



November 10, 2009

The Honorable Harry Reid, Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi, Speaker
United States House of Representatives
Washington, DC 20515

Dear Majority Leader Reid and Speaker Pelosi:

The National Association of State Units on Aging (NASUA) applauds your efforts to address the unsustainable growth in health care spending and to provide health care coverage for all. As you move forward with negotiations to combine the bills in conference, we hope you will consider the following issues of concern to NASUA, the State Units on Aging, which administer long term services and supports to seniors and individuals with disabilities, and the people this network serves. These comments are in reference to provisions in the following bills: H.R. 3962, S. 1796, and S. 1679.

EXTENSION OF ARRA INCREASE IN FMAP - NASUA strongly endorses provisions in the House-passed bill (H.R. 3962) to extend relief to States provided by the American Recovery and Reinvestment Act (ARRA). This provision would extend through June 2010 the enhanced Federal Medical Assistance Percentages (FMAP) for Medicaid. It is critical that States, almost all of which are struggling with shrinking budgets and services, receive this assistance. Without it, States will hit the Medicaid cliff and services that have already been cut will have to be reduced dramatically. *NASUA urges Congress to include the extension of ARRA's increase in FMAP in conference.*

President
Irene B. Collins
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Georgia

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AGING AND DISABILITY RESOURCE CENTERS: S. 1796 includes \$10 million per year for Aging and Disability Resource Centers (ADRCs) over five years for a total of \$50 million. NASUA supports the ADRC program, which has been proven effective through demonstration projects administered by the Centers for Medicare and Medicaid (CMS) through the Administration on Aging (AoA). ADRCs help Americans of all ages and abilities as well as their caretakers to plan their long term care have by providing information about available long term services and supports in their communities. Studies have shown that access to this information leads to delayed institutionalization and spend down to Medicaid, which saves Medicaid dollars while allowing seniors to live independently longer. *NASUA urges you to retain these measures in conference, and encourages a greater investment in ADRCs so that an adequate and steady funding stream can bolster this proven demonstration.*

HOME AND COMMUNITY BALANCED INCENTIVE (HCBI): The provisions included in the Home and Community Balanced Incentives Act (S. 1256) will provide states with new options to expand home and community-based services and will allow states to continue the efforts that they have made to rebalance the system from primarily institutional settings to home- and community- based. *NASUA supports the inclusion of HCBI in the Senate Finance Committee's bill, and urges its inclusion in conference.*

Immediate Past President
Patricia A. Polansky
New Jersey

Past President
Kathy Leitch
Washington

The economic pressures combined with the Medicaid expansion in health reform will also require additional resources for rebalanced States to sustain their services. NASUA encourages Congress to ensure that there are rewards for rebalanced States so as not to discourage innovation or to allow States that have been leaders in the rebalancing effort to fall backward during this economic downturn.

ELDER JUSTICE. NASUA strongly supports the Elder Justice Act's inclusion in health reform, which would create a comprehensive approach to ensuring adequate public-private infrastructure to

prevent, detect, treat, understand and aid in the prosecution of elder abuse, neglect, and exploitation. It would also provide for the first time a much needed dedicated federal funding stream to Adult Protective Services (APS). As a member of the Elder Justice Coalition, NASUA supports the inclusion of the Elder Justice Act in the Senate Finance Committee's bill and urges its inclusion in conference.

PREVENTION

Both the House and Senate have proposed funding for prevention services, a concept supported by NASUA. However, they have excluded the Administration on Aging from evidence-based health promotion and disease prevention funding. The Secretary of Health and Human Services (Secretary) through the Centers for Medicaid and Medicare (CMS) and AoA have for several years been demonstrating evidence-based health promotion and disease prevention programs. These programs are based on 26 models recommended by the Centers for Disease Control (CDC).ⁱ They are delivered in communities through the Aging Services Network (AoA, State Units on Aging, Area Agencies on Aging and Title VI Native American programs), have been proven effective,ⁱⁱ and they are a cost-efficient compliment to clinical interventions. Programs authorized by the Older Americans Act should not be excluded from eligibility for funding where the goal is to improve the health of all Americans, including seniors and individuals with disabilities – populations already served by the majority of State Aging Units. *NASUA urges the inclusion of the Aging Services Network in final health reform legislation. For example, NASUA would support the following changes to the Senate Health Education Labor and Pensions (HELP) Committee's bill, S. 1679, the Affordable Health Choices Act:*

Sec. 302 – Prevention and Public Health Investment Fund. This section of S. 1679 creates “a dedicated, stable funding stream for prevention, wellness, and public health activities authorized by the Public Health Service Act (§302).” This funding stream for prevention excludes programs that are administered authorized by the Older Americans Act, such as evidence-based health promotion and disease prevention programs. *Rather than limiting the Prevention and Public Health Fund to programs authorized by the Public Health Service Act, we urge Congress to give authority to the Secretary of HHS to grant funding under this section (302) for programs authorized by the Older Americans Act.*

Sec. 321 – Community Transformation Grants. This section directs the Secretary of HHS to work with the CDC Director to award grants to State and local government agencies, community-based organizations, and Indian tribes for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming. *The Secretary should also work with the Assistant Secretary for Aging in awarding grants under Section 321, and grantees should be required to collaborate with the Aging Services Network.*

Sec. 322 – Healthy Aging, Living Well. This section of the bill would provide funding for 5-year pilot programs to provide public health community interventions, screenings, and clinical referrals with the goal of improving the health status of the pre-Medicare-eligible population. This will help control chronic disease and reduce Medicare costs. Pilot programs would evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals aged 55-64 years with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk. The Aging Services Network is poised to serve the pre-Medicare-eligible population with the same case management, screening, referral and evidence-based health promotion and disease prevention programs it provides for the 60+ population. It is critical that these existing AoA programs be incorporated in your vision and made eligible for this funding. *Rather than acting solely through the CDC, the Secretary should also be required to collaborate with the Assistant Secretary for Aging in*

awarding grants authorized by Section 322. Additionally, those grants should not be limited to state and local health departments. The Secretary should have the flexibility to provide funding to all of the appropriate state agencies, including the State Units on Aging.

NASUA also supports provisions in health reform legislation:

- To provide 50% discounts for brand-name drugs in the “doughnut hole” and close the doughnut hole,
- To allow Medicare to negotiate on drug prices;
- To restore rebates so that dual eligibles pay the Medicaid rates for prescription drugs;
- To expand eligibility for the Medicare Part D low-income subsidy;
- To limit age rating to 2:1;
- To provide the same spousal impoverishment protections for spouses of Medicaid HCBS program participants as for spouses of Medicaid nursing home residents;
- To establish standards for nursing home transparency requiring information about the complex ownership and operating structures that govern many nursing homes affecting their quality and accountability;
- To create a comprehensive nationwide system of criminal background checks of long term care employees as proposed in the Patient Safety and Abuse Prevention Act;
- To increase funding from \$173 million to \$250 million for the National Family Caregiver Support Program (NFCSP) under the Older Americans Act and to create a Personal Care Attendant Workforce Advisory Panel that includes the State Units on Aging.
- To focus new online health workforce training programs on geriatric health.

ADDITIONAL PROVISIONS

PROJECT 2020: Neither the House nor the Senate have included *Project 2020* (S. 1257/H.R. 2852) in health reform, which would enhance health reform for seniors. Project 2020 would increase the funding authorization for ADRCs. ADRCs are equipped to assist CLASS Act beneficiaries by providing benefits counseling and connecting them to the services the CLASS Act will pay for.

The second section of Project 2020 provides additional funding for the Aging Service Network’s health promotion and disease prevention programs, which reduce the incidence of hospitalization and nursing home admissions, saving Medicare and Medicaid dollars.

The third part of Project 2020 provides funding for AoA’s nursing home diversion programs. It complements the Money Follows the Person program by preventing institutionalization on the front end. By providing low income seniors who are not yet Medicaid eligible with home and community based services, it delays institutionalization and spend down to Medicaid. *NASUA urges the inclusion of S. 1257 in health reform to enhance health reform for all Americans, and for seniors in particular.*

I appreciate your attention to our concerns and look forward to hearing back from you. Please feel free to contact me or Peggie Rice, our Director of Policy and Legislative Affairs, if you have any questions.

Sincerely,



Martha Roherty
NASUA Executive Director

Cc:

The Honorable Barack Obama, President of the United States
The Honorable Kathleen Sebelius, U.S. Secretary of Health and Human Services
The Honorable Kathy Greenlee, U.S. Assistant Secretary for Aging
U.S. Senate Finance Committee
U.S. Senate Health Education Labor and Pensions Committee
U.S. Senate Select Committee on Aging
U.S. House Education & Labor Committee
U.S. House Ways & Means Committee
U.S. House Energy & Commerce Committee

ⁱ The following are 26 CDC-recommended evidence based health promotion and disease prevention programs models used by AoA:

http://nasua.org/issues/federal_policy/documents/RecommendedEvidenceBasedPrograms.pdf

ⁱⁱ About AoA Disease Prevention and Wellness Programs:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Evidence_Based/index.aspx