “non-cash TANF benefits...those that focus on subsidized employment, work supports and childcare”
• Increase administrative workload for states in both determining SNAP eligibility and reporting on Categorically Eligible benefits
• Previously considered and rejected by Congress in the bipartisan Farm Bill
• Total estimated impact = 3 million SNAP beneficiaries, including >600,000 seniors

→ Comments due by September 23
Other Issues n4a Is Watching

Public Charge Changes

• Vastly expand reasons to deny admission or revoke lawful permanent resident status to immigrants
• Expands the categories of public benefits considered in making public charge determination
  – All Medicaid programs
  – Supplemental Security Income (SSI) and cash assistance
  – Housing assistance
  – Supplemental Nutrition Assistance Program (SNAP)
• Negative factors also include
  – Age
  – Limited English proficiency
  – Medical conditions, including disabilities
• Significant workforce considerations: 1 in 4 direct care workers are immigrants; immigrants more likely to be family caregivers
• Proposed in 2018; 250,000+ comments opposing; published August 14, 2019; effective October 14, 2019; litigation underway
SAVE THE DATES!

- March 17-18, 2020
- April 27-28, 2021
- March 29-30, 2022