

PROJECT 2020

Building on the Promise of Home
and Community-Based Services

Talking Points: How Advocates Can Pitch Project 2020

(S. 1257/H.R. 2852)

Advocates need to be prepared to give legislators and other decision makers persuasive information in a short period of time. To help you make the most of your meetings on *Project 2020*, we have developed these straight-forward talking points to serve as an outline for your message.

The Warm Up: Home and Community-Based Services Help People, Save Money

- Congress can help more seniors stay healthy and independent in their communities by investing in home and community-based services, such as those under the Older Americans Act (OAA), which help older adults:
 - live safely at home
 - make essential trips in the community
 - eat well and stay healthy
 - live with dignity, and
 - avoid unnecessary, more costly institutional care
- Investing in home and community-based care is far more cost effective, in economic and human terms, than paying for expensive Medicare health care claims, Medicaid nursing home bills, or losing the economic and social contributions of older Americans. **The cost of home and community-based care is estimated to be one-quarter of the cost of institutional care.**
- Countless studies of older adults indicate that they want to continue to live in their homes and in their communities for as long as possible.



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The Wind Up: Stagnant Funding Is Unworkable

- But there's a problem! OAA programs' budgets have eroded over the last several years as federal funding has not kept pace with inflation or the growing numbers of older Americans in need of services.
- As a result, services funded by these programs have lost considerable service capacity, causing many older adults to be placed on waiting lists for supportive services, adding to their emotional, physical and financial hardships. (*Mention local statistics and needs!*)
- Demand will only continue to grow as the 77 million baby boomers age. By 2030, 70 million Americans—twice the number in 2000—will be 65 and older, comprising 20 percent of the U.S. population.
- **These demographic trends make our current strategy for financing long-term care costs through the Medicaid and Medicare programs unsustainable.**

The Pitch: What Can Congress Do?

>> **Include S. 1257/H.R. 2852 in health reform legislation. Passage of these bills would fully implement NASUA and n4a's *Project 2020* proposal by providing the resources needed for long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act, including person-centered access to information, evidence-based disease prevention and health promotion activities, and enhanced nursing home diversion services.**

- The U.S. Administration on Aging (AoA), in cooperation with State Units on Aging (SUAs) and Area Agencies on Aging (AAAs), has been testing best practices in community-based long-term care that have been demonstrated to reduce the need for more expensive institutional care and prevent "spend down" to Medicaid for elderly and disabled adults.

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- For consumers, this means having long-term care options that will empower them to make informed decisions and better conserve and extend their own resources using lower cost evidence-based programs, including consumer-directed options for care in the community.
- Fully implementing person-centered access to information, evidence-based disease prevention and health promotion activities, and enhanced nursing home diversion services will allow communities to provide services to the growing aging population at a lower cost to consumers and the government through Medicaid and Medicare.
- This three-pronged program has the potential to reach over 40 million Americans and **will reduce federal Medicaid and Medicare costs by approximately \$2.8 billion** over the first five years of the initial investment requested, resulting in a **net savings to the federal government of nearly \$250 million.**