NCOA Public Policy Priorities for the 115th Congress
(2017-2018)

The 115th Congress presents a variety of challenges and opportunities for accomplishing many of NCOA’s public policy goals on behalf of America’s seniors. The priorities described here reflect areas where NCOA can make unique contributions and will therefore devote significant time and resources. We believe these priorities reflect the concerns of our nation’s diverse aging population and network.

Tier One Priorities

Improve Eligibility for Medicare Low-Income Protections and Funding for Beneficiary Outreach and Enrollment Activities

NCOA supports making significant improvements to both the Medicare prescription drug low-income subsidy (LIS, or Extra Help) and Medicare Savings Programs (MSPs). 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. NCOA supports ending discrimination against low-income individuals over age 65 by providing protections equivalent to those under age 65. Eligibility levels for cost sharing protections for those under age 65 are income levels below 138% of the federal poverty line, with no asset test. Eligibility levels for those over age 65 are below 100% of poverty with a strict asset test that penalizes low-income seniors who did the right thing during their working years by creating a modest nest egg of savings.

Funding made available in 2015 in MACRA for community-based organizations for outreach and enrollment activities for low-income Medicare beneficiaries expires on October 1, 2017. Consistent with bipartisan Senate proposals, this funding should be made permanent. Originally funded through the 2008 Medicare Improvements for Patients and Providers Act (MIPPA), these outreach efforts have been successful in improving beneficiary access to prescription drugs and other needed services, and have done so in a cost-effective manner. Despite these successful efforts, vulnerable Medicare beneficiaries continue to struggle to access the health care benefits for which they are eligible.

Medicare reforms should strengthen protections for the most vulnerable and build on delivery system reforms that promote prevention, coordination, and efficiencies, without jeopardizing quality or access to necessary services. Proposals to shift additional, unaffordable costs on to Medicare beneficiaries should be rejected.

Access to other programs serving vulnerable, low-income older Americans, such as the Supplemental Security Income (SSI) program and the Supplemental Nutrition Assistance Program (SNAP) must also be protected and strengthened.

Restore Investments That Assist and Empower Vulnerable Older Adults

Non-defense discretionary (NDD) funding comprises less than a fifth of annual federal spending, yet this funding continues to be eroded in the name of deficit reduction. Despite relief provided from looming sequester cuts, the 2017 cap on NDD spending is 13 percent below the 2010 level, adjusted for inflation. The sequester threat that returns in 2018 would result in NDD levels being at their lowest levels as a share of the economy in history. Investments fail to meet the increasing demand for seniors’ health, economic security and elder justice services.
Nationwide, seniors have been denied assistance with meals, job placement, transportation and caregiver support as programs closed or created waiting lists for the first time. NCOA urges Congress to restore the purchasing power of Older Americans Act (OAA), Elder Justice Act (EJA) and other aging services funding and make the crucial investments needed to meet the demands of current and future vulnerable older adults and continue to bend the health care cost curve downward.

The proposed elimination of the Medicare State Health Insurance Assistance Program (SHIP) and significant cuts to the Senior Community Services Employment Program (SCSEP), Chronic Disease Self-Management Education (CDSME), elder justice, or and the Community Services Block Grant (CSBG) should be rejected.

**Improve Access to Home and Community Services and Supports**

Home and community-based long-term services and supports are essential to the health, economic security, and independence of millions of seniors and families. The number of Americans needing long-term services and supports will more than double in the coming decades, from 12 million to 26 million by 2050. NCOA is working collaboratively with the disability community to improve access to Medicaid home and community-based services, promote promising practices and consumer protections in duals integration and Managed Long-Term Services and Supports (MLTSS), and establish a new national long-term care insurance program. Specific NCOA priorities include:

- Maintain the essential structure and integrity of the Medicaid program. NCOA opposes block granting Medicaid or imposing per capita caps.
- Promote successful Medicaid home and community-based services reforms, including: extending the Money Follows the Person Program; maintaining the Community First Choice Option; making Home and Community Based Services Spousal Impoverishment protections permanent; and advancing additional reforms to assist states with rebalancing and streamlining their Medicaid LTSS systems from institutional to more cost-effective home and community-based services.
- Support innovative delivery system reforms, including improved integration of Medicaid and Medicare, by working with the administration to enhance development and usage of home and community-based quality and performance measures and supporting promising models that ensure consumer protections, improve outcomes, and achieve cost efficiencies.
- Strengthen initiatives to assist family caregivers across the lifespan, including caregiver tax credits, assessments of caregivers needs, promotion of evidence-based supports, adequate appropriations for caregiver programs, and a national strategy on family caregiving.
- Support efforts to ensure an adequate supply and compensation of the direct support workforce, including immigration reform to reduce projected shortages of direct care workers as the US population ages.
- Develop legislation to establish a national long-term care insurance program that provides affordable options for Americans to prepare for the costs of long-term services and supports; does not exclude purchasers based on pre-existing health conditions; improves market opportunities for private insurance options; is actuarially sound; and produces savings to Medicaid.

**Improve Access to Evidence-Based Chronic Care Interventions**

Evidence-based programs such as falls and diabetes prevention, the Stanford suite of Chronic Disease Self-Management programs (CDSMP), Enhanced Wellness, and depression care management provide significant value because they have been proven to be effective through rigorous scientific evaluation and peer review and have measurable positive clinical, social and economic outcomes. These programs promote personal responsibility by giving seniors the tools and skills to better manage their conditions and stay healthy.
These programs target critical issues such as falls prevention (e.g., A Matter of Balance, Stepping On), multiple chronic conditions (e.g., Chronic Disease Self-Management Program, Diabetes Self-Management Program), physical activity (e.g. EnhanceFitness), and depression management (e.g., Healthy IDEAS and PEARLS). Research shows that these programs can save money and improve health outcomes by significantly delaying functional impairments, helping to prevent secondary conditions, and reducing hospitalization and other health care resource utilization, particularly among those with multiple chronic conditions.

Falls are the leading cause of injuries and injury-related deaths among seniors, accounting for more than 2.3 million emergency room visits and over 700,000 hospitalizations in 2014. The total direct medical cost of senior falls is currently $31 billion; by 2020, the annual direct and indirect cost is expected to reach $59.6 billion.

Increased investments should made in targeted, cost-effective falls prevention programs and other evidence-based self-management and care transitions approaches, which can help to bend the long-term cost curves in Medicare and Medicaid, and improve care coordination and integration. A variety of opportunities exist to take proven programs 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 as well as online—that target older adults with multiple chronic conditions. For example, access to Diabetes Self-Management Training (DSMT) should be improved and referrals under the annual Medicare Wellness Visit should reviewed and strengthened. NCOA also supports implementing a Medicare Diabetes Prevention Program (MDPP) benefit and is working to ensure that it is operationally sound and includes online programs. CDSMP should be a strong candidate for following a similar path.

**Tier Two Priorities**

**Protect and Strengthen the Health Care Safety Net for Older Americans**

NCOA remains concerned about potential efforts to weaken Medicare and Medicaid, and services for older Americans under the Affordable Care Act, particularly for lower income beneficiaries and those with multiple chronic conditions or functional or cognitive impairments. For example:

- Medicaid reforms, such as block grants or per capita caps, could result in significant cuts to long-term services and supports and Medicare low-income protections provided to seniors under the program. Additionally, critical consumer protections could be eliminated or weakened.
- There are several critical provisions helping older Americans that should remain intact under any effort to repeal the Affordable Care Act. Important provisions that may be at risk include: (1) reducing senior falls and managing chronic disease under the Prevention and Public Health Fund; (2) improving access to Medicaid home care services that save money and help keep families together under the Community First Choice program; (3) keeping health insurance premiums affordable for older adults age 55-64; (4) ensuring continued coverage for low-income Americans under the Medicaid expansion, including older adults in their 50’s and 60’s; and (5) strengthening the solvency of the Medicare Part A Trust Fund. A detailed replacement package must be included in any legislation to repeal provisions of the ACA.

NCOA is committed to working through regular order on a bipartisan basis with the new Administration and members of Congress to stabilize the health insurance market and ensure that older Americans, particularly those who are vulnerable and disadvantaged, have access to and can afford the quality care and services they need.

**Enhance Nutrition Assistance for Food Insecure Seniors**

Approximately 5.7 million Americans over 60 are at the risk of hunger. Local communities rely on a range of initiatives to provide seniors with access to healthy meals and nutritious food crucial for improving or maintaining
their health. The Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) only reaches about 40% of eligible older Americans. Despite the growing demand, nearly 70% of Meals on Wheels providers have reduced meals due to funding cuts. The 115th Congress debates on the Farm Bill and OAA reauthorization should address food insecure seniors’ access to the nutrition that ensures they can remain healthy in their own homes and communities. In addition, the sequester’s threat to future investment in OAA senior nutrition and other discretionary programs that serve food insecure seniors must be eliminated and the SNAP safety net must be spared from additional cuts or limits on access.

**Improve Tools and Empower Beneficiaries to Make Better Health Coverage Choices**

Too many Medicare beneficiaries still do not understand or have access to tools and unbiased assistance for comparing and choosing among available plan options, and do not shop around when they should. For example, less than 3% of the 56 million beneficiaries use the Medicare Plan Finder to select a plan and research has shown that, on average, about $350 could be saved each year if they shopped around for prescription drug coverage. NCOA supports efforts to strengthen policies and tools to empower beneficiaries to access information that will improve their ability to make better Medicare coverage decisions and make it easier to comparison shop, including improvements in Plan Finder, mailings and notices, consumer testing, and funding for outreach and assistance. Additional improvements should also be made to Medicare quality Star Ratings and the Part D notice and appeals/exceptions process and cost sharing tiers.

**Reauthorize the Older Americans Act (OAA)**

The OAA delivers great value for dollars spent on services to keep seniors healthy, independent, and active in their own homes and communities. OAA programs save tax dollars by reducing premature nursing home placement, averting malnutrition, controlling chronic health conditions, providing economic security, and responding to elder abuse. The statute provides flexibility to state and localities to prioritize strategies and services to meet the unique needs of each community’s seniors.

The 114th Congress passed a bipartisan three-year OAA reauthorization that provided crucial improvements in caregiver and elder justice programs and allowed for modest increases through FY 2019. The 115th Congress has the opportunity to build on these enhancements, in areas such as expanding upon new language supporting senior center modernization and advancing evidence-based healthy aging initiatives; reflecting best practices and new partnerships of nationwide business acumen efforts; and restructuring aging services research and development.

**Tier Three Priorities**

**Strengthen 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 5 million older adults suffer from abuse annually, and the cost of financial abuse and fraud is estimated to be $36.5 billion. Elders who experienced abuse, even modest abuse, had a 300% higher risk of death when compared to those who had not been abused. The direct medical costs associated with violent injuries to older adults are estimated to add over $5.3 billion to the nation’s annual health expenditures. Enactment of the Elder Justice Act (EJA) in 2010 was an important first step, but this statute expired at the end of FY2014, and a number of bills remain that must be passed to support national, comprehensive protection and remediation of abuse.

NCOA supports legislation to reauthorize the EJA; expand elder abuse research and training for law enforcement; enhance elder justice capacity at the Department of Justice; create Silver Alert plans nationwide; and promote senior financial empowerment.
In addition, NCOA supports the efforts of the Consumer Financial Protection Bureau Office of Financial Protection for Older Americans to monitor, prevent, and inform consumers and industry about financial exploitation. NCOA also advocates for adequate counseling and consumer protections for homeowners considering using their home to stay at home.

**Protect and Strengthen Social Security to Safeguard the Economic Security of Older Adults and Individuals with Disabilities**

- Recognizing the program as the bedrock of American retirement security, NCOA supports efforts to ensure Social Security’s long-term solvency in a way that maintains Social Security for all Americans – particularly the most vulnerable older Americans who rely on the program for most or all of their income. As such, NCOA rejects policies which cut costs on the back of beneficiaries, such as raising the full retirement age above 67 or using the Chained CPI to determine cost of living adjustments.

- NCOA supports targeted enhancements to the program that would address current inequities, such as providing work credits for caregiving, raising the special minimum benefit for low-income people with long work histories, utilizing the CPI-E to more accurately determine COLA for seniors, and increasing benefits for beneficiaries over 85. Such policies have broad support from the Americans of all ages and political affiliations.

**Include Elder Economic Security in Efforts to Address Poverty and Income Inequality**

As Congress and the Administration consider policies to strengthen the safety net and increase economic opportunity, the needs of one-third of older adults who live at or near poverty should not be ignored, including:

- Enacting legislation that assists older workers. The number of older workers remaining in the workplace was already expected to grow; nearly half 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. Older workers faced with job loss are more likely to experience long-term unemployment than other age groups. In general, NCOA supports legislation that places immediate focus on the re-employment and re-training needs of these older, dislocated workers; promotes pathways to employment and sector strategies; strengthens age discrimination protections; reduces financial penalties for work beyond traditional retirement age; provides workplace flexibility; and provides incentives for employers to retain or hire older workers.

- Modernizing the measures of poverty and economic insecurity. NCOA supports efforts to update the federal poverty threshold and adopt new measures of economic insecurity. Current measures fail to reflect the real cost of meeting basic needs. Modern measures should account for the costs of providing for food, clothing, shelter, and other basic necessities; factor in income assistance and necessary expenses (taxes, out-of-pocket health costs); and reflect geographical cost-of-living differences. The methodology for the Consumer Price Index for the Elderly (CPI-E) should be revisited to account for elders’ true expenses.

- Modernizing 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.

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