

**ROUNDTABLE DISCUSSION: THE OLDER
AMERICANS ACT**

HEARING
BEFORE THE
SUBCOMMITTEE ON RETIREMENT SECURITY AND
AGING
OF THE
COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS
UNITED STATES SENATE
ONE HUNDRED NINTH CONGRESS
SECOND SESSION
ON
EXAMINING THE REAUTHORIZATION OF THE OLDER AMERICANS ACT

—————
TUESDAY, FEBRUARY 14, 2006
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Printed for the use of the Committee on Health, Education, Labor, and Pensions



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C O N T E N T S

STATEMENTS

TUESDAY, FEBRUARY 14, 2006

	Page
DeWine, Hon. Mike, Chairman, Subcommittee on Retirement Security and Aging, opening statement	1
Enzi, Hon. Michael B., Chairman, Committee on Health, Education, Labor, and Pensions, prepared statement	2
Mikulski, Hon. Barbara A., a U.S. Senator from the State of Maryland, opening statement	3
Prepared statement	5
Kennedy, Hon. Edward M., a U.S. Senator from the State of Massachusetts, prepared statement	7
Clinton, Hon. Hillary Rodham, a U.S. Senator from the State of New York, prepared statement	7
Kennelly, Barbara, B., chair, Leadership Council of Aging Organizations, Washington, DC	11
Prepared statement	12
Reed, Jo, National Advocacy Coordinator, Federal Livable Communities and Consumer Issues, AARP, Washington, DC	15
Prepared statement	16
Bedlin, Howard, vice president, public policy and advocacy, The National Council on Aging, Washington DC	21
Prepared statement	22
Howard, Laura, executive director, National Association of Nutrition and Aging Services Programs, Washington, DC	27
Prepared statement	28
Borden, Enid, A., chief executive officer, Meals on Wheels Association of America, Alexandria, VA	31
Prepared statement	32
Markwood, Sandy, chief executive officer, National Association of Area Agencies on Aging, Washington, DC	34
Prepared statement	35
Flood, Patrick, Commissioner, Vermont Department of Disabilities, Aging, and Independent Living, on behalf of the National Association of State Units on Aging, Washington, DC	39
Prepared statement	40
Mintz, Suzanne, president and co-founder, National Family Caregivers Association, Kensington, MD	45
Prepared statement	46
Jones, Karyne, president and chief executive officer, the National Caucus and Center on Black Aged, Inc., Washington, DC	48
Prepared statement	49
Blancato, Bob, national coordinator, Elder Justice Coalition, Washington, DC	52
Prepared statement	53
Lacayo, Carmela, G., president and chief executive officer, National Association for Hispanic Elderly, Pasadena, CA	55
Prepared statement	57

Fong, Clayton, S., president and chief executive officer, National Asian Pacific Center on Aging, Seattle, WA	61
Prepared statement	63
Kourpias, George, J., president, Alliance for Retired Americans, Washington, DC	66
Prepared statement	67

ADDITIONAL MATERIAL

Statements, articles, publications, letters, etc.:	
Easter Seals Disability Services	78
Traci L. McClellan, National Indian Council on Aging	80
American Dietetic Association	85

ROUNDTABLE DISCUSSION: THE OLDER AMERICANS ACT

TUESDAY, FEBRUARY 14, 2006

U.S. SENATE,
SUBCOMMITTEE ON RETIREMENT SECURITY AND AGING,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The subcommittee met, pursuant to notice, at 2:35 p.m., in Room 430, Dirksen Senate Office Building, Hon. Mike DeWine [chairman of the subcommittee] presiding.

Present: Senators DeWine and Mikulski.

OPENING STATEMENT OF SENATOR DEWINE

Chairman DEWINE. Let me thank everyone for being here. Welcome to the Subcommittee on Retirement Security and Aging's first roundtable on the reauthorization of the Older Americans Act. Let me thank Senator Mikulski, who I have worked with on so many other occasions—she is the subcommittee's ranking member—for her great interest in these issues and, of course, for being here today. As many of you remember, during the reauthorization process in 2000, we were the chair and ranking member, as well. I look forward to working with her again on the Older Americans Act.

The last time this subcommittee convened to discuss the Older Americans Act was in May last year. At that time, we heard from Assistant Secretary Emily DeRocco from the Department of Labor and the Assistant Secretary from the Department of Health and Human Services. They promised me then that they would provide the administration's recommendations for the reauthorization of this act. While I have not yet received those recommendations, I do intend to move forward in the process of reauthorization.

I look forward to hearing all of your thoughts and receiving your recommendations for this reauthorization. We appreciate all of you being here very much.

Since the last time this subcommittee met to discuss the Older Americans Act, most, if not all, of you participated in the White House Conference on Aging. At the Conference, you voted on the issues affecting older Americans that are most important to you. I am happy to see that you listed the reauthorization of the Older Americans Act as one of your top priorities. I look forward to working with all of you to make that reauthorization happen this year.

As you know, older Americans are a vital and rapidly growing segment of our population. As we discussed in our May hearing, over 36 million people living in the United States are over the age

of 65, accounting for about 12 percent of the population. The Census Bureau projects that 45 years from now, people 65 years and older will number nearly 90 million people in the United States and comprise, at that time, 21 percent of our population. Further, we know that 4.6 million people aged 65 and older are still today employed.

The Older Americans Act is an important service provider for these Americans. Through this important act, our parents, grandparents, aunts, and uncles are able to access services, including congregate and home-delivered meals, community service employment, and services to prevent the abuse, neglect, and exploitation of older persons.

Reauthorizing the act is the primary goal of this subcommittee and I look forward to working with all of you together. Let me thank our panel participants here today. Thank you for being here. I will introduce everyone by name and affiliation, after which we will proceed to your 3 minute prepared remarks. After the first 3 minute round, we will proceed to a second round, where you will be given the opportunity to respond to remarks made by your colleagues and by me. To be recognized to make a remark during the second round, I would ask that you place your placard on its end and I will recognize you. Now, that assumes the placard will stand up. I am not really sure if that is going to work or not. If it is not, just raise your hand, which might be an easier way to do it.

Let me turn to Senator Mikulski for her comments but before I do I would like to submit the statement of Senator Enzi.

[The prepared statement of Senator Enzi follows:]

PREPARED STATEMENT OF SENATOR ENZI

Good afternoon. First, I would like to thank Chairman DeWine and ranking member Mikulski for holding this roundtable as the Committee on Health, Education, Labor, and Pensions prepares for reauthorization of the Older Americans Act. In addition, I would like to thank each of the participants today for taking time out of your schedules to attend this roundtable discussion. The Older Americans Act was created to enrich the lives and well being of older Americans through social services and programs. As Americans live longer, it is important to create an environment that allows our older Americans to live better. The programs of the Older Americans Act are an important tool for accomplishing this goal.

When originally enacted in 1965, the act envisioned a wide range of social services and programs, including supportive services, congregate and home-delivered nutrition services, community service employment, the long-term care ombudsman program, and services to prevent abuse, neglect and exploitation of older individuals. It is important to note that the act supports specific grants to Native Americans, as well as research, training and demonstration activities.

Fourteen amendments since 1965 have continued to shape the delivery of services and add new programs to the Older Americans Act that will benefit individuals as they age. Major amendments have created a national nutrition program for the elderly that benefited my own mother, and many others, in the State of Wyoming. In addition, amendments have provided more flexibility in the ad-

ministration of State and area agencies on aging that are the foundation of a comprehensive network of services for all older Americans. In 1992, the amendments created a new title VII to consolidate and expand certain programs that focus on the rights of older persons, including a long-term care ombudsman program; program for the prevention of elder abuse, neglect and exploitation; elder rights and legal assistance development programs; and outreach, counseling and assistance for insurance and public benefit programs. The 2000 amendments were enacted after 6 years of congressional debate on reauthorization and authorized the National Family Caregiver Support Program.

It is my goal to move through the reauthorization process expeditiously, while balancing the need to understand what programs have worked and what programs have not. The process of reauthorization provides an opportunity for all of us to examine the success of prior years and prior programs and to determine what improvements can be made. This committee looks forward to a full and open discussion of the Older Americans Act in the months ahead. We will be working across party lines to ensure reauthorization is conducted in a timely fashion. Certainly, we will work toward the goal set forth by the resolution of highest priority at the December 2005 White House Conference on Aging, which called for reauthorization within 6 months. If we address the controversial issues upfront, it will help expedite the legislative process.

I look forward to hearing how the changes that accompanied the 2000 reauthorization have affected the organizations we have represented here today. The participants today represent some of the groups that are recipients of title V funding for Senior Community Service Employment Programs through the Department of Labor. While we do not have the final figures on the past 3 years of performance measures from the Department of Labor, I look forward to learning how these programs have been influenced by the changes that occurred in this program as a result of the 2000 amendments. I also look forward to learning how the National Caregiver Support Program has benefited older Americans and their families.

As we move forward with reauthorization, it is important that we focus on the reason the Older Americans Act was enacted in 1965. Moreover, we must consider additions or changes to programs that are needed as we prepared for 77 million Baby Boomers who are turning 60 in record numbers. Beginning this year, everyday 7,918 people will turn 60 years old. The Older Americans Act must embrace programs that ensure our seniors remain healthy, fed, housed, mobile, and safe from scams and abuse. I look forward to learning from today's participants the ways we can improve the Older Americans Act for future generations to come. Again, I thank you for your participation in today's roundtable discussion.

OPENING STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Thank you very much, Senator DeWine, and welcome to all of you. I am looking forward to this conversation. I want to take this opportunity to wish you a happy Valentine's Day. I would hope, though, that on such a day of such good feelings that we commit ourselves to being able to pass this bill.

I want to thank Senator DeWine for convening this hearing and also the way we worked together in 2003. We got the bill authorized after years of stalling and fussing and fretting and a variety of things and we look forward to that and I want to thank him for his collegiality and for his civility and I believe we can do it again.

I want to thank the senior network in attendance today because ultimately, our best ideas have to come from the people. And as much as we would like, we can't hold town hall meetings throughout the entire country on this authorization. But you, speaking today for the groups that you represent, create in many ways a national town hall by proxy. So we look forward to hearing your advice and your recommendations.

This program has been around for a while, but it continues to be fresh because of the principles that I believe we follow. And when we look to reauthorization, we need to talk about those principles.

First, that it is vital to continue and improve the core services of the act. Seniors have come to depend on the information and referral, as well as the family caregiver support services, as well as congregate home-delivered meals, transportation, and home care.

The other important part of this program is though it is a national framework, it allows for local flexibility. One of the joys I have in traveling my home State of Maryland is that you can see the variety and richness and creativity of the local community in the way it delivers the services, whether it is in Garrett County, which is an Appalachian part of my State, or in the inner city of Baltimore, or even different than the sophisticated community of Bethesda, or the the poor rural part of the Eastern Shore in Somerset County. But through it all, we want to preserve a national framework, national standards, local flexibility, and local creativity.

Not all seniors have family and friends, and we want to work to ensure that they continue to stay independent and we will look at those services.

Our senior population is not the same as when this bill was passed in 1965. This is the first time the boomers will be eligible for services under the Older Americans Act, and we know the boomers. When they come, they boom, and we expect that we will be hearing from them. But they are also going to look for a more modernized Older Americans Act to meet the changing needs. But it also means that we have an increasing population of 85 and older, and an increasing aging population in general. We need to take advantage of new technologies and innovations to be able to provide the kind of services that we need.

I look forward to working on this program, but I must say that as we work on reauthorization, we have to also work on the budget. I was deeply concerned that this year's budget has a cut in Meals on Wheels, eliminates two important programs in Alzheimer's and other very important services. So we want to not only create the right Federal lawbook, but we have got to make sure we put the Older Americans Act in the Federal checkbook.

We look forward to your advice, and I am sure you will have our consent. Thank you very much.

[The prepared statement of Senator Mikulski follows:]

PREPARED STATEMENT OF SENATOR MIKULSKI

Good morning. I'm very pleased to be here this morning as we meet to discuss how Older American's Act programs and services have benefitted our Nations seniors. I look forward to hearing suggestions about what legislative changes should be made to improve these important programs so they continue to meet the day-to-day needs of America's growing population of older Americans. I would like to thank the chairman, Senator DeWine, for calling this roundtable discussion today, as well as all the representatives of the senior network in attendance.

I am looking forward to reauthorizing the Older Americans Act. It is an important responsibility that we have to our Nation's seniors. However, I must say that I was disappointed last week when I learned that President Bush's fiscal year 2007 budget proposed a decrease of \$72 million below last years funding level for Older Americans Act programs. The budget completely eliminates two programs—the Alzheimer's Demonstration Grant program, and the Preventative Health Services program for seniors. The budget also reduces funding for two programs near and dear to my heart—and in many instances the life line for many seniors and the family members who care for them. Nutrition programs were cut by \$2 million—and the Family Caregiver Program—which is a resource for thousands of families across the country was cut by \$3 million. On the heels of the White House Conference on Aging—where resolutions stating that additional funding for these important programs must be appropriated were adopted—our Nations budget for senior programs should be going up—not down.

PRINCIPLES

There are several principles that I believe must guide reauthorization. First, we must continue and improve the core services of this act to meet the vital needs of America's seniors. We need a national program, with national standards that ensure consistency—but also allows for local flexibility and creativity. Secondly, we must modernize the act to meet the changing needs of America's senior population, including the growing number of seniors over 85, the impending senior boom, and the growing number of seniors in minority groups. Next, we must look for ways to help seniors live more independent and active lives. Finally, we must give national, State, and local programs the resources they need to carry out these vital responsibilities. Let me expand on these principles.

CORE SERVICES

It is vital to continue and improve the core services of this act. Seniors have come to depend on the information and referral services, family caregiver support services, congregate and home-delivered meals, transportation, home care, and other OAA programs to meet their daily needs. Take information and referral services. Whether it is pension counseling or the long-term care ombudsman program—these are vital to helping seniors navigate the complex financial and health care systems. Not all seniors have family and friends that can assist them with complicated decisions, like choosing a long-term care insurance plan or a nursing home. These pro-

grams put information in terms seniors can understand. These programs are a safety net for many. Where else would they get these services?

MODERNIZATION

Our senior population is not the same as it was in 1965. This will be the first time the baby boomers will be eligible for services under the Older Americans Act. That's why we must modernize the OAA to meet the changing needs and diversity of our seniors. What does this mean? Well, it means making sure we have programs and services to meet the needs of the growing population that is 85 or older. It means making sure that we are sensitive to the needs of minority, low-income, and hard-to-reach seniors. And it means preparing for the upcoming senior boom. By 2050 there will be nearly 90 million seniors over age 65, more than twice their number in 2003. We must take advantage of new technology and innovations like the Internet to reach out to these seniors.

INDEPENDENCE

Seniors today are living longer, healthier lives. We must do what we can to help them be as independent and active as possible. The majority of senior citizens with chronic conditions live in the community and have their care provided by spouses, adult children and other family members. With the reauthorization of OAA in 2000, we worked hard to create the National Family Caregiver Support Program. In 2003, this program provided assistance to nearly 600,000 caregivers. Services include respite care, caregiver counseling and training, information about available resources, and assistance in locating services. These services are invaluable to seniors and their families. We must ensure that we are doing what we can to help ALL seniors live healthy, independent lives for as long as possible.

RESOURCES

Finally, we must provide the resources necessary to meet these challenges and support our seniors. Too many Older Americans Act programs have been flat funded, and decreased for too long. We must commit ourselves, our dollars, and our programs to meet the needs of our growing and changing senior population.

I want us to reauthorize this act. This is our responsibility. We must not abandon it. I look forward to working with all of the groups represented on today's panel, as well as others that we will hear from during this reauthorization process.

I thank you for your testimony and I look forward to working with you in the coming months to improve the quality of life for all of America's seniors in 2006 and beyond.

Chairman DEWINE. Thank you.

I want to introduce all 13 members of the panel and then we will start with Barbara over here but before I do that I would like to submit for the record the statements of Senator Kennedy and Senator Clinton.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

It's a privilege to be part of this roundtable discussion today. The Older Americans Act is a lifeline for our senior citizens. The act was one of the first bills I worked on in the Senate in the 1960's.

Like Social Security, Medicare and Medicaid, it's part of our commitment to take care of our Nation's seniors in their golden years.

One of its major goals is to encourage healthy living and disease prevention, and the Meals on Wheels program enacted in the 1970's has been one of its most impressive successes. Massachusetts has been in the forefront of the effort to provide community-based nutrition services to elders. The State program coordinates 28 nutrition projects throughout the State to deal with seniors' problems of poor nutrition and social isolation.

Unfortunately, the administration's new budget cuts \$3 million from these important nutrition programs, and cuts the Older Americans Act by a total of \$28 million. It zeros out programs such as disease prevention and Alzheimer's demonstration grants, and it cuts the National Family Caregiver Support Program by \$2 million. Funding for the Older Americans Act was already failing to keep pace with inflation, and this budget goes even further in ignoring the needs of seniors and the successful programs that keep them healthy and self-sufficient.

According to the Census Bureau, there will be 6.7 million persons aged 55 or older who will be living in poverty by 2008, a 22 percent increase from 2000. By 2015, the number will increase to 9 million low-income older Americans if we allow the current trend to continue.

The Older Americans Act also provides essential opportunities for employment for older Americans through the Senior Community Service Employment Program, which provides seniors with job training while involving them with the communities they love, and which also love them. Last year, this program supported over 61,000 jobs and served over 91,000 people.

These and other programs under the act will become even more important in the years ahead. We know that this year, the first of the baby boom generation will be eligible for the act's services. By the year 2030, one in five Americans will be over age 65. We obviously need to get our priorities right, and I look forward to working with all of you to strengthen the safety net for the Nation's seniors. A good place to start is with the reauthorization of the Older Americans Act this year. Thank you all for taking part in this roundtable discussion to help us chart the path ahead.

[The prepared statement of Senator Clinton follows:]

PREPARED STATEMENT OF SENATOR CLINTON

I would like to thank Senators DeWine and Mikulski for holding this important hearing. In less than 10 years, the first wave of Baby Boomers will turn 65. As we prepare for the upcoming reauthorization of the Older Americans Act, we must consider how we will meet the increasing needs of this elder boom and the demands placed on our local, State, and Federal health systems in the next 30 years.

As Baby Boomers begin to require these essential senior services, it is not the time to be cutting programs for older Americans. The Bush administration's budget for fiscal year 2007 cuts Aging programs by \$28 million, which will jeopardize our seniors' access to critical services, like Meals on Wheels.

Originally enacted in 1965, the Older Americans Act is the major vehicle for the delivery of social and nutrition services to our seniors. New York receives the third largest allocation of the Older Americans Act funds, just behind California and Florida.

At the White House Conference on Aging in December 2005, the delegates' primary recommendation for Congress was to reauthorize the Older Americans Act within the next 6 months. As we prepare to make that recommendation a reality, I believe there are a number of important areas to examine.

One of the first areas we must address is the long-term care crisis in our country resulting from the growing longevity of Americans. We must look for solutions to this mounting problem. As the number of individuals in need of long-term care rises, issues such as financing, quality of care, family involvement, quality of life, end-of-life care, and overall service delivery are growing in importance and impact.

And although Medicaid provides some home- and community-based services and supports, the program is weighted towards institutional care, even when many seniors would be able to—and most times would prefer to—stay in their own homes. According to the AARP, more than 90 percent of older adults prefer to remain in their current residence as long as possible.

Home and community-based services are not only the preference of seniors, but they are also a more cost-effective means of providing care. As the Baby Boomers continue to age, our current infrastructure for delivering services needs to adjust to reflect this preference and help ease the cost of providing care to this burgeoning group.

I am currently developing legislation that would amend the Older Americans Act to assist older adults who are just above the Medicaid threshold obtain supportive services necessary to remain safely in their communities. This legislation would provide seniors with the option of using a consumer directed, long-term care approach based on their individual choices and preferences, in collaboration with service coordinators. This approach would not only respect the wishes of older adults, but also reduce the burden on the Medicaid system.

As we anticipate an increase in demand for long-term care services from the Baby Boom generation, Naturally Occurring Retirement Communities or NORCs are another area of interest to me. NORCs refer to a variety of residential housing constructs, such as apartments, condominiums, cooperatives, and neighborhoods of attached or single-family dwellings, where large concentrations of older adults reside. NORCs exist in many demographic spheres—urban, suburban and rural. They evolve naturally, primarily through the aging in place of the population or through large-scale migration of seniors to particular buildings or neighborhoods. According to AARP, as many as 25 to 36 percent of seniors live in NORCs.

A study funded by the Robert Wood Johnson Foundation and conducted by the Florence Heller Graduate School of Brandeis University found NORCs provide unique opportunities to: (1) deliver health and supportive services cost effectively; (2) increase service availability; (3) organize cooperative health promotion, crises prevention, and community improvement initiatives and (4) develop new human, financial, and neighborhood resources for the benefit of older residents. There has been a growing interest in NORCs, as well as an increasing number of them. Successful set aside NORC demonstration projects have been funded through the Older Americans Act in the past.

With the older adult population expected to mushroom to 20 percent of the U.S. population by 2025, we should put more permanent language into the upcoming Older Americans Act that would authorize funding for NORCs in all States, rather than just for demonstration projects in some States.

Another issue of considerable importance to me is caregiving. Research suggests that more than a quarter of adults are currently providing care for a chronically ill, disabled, or aging family member or friend, while 59 percent of adults will care for a loved one at some point in their lifetime. Although caregiving can be personally rewarding, it can also result in substantial psychological, physical, and financial hardship. Research suggests that caregivers often put their own health and well being at risk while assisting loved ones. These difficult demands can lead to depression, relationship stress, physical illness, anxiety, and emotional strain.

As you know, my husband signed the National Family Caregiver Support Program into law as part of the 2000 amendments to Title III of the Older Americans Act. This was a tremendous step toward recognizing the heroic efforts of our caregivers. Prior to the establishment of this program, there was no comprehensive Federal program that supported family caregivers of seniors. Although the National Family Caregiver Support Program took a step in the right direction, further efforts are necessary to meet the increasing needs of family caregivers.

Unfortunately, in New York and across our country, quality respite care remains hard to find today and too many caregivers do not know how to find information about available services. Even when community respite care services exist, there are often long waiting lists.

That is why I reintroduced the *Lifespan Respite Care Act* with my cosponsor Senator Warner. This legislation would improve efficiency and reduce duplication in respite service development and delivery. The *Lifespan Respite Care Act* would bolster the National Family Caregiver Support Program by making quality respite care available to family caregivers of individuals with special needs across the lifespan—from children to seniors—regardless of their Medicaid status, age or disability.

In addition to caregiving, I believe we must focus on the growing mental health needs of our seniors during the upcoming reauthorization of the Older Americans Act. Although older adults enjoy good mental health, it is estimated that nearly 20 percent of Americans age 55 or older experience a mental disorder. The number of

seniors with mental and behavioral health problems is anticipated to reach 15 million in 2030.

Among the most prevalent mental health concerns older adults encounter are anxiety, depression, and cognitive impairment. If left untreated, these disorders can have severe physical and psychological implications. In fact, older adults have the highest rates of suicide in our country and depression is the foremost risk factor.

The physical consequences of mental health disorders can be both expensive and debilitating. For example, depression has a significant negative impact on the ability to function, resulting in high rates of disability.

In order to address the mental health needs of our seniors, I have reintroduced the *Positive Aging Act* with my cosponsor Senator Collins. This bill would amend the Older Americans Act to make mental health services for older adults an integral part of primary care services in community settings and extend them to other settings where seniors reside and receive services, such as NORCs. Interdisciplinary teams of mental health professionals and other health providers would provide evidence-based services to seniors under this legislation.

Finally, I believe we must promote elder justice by providing resources to States and local agencies to combat elder abuse, neglect and exploitation and by increasing resources, awareness and leadership on this issue. That is why I support the *Elder Justice Act* that Senators Lincoln and Hatch have spearheaded this Congress. This is the first comprehensive piece of Federal legislation that addresses and prevents the suffering and disgrace so many of our seniors experience—that too often goes unreported.

We face an important yet exciting challenge as we prepare our country for the aging boom. What we do to prepare now will have a tremendous impact on our systems of care tomorrow.

Again, I thank you for holding this important hearing today and look forward to continuing to explore these and other important issues as we prepare for the reauthorization of the Older Americans Act.

Chairman DEWINE. Barbara Kennelly, our former colleague, we welcome her as the chair of the Leadership Council of Aging Organizations; Jo Reed, chief executive officer of the AARP; Howard Bedlin, vice president for public policy of the National Council on Aging; Laura Howard, executive director of the National Association of Nutrition and Aging Services Programs; Enid Borden, chief executive officer of the Meals on Wheels Association of America; Patrick Flood, the commissioner of the Vermont Department of Aging and Disabilities, today, he is representing the National Association of State Units on Aging; Sandy Markwood, chief executive officer of the National Association of Area Agencies on Aging; Suzanne Mintz, president and co-founder of the National Family Caregivers Association; Karyne Jones, president and chief executive officer of the National Caucus and Center on Black Aged; Clayton Fong, executive director of the National Asian Pacific Center on Aging; Carmela Lacayo, president and chief executive officer of the National Association for Hispanic Elderly; Bob Blancato, the national coordinator of the Elder Justice Coalition, and finally, George Kourpias, President of the Alliance for Retired Americans.

Barbara, why don't you start, please.

STATEMENT OF BARBARA B. KENNELLY, CHAIR, LEADERSHIP COUNCIL OF AGING ORGANIZATIONS, WASHINGTON, DC.

Ms. KENNELLY. Thank you, Senator. I am absolutely delighted to be here as chair of the Leadership Council of Aging Organizations. I am also president of the National Committee to Preserve Social Security and Medicare. In addition, I was a member of the policy committee with Clayton Fong and with Bob Blancato and Gail Hunt, who is in the audience, and we were voting on resolutions. It wasn't even a contest. The number one resolution of people, 1,200 people who came from around the United States, Republicans, Democrats, Independent, they wanted the reauthorization of the Older Americans Act.

I have not much time and you were good enough to ask me to send all the recommendations of our group and I sent you 31 recommendations that we all agree on. But I also just want to say to you that LCAO supports a substantial increase in the Older Americans Act authorization levels above current 2006 funding levels to reflect inflation and assure that the aging network has adequate resources to meet its challenges. I know that is asking a lot, but I think it should happen.

And then I know the two things that you both are interested in, both Senators, is to help family caregivers. LCAO supports strengthening the National Family Caregivers Support Program, which I know you both have supported so beautifully in the 2000 reauthorization. I also have had the honor, Secretary Carboneli had me over last week to see the Choices for Independence Initiative, the new program. We want to look at it very, very carefully.

You are here today, and you know, in this day and age, it is not often that a whole audience, people who are testifying and people who are in the audience, agree on where we are today. I have been in senior issues for 31 years, but I don't think there has ever been as successful a program as the Older Americans Act. Now, I know and everybody in this room knows that we are going to be arguing and debating and challenging each other about Social Security and about Medicare, but I think the Older Americans Act is something that we can all agree on.

Therefore, I just think this is an opportunity to authorize this act and authorize it to the point where it really works. Thousands and thousands and thousands of rides to the bank, to the grocery store, just getting people out of their homes and they can stay independent and they can live with dignity. This act does its work, but it can't do its work unless it is authorized at an adequate amount of funding, and I think we are so lucky to have all of us agree on that.

We are 54 organizations that belong to the LCAO, but we all agree the authorization of this act is terribly important. We can't agree on much in this town, but this one we can agree on.

Chairman DEWINE. Thank you very much.

[The prepared statement of Ms. Kennelly follows:]

PREPARED STATEMENT OF BARBARA B. KENNELLY

LCAO OLDER AMERICANS ACT REAUTHORIZATION RECOMMENDATIONS

The Older Americans Act (OAA) is the major Federal discretionary funding source for home- and community-based services for seniors. Programs supported through the OAA include home-delivered and congregate nutrition services, the Senior Community Service Employment Program, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older persons, the National Family Caregiver Support Program, and other supportive services. These programs provide vital support for those seniors who are at significant risk of losing their ability to remain independent in their own homes and communities.

The Leadership Council of Aging Organizations (LCAO), which has played a significant leadership role in past reauthorizations, is committed to a reauthorization that will strengthen the OAA for both the seniors currently receiving services and for the baby boomers who, starting in 2006, are eligible to receive services provided by the OAA. The Aging Network established by the act has been a successful model of service delivery for over 30 years and through this reauthorization should be positioned to assist the country's growing aging population to remain healthy, active, and in their communities for as long as possible.

The number one priority at the recent 2005 White House Conference on Aging, an event held only once a decade, concerned reauthorization of the OAA. Delegates from across the country, largely appointed by Governors and Members of Congress, expressed strong support for strengthening the program, along with serious concerns about its current underfunding. We urge Congress to act on the will of these delegates by updating and improving the act and providing the funding needed for the OAA to keep seniors independent and productive.

Therefore, the LCAO makes the following recommendations to strengthen and enhance the OAA:

GENERAL

1. Increase OAA authorization levels by at least 25 percent above current fiscal year 2006 funding levels to reflect inflation and ensure that the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly those over the age of 85, who are the most frail, most vulnerable and in the greatest need of aging supportive services.
2. Provide for a 5 year authorization period to ensure continuity, promote quality improvements in programs and services and allow newly-authorized programs and amendments to be fully implemented.

TITLE II

3. Strengthen the National Long-Term Care Ombudsman Resource Center by increasing the authorized appropriation level to \$1 million annually to provide support and training for the Long-Term Care Ombudsman Programs that protect the rights and interests of residents of long-term care facilities and their families.
4. Strengthen the National Center on Elder Abuse by increasing the authorized appropriation level to \$1 million annually to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation.

TITLE III

5. Encourage and support the development and implementation of greater opportunities for innovative, community-based service delivery methods, including consumer-directed models that promote independence, autonomy, choice and control for senior adults and their caregivers.
6. Strengthen the National Family Caregiver Support Program (NFCSP) under title III-E by:
 - a. Doubling the original authorization to \$250 million per year;
 - b. Revising the definition of "kinship" in the NFCSP to include non-blood relationships;
 - c. Adding a new program focusing on the needs of older persons with Alzheimer's disease and related dementia and their caregivers, building on the success of the current State demonstration program;
 - d. Promoting the value of senior volunteers, particularly low-income seniors, in providing respite care to relieve caregiver stress.
7. Establish an authorization level of at least \$60 million for the title III-D Health Promotion and Disease Prevention program, including \$25 million specifically for local implementation of evidenced-based promotion and prevention programs and a

\$10 million set aside for a demonstration program on a community-based collaborative involving State or local aging, health care and public health providers to advance health promotion and disease prevention services.

8. Include statutory language in the Older Americans Act that increases support to the aging network to promote senior mobility and to facilitate coordination of human services transportation.

TITLE IV

9. Authorize funds for the Administration on Aging (AOA) to conduct a study on the status and effectiveness of the nutrition programs which should be done by an independent organization such as the Institute of Medicine, and thoroughly disseminate the study's findings.

10. Authorize funds for a demonstration project to study the ways technological innovations can be used to promote the independence, health and well being of seniors and their caregivers.

TITLE V

11. Maintain the Senior Community Service Employment Program's (SCSEP's) dual structure of funding State and national grants and operating through State Units on Aging and the National Sponsoring Agencies.

12. Maintain the title V SCSEP's vital, historic focus on community service, which significantly benefits the aging population.

13. Reduce the barriers to participation of older workers in SCSEP. For example, strengthen the income security provided to low-income older workers in the SCSEP by exempting wages earned in the program as income for purposes of determining eligibility for Medicaid and other Federal benefits.

14. Develop reasonable performance expectations based on population served, particularly regarding unsubsidized placements.

15. Oppose efforts to consolidate the SCSEP with other employment programs and oppose burdensome administrative requirements or significant programmatic changes. Low-income seniors face barriers to employment far different from the challenges other seniors face in seeking workforce engagement; to divert resources or program focus away from this population would significantly lessen the likelihood that they will find and retain meaningful employment. Frequent changes in SCSEP regulations and administration have created serious negative consequences for both participants and community-based organizations and it is now appropriate to let the changes of the last few years settle in.

16. Strengthen the involvement of the Administration on Aging in the title V program by requiring the Secretary of Labor to consult with, and obtain the written recommendations of the Assistant Secretary for Aging on operation and administration of title V.

TITLE VI

17. Strengthen title VI Aging Grants to Indian Tribes and Native Hawaiian Organizations by increasing authorized appropriations level to \$50 million annually to provide for adequate delivery of nutrition and other supportive services.

18. Increase the authorized appropriations level to \$20 million annually for Part C, the Native American Caregiver Support Program, and provide training to Tribes to use the caregiver funds effectively.

TITLE VII

19. Strengthen the capacity of the aging network to develop and implement a comprehensive elder rights system through:

a. Authorizing funding to support the rights of elders through existing title VII elder rights services. In particular, we recommend the following authorized funding levels:

i. Long-Term Care Ombudsman Program at \$45.5 million;

ii. Legal Services Developer at \$10 million;

iii. Elder Abuse Prevention at \$10 million;

iv. Pension Counseling at \$10 million;

v. Native American Organization Provisions at \$10 million.

b. Authorizing a funding level of \$50 million to provide assisted living residents and recipients of home- and community-based services access to services of the Long-Term Care Ombudsman Program.

c. Recognizing the critical role of adult protective service (APS) in the prevention of and response to elder abuse, neglect and exploitation.

d. Statutory recognition of the existing role of State units on aging in administering APS programs.

20. Strengthen provisions and increase the authorized funding levels for title VII services to enhance access to Legal Assistance to the Elderly and ensure the viability of elder abuse and domestic violence prevention, intervention and related elder justice activities and outreach demonstrations. Also, support title VII services to enhance capacity and increase training of law enforcement officials and medical staff; broaden public education; and facilitate coordination among all professionals and volunteers involved with the prevention, detection, intervention and treatment of abuse and neglect of vulnerable older adults.

ADDITIONAL WAYS TO STRENGTHEN THE OAA

21. Establish a new title in the OAA that would support the Aging Network to work with State and local Governments to actively prepare for the aging of the baby boomers, as well as today's elderly population. Through the new title, funds would support new resources in the Aging Network to coordinate community plans to prepare for the aging population's impact on the social, physical, and fiscal fabric of our Nation's cities and counties. The new title would also establish a national resource center to provide the necessary guidance, training, and technical assistance to aging programs in their efforts to help communities develop livable communities for all ages. This title shall be evaluated and sunsetted as necessary.

22. Provide permanent authority and authorize funds to design and implement Aging and Disability Resource Centers to assist older people and adults with disabilities to make informed decisions about their service and support options and serve as the one-stop center for the States long-term care service and support system.

23. Include a national education and training program for new leaders in the aging network that would reinforce and broaden the capacity of aging network to meet future challenges and opportunities.

24. Authorize the creation of a new National Center on Senior Benefits Outreach and Enrollment. The Center would work closely with State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and CMS Regional Offices to create and support a nationwide network of certified enrollment centers.

25. Establish a permanent, evidence-based disease prevention and health promotion program to support healthy, productive aging by capturing the critical lessons learned from the current Evidence-based Prevention Initiative demonstrations. Establish a range of programs in each State. Expand the size (both the number of providing agencies and the number of participants) of the best of the current demonstrations to ensure that these programs can go to scale and to develop more accurate cost estimates and establish readiness to implement criteria. Document adjustments that are being made to current organizational processes and systems to gain a better understanding of which practices can be modified and which practices need to be rebuilt. Provide incentive grants, training and technical assistance to the next generation of agencies that meet the readiness criteria to implement evidence-based prevention programming.

26. Strengthen collaboration between the Administration on Aging and the Corporation for National and Community Service to promote their roles as:

a. Catalysts in forging a national policy framework and infrastructure that greatly expands opportunities for millions of older adults to give back and participate in the affairs of their communities;

b. Innovators to foster the growth of promising practices, evidence-based and outcome focused program models, and community capacity building initiatives;

c. Collaborators with the private sector to change workforce policies and practices and support transition planning for retiring workers;

d. Researchers to establish, and routinely assess against, a baseline for financial savings and cost benefits resulting from older adults remaining active, contributing members of society and from the direct and demonstrable impact they have on reducing serious social problems.

27. Strengthen the authority of State Government to ensure that the act's resources are targeted to those older persons most in need of support to maintain dignity and independence, such as the very old, the poor, the near poor who may not qualify for Medicaid, the frail, those geographically or socially isolated, limited English speaking individuals, and low-income minority persons.

28. Strengthen and broaden the Federal leadership role of the Assistant Secretary for Aging to include new partnerships with the Centers for Medicare and Medicaid Services (CMS):

a. To administer the Home and Community-Based Services (HCBS) Medicaid Waiver Programs and other long-term care programs.

b. To ensure that older qualified individuals with disabilities have access to services in the most integrated setting appropriate to their needs.

c. To provide information, education and counseling to people with Medicare in partnership with CMS.

d. To assist in efforts to ensure the integrity of the Medicare program in partnership with CMS.

29. Strengthen collaborative efforts between the Administration on Aging, with its Federal leadership role, and all relevant Federal agencies with a significant aging portfolio, including but not limited to: the Department of Housing and Urban Development, the Federal Transit Administration, the Corporation for National and Community Service, the Social Security Administration, the Centers for Disease Control, and the Centers for Medicare and Medicaid Services.

30. Strengthen and broaden the leadership role of the State Units on Aging and Area Agencies on Aging (AAAs) to eliminate the institutional bias in their State's long-term care system through:

a. New partnership with the State Medicaid agencies to ensure that older qualified individuals with disabilities have access to services and adaptive equipment in the most integrated setting appropriate to their needs.

b. Requiring active participation in the development and implementation of the State's Olmstead plan, long-term care rebalancing plans or meeting ADA title II requirements for older people.

c. Statutory recognition of their expanded responsibilities in the design and implementation of home- and community-based service systems including the State Medicaid Home and Community-Based Services Waiver programs for the aged and people with disabilities and other long-term care programs.

31. Make proven title IV projects, including legal hotlines, Family Friends, and Medicare Patrol Projects, permanent service options through stable and reliable funding sources.

Note: *The numbering system used in this document is for reference purposes only and should not be considered a prioritization of recommendations.*

Chairman DEWINE. Ms. Reed.

STATEMENT OF JO REED, NATIONAL ADVOCACY COORDINATOR, FEDERAL LIVABLE COMMUNITIES AND CONSUMER ISSUES, AARP, WASHINGTON, DC.

Ms. REED. Thank you. First of all, on behalf of AARP, I am delighted to be here, as well. I have to tell you, however, that I am the National Coordinator for Livable Communities and Consumer Issues for Advocacy Operation, although I appreciated that promotion. I will briefly summarize the key points in our longer statement for the record.

Regarding the delivery of home- and community-based services, helping people to grow older in their communities with independence and dignity is the bedrock goal of the Older Americans Act, and coordination of available resources to achieve this goal is essential. So we are encouraged by the administration's new initiative, Choices for Independence, and we think this initiative holds tremendous promise and really deserves favorable attention from Congress. However, we are concerned that funds for other important activities, such as the Alzheimer's demonstration grants, should not be sacrificed in a move to launch this effort.

Monitoring and improving quality in the delivery of long-term care services is critical. We strongly support the maintenance of the Office of the Long-Term Care Ombudsman and the program's authority to be an effective watchdog in nursing homes and other long-term care facilities.

Regarding the title V Senior Community Services Employment Program, AARP believes that the current SCSEP project manage-

ment structure has proven effective and should be preserved, along with its original dual job opportunity and community service mission. In that regard, we do not support the title V proposal outlined in the administration's 2005 budget, which would eliminate national grants and administer the program through State contracts with national and other groups. Such a drastic and premature change would, in our view, create significant confusion for participants and serious program inefficiencies. Further, it would squander the opportunity for experienced grantees to build on past success and new ones to prove their worth. Mr. Chairman, let me add that we believe in this program so strongly that we subsidize it with AARP resources.

AARP continues to support targeting of Older Americans Act services established in previous reauthorizations, an effort more critical in these days of austere budgets than ever. To that end, we support uniform data collection procedures and definitions. These are necessary to strengthen evaluation of program effectiveness and better target services to the most vulnerable populations.

AARP supports retaining the critical advocacy functions of the Older Americans Act, highlighted in Title VII of the act. Advocates for seniors need to engage fully in all aspects of OAA planning and work to improve access to public benefit programs by low-income older persons whose participation in such programs continues to lag behind that of other age groups.

Legal assistance should continue to be a required service in the act.

Finally, AARP continues to believe that broader cost-sharing and sliding scale fees should be implemented only after carefully monitored demonstrations affirm that the most economically and socially vulnerable populations do not encounter barriers.

In conclusion, we thank you for acknowledging the concerns of older Americans. We strongly urge your support for a simple reauthorization that makes only targeted changes in existing programs to improve efficiency. Thank you.

[The prepared statement of Ms. Reed follows:]

PREPARED STATEMENT OF JO REED

EXECUTIVE SUMMARY SHEET

A. Delivery of Home and Community-Based Long-Term Care & Ombudsman Services

1. Develop and use comprehensive, coordinated systems of long-term care that ease consumer access through a single point of entry.

2. Encourage States to develop their own home- and community-based care programs using combinations of OAA and other funds to serve persons unable to meet Medicare and Medicaid requirements.

3. Encourage use of combined funding sources to supplement services provided through Medicaid.

4. Retain the separation between the roles of assessing eligibility and actual provision of service for OAA-funded entities.

5. Retain demonstrations capacity to assess new and improved ways to more effectively deliver LTC and supportive services.

6. Retain Ombudsman provisions that authorize their advocacy functions and ensure adequate funding.

7. Do not expand the roles or requirements of Ombudsmen without providing adequate new funding.

B. Title V—The Senior Community Service Employment Program (SCSEP)

1. Do not block grant SCSEP funds to States or compel grant competitions in all States;

2. Do not impose a higher burden of administrative costs to run the program;
3. Make no major revisions in SCSEP's administrative structure or reporting requirements that are unrelated to identified problems;
4. Do not alter the current percent allocation split of program funds between the national sponsors and the States as provided for in the OAA Amendments of 2000.

C. Targeting of Older Americans Act Services

1. Retain current targeting language in the act.
2. Do not raise the age of eligibility for service because of its adverse impact on vulnerable older minority individuals.
3. Defer any plan to broaden cost-sharing under the act pending an evaluation of the impact on under-served groups with critical needs.

D. Vulnerable Elder Rights and Consumer Rights Protections

1. Retain the current advocacy functions of entities created under the act and their roles in all aspects of planning and implementation.
2. Retain the mandate of OAA legal services and include a floor of funding at the local level.
3. Retain Ombudsman provisions that authorize their advocacy functions and ensure adequate funding.

On behalf of AARP, thank you for this opportunity to comment on the reauthorization of the programs and services of the Older Americans Act (OAA) and how they might be made more responsive to the needs of mature and older Americans. I am Jo Reed, AARP National Advocacy Coordinator for Federal Livable Communities and Consumer Issues.

AARP is most concerned that programs, authority and partnerships that have already proven effective in meeting the needs of vulnerable older Americans be maintained and strengthened. We believe that older persons are best served by a simple reauthorization that makes only minor changes in existing programs to improve efficiency. Better coordination of existing OAA programs with other Federal programs, such as proposed by the administration in its "Choices for Independence" initiative, holds tremendous promise and merits the support of Congress.

I. Delivery of Home and Community-Based Services

Helping people to grow older in their communities with independence and dignity is a bedrock goal of the Older Americans Act. All too often, advancing age and increasing frailty threaten the ability of older persons to remain in their own homes. The fear of having to enter a nursing home, with its attendant loss of independence and threat of impoverishment, weighs heavily on the minds of many older persons and their caregiver families.

Indeed, this concern is a major basis for the National Family Caregiver Support Program and the "Choices for Independence" initiative that the administration fiscal year 2007 Budget proposes as part of this reauthorization cycle. AARP welcomes this initiative as both a complement to existing caregiver and service programs and an innovative step in addressing aspects of the much larger home- and community-based service challenge. If this new program is adopted, however, higher OAA appropriations will be required so that other important OAA activities are not displaced. This will require real commitment and creativity given tight Federal spending caps.

Over the past 15 years, States have made great strides in improving the options for older persons with disabilities who want to remain in their own homes and communities for as long as possible. AARP and our partners in the aging network have been strong advocates for the development of effective networks for delivering home- and community-based long-term care services. Successful State delivery strategies include:

- expanding home- and community-based care programs by consolidating Federal and State funding (such as Medicaid, state-only funded programs, OAA, and Social Services Block Grant);
- streamlining administrative operations by designating a single State agency to serve as a single point of entry into the long-term care system;
- adopting assessment and care management practices that allow targeting of resources to the persons most in need.

In many States, the area agencies on aging serve as "single points of entry" into comprehensive, coordinated systems of care. Such systems can ease the ability of older persons and their families to find and use long-term care services, and can help States to manage their resources effectively.

AARP supports the single point of entry approach. Maximizing linkages between various delivery systems is critical, especially access linkages like transportation or legal assistance. Without such coordination, persons who need long-term care must go from agency to agency, trying to locate programs and services for which they are eligible. They also must try to decipher the multiple and often conflicting eligibility requirements of various programs.

At the same time, AARP believes that, in general, it is preferable to retain the current separation between the assessment of eligibility and the actual provision of services, so that the agency that conducts eligibility assessments does not have a financial interest in the type and amount of services authorized. We believe that the existing arrangements function effectively.

II. Long-Term Care (LTC) Ombudsman

Finding methods of monitoring and improving quality in the delivery of long-term care services is critical. Federal legislation to protect vulnerable seniors from abuse, neglect and exploitation is still pending, so the resources of the OAA remain critical [see our later comments on elder rights protections]. Long-term care clients are particularly vulnerable, and the aging network has a vital role to play in quality assurance. AARP supports adequate funding for the LTC Ombudsman program, authorized by the OAA. We strongly support maintenance of the Office of the LTC Ombudsman and the program's authority to be an effective watchdog in nursing homes and other long-term care facilities. We urge retention of provisions that enable the Ombudsman to:

- provide information to the public and lawmakers;
- comment on laws or regulations affecting care institutions;
- execute their mission free of conflict of interest at any level;
- assure the confidentiality of resident complaints and program records.

III. Title V—The Senior Community Services Employment Program (SCSEP)

First, we should note that the AARP Foundation is 1 of 13 SCSEP national sponsors. As a 501(C)(3) organization, the Foundation is a separate entity from AARP, a 501(C)(4) organization. AARP believes that the current SCSEP project management structure has already proven effective in meeting the needs of vulnerable older Americans, and should be preserved. In our view, the program can be best served by a simple reauthorization that makes only targeted changes to improve efficiency.

The reauthorization should not be encumbered by amendments that make major changes in the existing SCSEP program or its original, dual job opportunity and community service mission. While some constructive proposals have been made to improve title V—SCSEP, we have serious concerns regarding plans outlined in the administration's fiscal year 2007 Budget. That proposal would eliminate national grants and administer the program through State contracts with national and other groups. Such a drastic and premature change would, in our view, create significant confusion for participants and serious inefficiency in the program itself. Further, it would squander the opportunity for experienced grantees to build on past success, and new ones to prove their worth.

In general, AARP opposes proposals that:

- block grant SCSEP funds to States or compel grant competitions in all States;
- impose a higher burden of administrative costs to run the program;
- make major revisions in SCSEP's administrative structure or reporting requirements that are unrelated to identified problems;
- alter the current percent allocation split of program funds between the national sponsors and the States as provided for in the OAA Amendments of 2000.

SCSEP works because it is administered in a way that responds to both older workers' and local community service needs, without the State or local Government bureaucracy that would be required if administered primarily by State agencies or as a block grant. This is especially important considering the minimal attention of State and earlier Federal jobs programs in addressing the special needs of older workers. *SCSEP is the only remaining Federal job training initiative specifically designed to meet the needs of our aging workforce. It is critical that this highly successful program continue without disabling changes.*

SCSEP is a work training program for low-income persons age 55 and older. It is authorized to assist participants in gaining job skills and paid work experience needed to transition to permanent, unsubsidized jobs. As SCSEP is the only means-tested part of the act, participants meet income, age, and residency requirements.

Once enrolled, participants receive a temporary, part-time, minimum wage assignment with a host agency (a non-profit community service organization), job search assistance, and skills training as needed. The program gives "enrollees" a chance

to earn an income, develop new skills, and serve their community while continuing to pursue a permanent job. Typical assignments include jobs as cashiers, clerk typists, custodians, data entry clerks, grounds keepers, teacher's aides, hospital workers, home/health care service providers, day care workers, food preparers and public agency staff support workers.

A long-standing goal for SCSEP under the Department of Labor's rules has been to place 20 percent of all participants in unsubsidized jobs in any program year. This goal is extremely challenging given that older workers qualify as "hard-to-serve" based on age alone. The AARP Foundation has regularly exceeded this goal, placing 48 percent of participants in the last program year and nearly doubling the goal in each year for the past decade. Because other national sponsors have also performed well, the average unsubsidized placement rate for national sponsors as a group has consistently exceeded that of the States.

National sponsor performance has also exceeded that of States with regard to serving individuals with multiple employment barriers, cost per placement, administrative costs and service to the general community. While there have been occasions over the 35-plus year life of the program where administrative cost issues have been raised, it is important to keep in mind that sponsors operate under a maximum administrative cost cap of 15 percent, still well below what is allowed for most other Federal jobs programs.

SCSEP meets the needs of those most economically vulnerable seniors who must work to subsist. Of those served by SCSEP in 2004, 82 percent were below poverty (participants qualify at up to 125 percent poverty), 66 percent were female, 62 percent were age 60+, 36 percent did not graduate high school, 15 percent had a disability, 16 percent were veterans, and 41 percent were minority (14 percent Hispanic, 38 percent African-American, and 1 percent other, while 47 percent were white). Clearly, SCSEP serves a population that faces multiple barriers to employment. Some smaller national organizations bring unique skills for reaching older worker populations that are often underserved, especially older minority individuals. For this reason, among others, AARP has always supported using national sponsors to provide employment training opportunities.

Finally, AARP would also be very concerned about any proposals to lower the administrative cap. The practical effect of such a change would be to disadvantage minority elders because it would fall more heavily on smaller minority national sponsors such as those serving Native American, Hispanic, Asian and African-American elderly. The impact would simultaneously be felt by minority communities and the national sponsors in the form of diminished service delivery capacity. Some likely consequences of a lower administrative cap that can be anticipated include:

- Outreach and support services to eligible seniors would be reduced due to decreased project staff and resources;
- Job opportunities would be diminished for low-income and minority elders and their communities, since minority sponsors serving such communities have the smallest grants, yet their program participants have the greatest need for support;
- Important community services now staffed by title V participants might be dropped by financially strapped communities, thereby eliminating both services and job training opportunities for low-income seniors; and
- Non-profits might be discouraged from seeking to be sponsors because the severe administrative caps would not be viewed as realistic for administering an effective program, and there would be concerns about draining financial resources from other organizational priorities.

IV. Targeting of OAA Services

Administration of the programs and services of the act is more critical in these days of austere budgets than ever before. It is important to direct resources to areas that achieve the most impact while aiming to meet the goals of the act. Toward this end, the Association supports uniform data collection procedures and definitions which permit evaluation of program effectiveness, especially regarding gaps in service to rural, frail, low-income and minority older persons.

Years of studies show pockets of under-service to certain older populations by the programs of the act. AOA has improved its ability to collect participant data in recent years. However, there are not adequate measures of the unmet need for services. Broadening the scope of data collection for title III programs could help demonstrate their impact on special populations.

For many years, AARP has advocated targeting OAA services to persons with the greatest social and economic need and, in particular, to low-income, older minorities. AARP continues to strongly support retention of the targeting provisions of the act. The flexible nature of the OAA programs is one of its strengths because it helps to garner broad public and political support. However, historically there have been

problems in achieving adequate service delivery to older minority individuals. It is critical that new participation data collected by AOA be disseminated, so that the adequacy of current service delivery to older minorities can be evaluated. By tracking results, it is possible to ensure that more funding goes to those programs that achieve the best results with the targeted populations. Better tracking would also enhance ability to assess delivery of services to other underserved target populations like rural elders and enable more effective allocation of OAA service dollars.

V. Vulnerable Elder Rights Protection, Consumer Protection & Legal Assistance

AARP supports retaining the advocacy functions of the OAA programs. In order to fulfill the act's mission, it is critical that State and area agencies on aging continue to be effective and visible advocates for older persons. A critical component of this function is allowing for public participation in all aspects of the act's planning and implementation processes.

AARP continues to support efforts by the aging network to improve access to public benefit programs by low-income older persons. Participation by older persons in public benefit programs continues to lag behind participation rates for other age groups. With the extensive changes in public benefit programs enacted by welfare reform and recent proposals to eliminate nutrition alternatives like the Commodity Supplemental Food Program (CSFP), there is even greater uncertainty among older persons regarding both access and possible eligibility. The OAA programs can play an important role in helping older persons with low incomes to gain access to other programs for which they are eligible. Such assistance can make a critical difference in the quality of life for these vulnerable individuals.

Similarly, a host of problems confronting older consumers in today's marketplace require redress. These problems range from the refusal of some managed care providers to cover certain necessary treatments to predatory lenders who convince older individuals to accept high-interest loans secured by their only asset, the equity in their homes. Older persons need quick access to legal advice before they sign a document or take action they may later regret. A 1994 AARP survey found that 13 percent to 18 percent of persons age 60 and older need the assistance of a lawyer each year to protect their rights or to redress a wrong. We suspect that the increased complexity of financial, personal and public assistance requirements have greatly increased that need, but the lack of current research on the legal needs of seniors remains a barrier to resource allocation.

AARP urges that legal assistance continue to be a required service under the act unless waived in accordance with guidelines from the Secretary. It is critical that the current waiver process be retained. This process provides that interested parties be notified and a public hearing be held before a waiver can be granted. Without this protection, the vital interests of many of the most vulnerable elders can be waived without recourse. Legal assistance helps older persons obtain access to vital medical, insurance, housing, and social security benefits as well as providing guidance regarding nursing home and estate issues.

Unfortunately, according to the Comprehensive Legal Needs Survey conducted by the American Bar Association (ABA) in 2004, most moderate and low-income persons facing problems with legal dimensions do not seek the benefit of a lawyer's services. This reaffirms similar findings in the ABA's 1994 study. Among the reasons noted are lack of awareness that their problems are legal in nature, the perceived cost of a lawyer, the effort required to find a good, qualified lawyer, and the discouraging fear of dealing with lawyers.

The OAA's mandate to provide legal services is therefore extremely important. This ensures the availability of legal help for at least some of the most critical problems of the neediest older Americans. Requiring services rather than providing discretion in this area is critical because legal services are controversial in some communities. Without the mandate, the fundamental principle of access to justice will be denied to some older persons. For the same reason, area agencies should be required to spend a minimum percentage of their title IIIB funds, set by the State Unit on Aging, on legal services. Before establishment of the mandate, less than 50 percent of area agencies funded any legal services. Many others spent insignificant amounts on legal services. A 2002 study of legal services in New Jersey noted among its conclusions that pro bono services are inadequate to make a significant difference in access to legal assistance by those who need it. AARP therefore opposes any changes that would substitute pro bono services for OAA legal assistance without reliable data to affirm that legal needs are being met by such services.

VI. Cost-Sharing Initiatives

Any proposals to broaden the scope of cost-sharing under the act should be deferred pending a national, independent and verifiable impact analysis. AARP continues to believe that broader cost-sharing and sliding scale fees should be implemented only after carefully monitored demonstrations affirm that the most economically and socially vulnerable populations do not encounter barriers. While it may be possible to limit the number and types of services that would be affected by an expanded cost-sharing policy, the fact remains that no uniform national studies have been conducted to assess impact.

Conclusion

Again, AARP thanks the committee for acknowledging the concerns of older Americans and strongly urges your support for the recommendations we have presented. AARP welcomes every opportunity to work with Congress, the administration and others to preserve essential OAA programs and services while more effectively coordinating Federal resources through initiatives that permit State and local flexibility in meeting the needs of an aging America.

Chairman DEWINE. Mr. Bedlin.

STATEMENT OF HOWARD BEDLIN, VICE PRESIDENT FOR PUBLIC POLICY AND ADVOCACY, THE NATIONAL COUNCIL ON AGING, WASHINGTON, DC.

Mr. BEDLIN. Good afternoon. I am Howard Bedlin with the National Council on Aging.

The Older Americans Act plays an essential role in keeping seniors independent. In fact, among 73 resolutions the 1,200 delegates to the once-per-decade White House Conference on Aging chose reauthorization of the Older Americans Act as their number one priority. We support a noncontentious reauthorization, and as co-chair of the LCAO Community Services Committee with Laura here as the other co-chair, we helped to craft a consensus document that reflects the reforms that are broadly agreed upon.

Several controversial issues delayed the reauthorization last time for 5 years. We believe the act works well and that delegate carefully crafted compromises should not be reopened. The primary controversy last time concerned the title V SCSEP program, the most effective workforce program for low-income older Americans. There is broad consensus that the current structure of States and national sponsors and the historic emphasis on community services should be maintained. This issue merits its own roundtable discussion.

NCOA proposes several improvements to the act. First, we support the AOA Choices for Independence Initiative, which can strengthen the act and provide significant benefits to seniors in need. We enthusiastically support its healthy lifestyle component, building on evidence-based prevention demonstrations that have proven effective in reducing the risk of disease and disability. We recommend making the program permanent and focusing on low-cost evidence-based interventions and providing training, technical assistance, and accurate measures of program costs.

Second, it is a national tragedy that millions of low-income seniors eligible for help are not actually getting it. Even after 40 years, only about one-third of eligible seniors in need receive food stamp or Medicare cost sharing benefits available to them. We need a focused, coordinated effort to assist them to get the benefits Congress intended. We recommend a new National Center on Senior Benefits Outreach and Enrollment be formed to develop sophisticated, cost-

effective strategies to assist those in greatest need to actually get the help available under the law.

Third, we must stop viewing the aging population as a problem rather than recognizing older adults as powerful resources. We should develop new civic engagement models to take advantage of the resources baby boomers offer America. The aging network should be strategically mobilized to help seniors give back to their communities. We recommend that a civic engagement innovation fund be created, a sophisticated cost-benefit analysis be conducted, and a blueprint developed on how to best tap older adults to address critical societal needs.

Finally, one of the most effective programs tapping senior volunteers is Family Friends, which recruits and trains senior volunteers to work with children with disabilities. We recommend that the act include a permanent authorization in this program.

Additional recommendations are included in my written statement, including those concerning senior centers.

Thank you for this opportunity to share our views and we look forward to working with you.

Chairman DEWINE. Thank you very much.

[The prepared statement of Mr. Bedlin follows:]

PREPARED STATEMENT OF HOWARD BEDLIN

Thank you for the opportunity to submit this statement on behalf of the National Council on the Aging (NCOA). I am Howard Bedlin, Vice President for Public Policy and Advocacy.

The delegates to the recent once-per-decade White House Conference on Aging (WHCOA) were asked to vote on their priorities from among 73 resolutions that were crafted by the White House Conference Policy Committee. A majority of the over 1,200 delegates from across the Nation were selected by Members of Congress and the Governors. To the surprise of some, those delegates—leaders in the aging network from every corner of the country—chose as **their number one priority the resolution regarding reauthorization of the Older Americans Act (OAA)**. That is a powerful statement to Congress, to the White House, and to the Nation.

Since its enactment in 1965, the OAA has been reauthorized 14 times and has made an enormous positive difference in the lives of millions of older Americans. The act established the primary vehicle for organizing and delivering community-based services through a coordinated system at the State level. Nutrition, home care, senior center services, transportation, employment, protections against abuse and neglect, disease prevention, family caregiver support—all of these have been extremely beneficial over the years. Programs operating through the OAA provide vital support for those elders who are at significant risk of losing their ability to remain independent in their own homes and communities. These services help older persons avoid or delay costly nursing home care.

The act works well, given its limited finances. Funding for the program has essentially remained frozen at \$1.783 billion since fiscal year 2002—failing to keep pace with inflation or increases in need due to demographics. The most recent Federal PART Performance Measurements concluded that AOA programs:

- address a specific and existing problem, interest or need;
- are not redundant or duplicative of any other Federal, State, local or private effort;
- are free of major flaws that would limit effectiveness or efficiency;
- effectively target resources to reach intended beneficiaries;
- use strong financial management practices.

While current OAA programs work well, much can be done to leverage relatively modest additional resources to achieve significantly greater results. Too many frail older Americans should be able to remain independent in their homes and communities, but—for a wide variety of reasons—are prematurely admitted into expensive nursing homes. Too many low-income seniors are not applying for and receiving assistance they are eligible for. Too many family caregivers are burning out under growing financial, emotional and physical burdens. Too many older Americans were

found in a recent study to be food insecure. And we are not taking full advantage of experienced, able-bodied seniors who want to volunteer to give back to their communities. NCOA proposes several key improvements to the OAA that would help address these concerns.

We support a smooth, non-contentious reauthorization of the OAA, and hope that it can be accomplished during 2006. In an attempt to promote such a process this year, as co-chair of the Community Services Committee of the 54-member Leadership Council of Aging Organizations, we worked with many other groups to craft a consensus document on OAA reauthorization issues. We believe the document is an accurate indicator of the reforms the aging network generally agrees upon.

A small set of controversial issues delayed the last reauthorization for 5 years. We believe that, on balance, the act is in good shape and that these same controversial issues should not be revisited in the upcoming reauthorization. We should learn from the experience from the previous reauthorization and not reopen and pour salt on old wounds that reflect carefully crafted compromises that are now working well.

For example, one of the major controversies that held up reauthorization last time concerned cost sharing. To help break the logjam, NCOA and the National Association of State Units on Aging (NASUA) collaborated on a delicately balanced compromise that is the foundation of the current law provision. We oppose reopening this contentious issue.

Nutrition providers are currently required to provide participants with an opportunity to make non-coercive, voluntary contributions, and AOA data show that many seniors do contribute. These voluntary contributions by seniors account for 32 percent of the total income in congregate meals programs and 25 percent in home-delivered meals. That system works well and should be retained. We should not be erecting additional barriers to participation in nutrition programs. Congress should do its utmost to assure that no senior who needs nutrition assistance is denied because of inability to pay mandatory cost-sharing.

It is important to note that the 2000 reauthorization required the AOA to complete a study of cost-sharing practices, to determine their impact on participation [see Section 315(d)]. That study has not been completed. Clearly, we should await the results of this analysis before considering any change to the compromise in effect.

The other primary controversy from the last reauthorization concerned the title V Senior Community Service Employment Program (SCSEP).

THE TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP is our Nation's most effective workforce program for low-income older Americans, and NCOA strongly hopes that it is not again a source of controversy in this reauthorization. The best course for Congress to take with title V is to continue it as it is, with minor improvements.

The 2000 reauthorization of the OAA made significant changes in the SCSEP, based largely on another compromise initiated by NCOA and NASUA, and it took 4 more years—until late 2004—for the Department of Labor to issue final regulations for those changes. Thus, the sponsoring agencies and the program participants are still adapting to the new rules and systems that were only recently made final.

We are concerned that the Department of Labor may propose far-reaching structural changes to SCSEP, such as eliminating the historic emphasis on community service (which benefits program participants, the aging network, and communities served), eliminating national sponsors, eliminating service to participants under age 65, and eliminating fringe benefits for participants. The President's budget proposal, released last week, clearly pointed to an intention to eliminate national sponsors and block grant the funds to the States, in addition to other significant legislative changes.

NCOA strongly opposes these changes, which would make the program far worse, not better. Such changes are unwarranted, and would be disruptive and harmful to older workers and communities. There is not a single senior organization that would likely support these proposals.

There is broad consensus that the following principles should help guide Congress's efforts in reauthorizing title V, many of which are likely to be included in the final report of the WHCOA in June: (1) Continue the current system of funding both national and State grants, including the current percentage split of the funds; (2) Maintain the program's historic dual emphasis on both community service placements and unsubsidized placements for participants; (3) Maintain the current age and eligibility requirements for participants, so that services can be targeted to persons with the greatest economic and social need; (4) Retain current policy on program budgets; and (5) Strengthen the role of the Administration on Aging in

SCSEP, because Section 505(a) of the OAA does not appear to be working as intended.

We suggest that SCSEP can be improved by developing measures of grantee performance that more closely reflect Congressional intent and by streamlining performance data collection.

In summary, SCSEP is a proven program that has a good track record of providing training and placement for difficult-to-serve populations of older adults. The program should be allowed to continue doing what it does well. During the last attempt to reauthorize the OAA, the primary reason for the 5 year delay may well have been a proposal to shift the funding formula of 78 percent for national sponsors and 22 percent to States, to a 50 percent–50 percent split. Any attempt now to overturn the current compromise (which national sponsors and States supported) and go, in effect, from a 78 percent–22 percent split to a 0–100 percent split could harm older workers, derail efforts to reauthorize the program this year, and deflect attention from important proposals that would help seniors—such as *Choices for Independence*.

AOA'S CHOICE FOR INDEPENDENCE INITIATIVE

In sharp contrast to the approach that the Department of Labor appears to want to take, the AOA is proposing an initiative that we think can strengthen and improve the OAA and provide significant benefits to seniors in need. The proposed *Choices for Independence* initiative has three components. The Consumer Empowerment component can provide important information on planning for long-term care, including using reverse mortgages to stay at home. The Community Living Incentives component can help address the expensive institutional bias in our Nation's long-term care system by improving access to more cost effective home and community services for vulnerable, moderate income seniors. The Healthy Lifestyle component can build on AOA's current, highly successful Evidence-Based Prevention Demonstration Program to assist older adults to make behavioral changes that have proven to be effective in reducing the risk of disease and disability. Additional comments on the significant opportunities that exist under the act on health promotion and disease prevention are provided below.

NCOA is supportive of the *Choices for Independence* initiative and looks forward to receiving additional detail on the proposal, and to working closely with AOA and Congress to incorporate it into the OAA. Although we appreciate the proposed \$28 million investment in the initiative, we believe additional resources will be needed to fully achieve the proposal's goals, and that funding should not be taken away from current OAA programs.

STRENGTHENING EVIDENCE-BASED HEALTH PROMOTION AND DISEASE PREVENTION

A variety of Federal agencies and private funders have recently supported rigorous studies on health promotion, prevention, chronic disease self-management, and related topics that have resulted in a strong base of efficacious interventions that can make a measurable difference in the quality of life of older adults and their caregivers. These interventions are generally much less expensive than medical treatments and can be implemented through community aging service providers much more easily than through medical care systems.

Unfortunately however, there is considerable delay in the diffusion of these innovative and proven interventions into the hands of those who can run the programs. This deficiency must be addressed now. Over 70 percent of health care spending on seniors is directly related to problems associated with chronic disease—problems that can be effectively addressed through less expensive non-medical interventions such as physical activity, falls prevention, dietary modification, and supports for behavior change. But these interventions will not reach the seniors who can benefit from them if we do not make a priority of the systematic translation of highly structured research interventions into practical, real world programs.

Due to the foresight of AOA's leadership, we have an excellent start on addressing this problem. Although their Evidence-based Prevention Initiative was launched with a modest investment, it has succeeded establishing a basic foundation on which to build a national program. By every indication, this initiative is demonstrating remarkable success.

NCOA recommends building on AOA's current, highly successful Evidence-Based Prevention Demonstration Program to assist older adults to make behavioral changes that have proven to be effective in reducing the risk of disease and disability among the elderly. Reforms should focus on low-cost, evidence-based interventions at the community level that support self care, physical activity, and fall pre-

vention. Special emphasis should be placed on reaching older adults with one or more risk factors and reducing health disparities.

Specifically, we should establish within the OAA a permanent, fully-funded program composed of a limited repertoire of specific interventions that have proven effective in supporting healthy, productive aging. This permanent program should:

- Implement specific evidence-based programs across the 50 States based upon State and agency readiness to implement and monitor the most successful tested prevention/promotion interventions. Working with Federal research agencies and other scientists, establish criteria for programs that qualify as evidence-based and prepare a list of programs that meet these criteria and are suitable for implementation under this program.
- Provide training, technical assistance and systems development for States and local areas to support evidence-based prevention programs at community sites and for frail elders at home. Provide incentive grants to study new, published, efficacious interventions that are best suited for testing in community settings and with diverse populations.
- Establish a system for documenting the impact of these programs on health care utilization and health status. Develop more accurate measures and estimates to track program costs, implementation processes, and program improvements and to disseminate evidence-based innovations and improvements.

CREATING A NATIONAL CENTER ON SENIOR BENEFITS OUTREACH AND ENROLLMENT

The history of public benefits outreach efforts to low-income seniors is very discouraging. Studies show that even after 40 years, large percentages of older Americans who are eligible for important public benefits are not receiving them. An estimated 47 percent of the elderly eligible for Supplemental Security Income (SSI), 70 percent of seniors eligible for food stamps, 67 percent of people eligible for Qualified Medicare Beneficiary (QMB) protections, and 87 percent of those eligible for Specified Low-Income Medicare Beneficiary (SLMB) protections are **not receiving the assistance for which they are eligible**. It is a national tragedy that this help is not getting to those in greatest need. Congress's responsibility should not end after a program for our poorest seniors is enacted. Additional steps need to be taken to better ensure that eligible beneficiaries actually receive the help Congress intended.

There are many trusted, non-profit community organizations and many caregivers that can help find and assist low-income seniors, but they will need easy-to-use tools to help seniors understand what they are eligible for and to assist them with enrollment. Trusted intermediary organizations also need resources to be able to reach beneficiaries and provide one-on-one counseling and enrollment assistance. While some support is currently being provided in conjunction with outreach for the new Medicare prescription drug benefit, there is no focused, coordinated effort to assist low-income seniors in receiving the range of assistance they are eligible for under the law.

The public and private sectors must work together to develop a sophisticated, cost effective, permanent, person-centered program to assist those in greatest need get the help the law provides. NCOA recommends that the OAA authorize the creation of a new National Center on Senior Benefits Outreach and Enrollment. The Center would work closely with the aging network, as well as State Health Insurance Assistance Programs (SHIPs), CMS Regional Offices, and other Federal agencies to create a nationwide network of certified, coalition-based Enrollment Centers using state-of-the-art technology and best practices to achieve cost-effective results. Services provided by this nationwide network should include:

- Promoting greater use of person-centered strategies, as opposed to single benefit outreach strategies, to find and enroll seniors in all of the benefits for which they are eligible;
- Promoting and maintaining the use of the latest technologies and integrated systems by updating web-based screening, decision support and enrollment tools;
- Promoting the use of in-reach strategies which utilize computer matching of existing lists of low-income program enrollees to find and enroll seniors in need;
- Conducting research and benchmarking on best practices and the most cost effective methods for enrolling seniors in benefits they need;
- Providing training and technical assistance on the most effective outreach, screening, enrollment and follow-up strategies through a network of regionally-based trainers.

TAPPING THE POTENTIAL OF CIVIC ENGAGEMENT

Rather than recognizing older adults as potentially powerful resources, our Nation has viewed the aging population primarily as a problem. Thus, policy debate concentrates on costs associated with perceived decline and increasing frailty, and repeatedly misses vital opportunities. This negative focus promotes a national aging model that stigmatizes and dis-empowers, stifles creativity and discourages meaningful contributions. In the next 20 years, the population of the persons 65 and older in the United States will double as 77 million baby boomers reach retirement age. They will also live longer and more healthily. Aging baby boomers will be, and should be treated as, powerful allies and assets.

A June 27, 2005 Business Week article stated convincingly that: “If society can tap [Boomer] talents, employers will benefit, living standards will be higher, and **the financing problems of Social Security and Medicare will be easier to resolve**”. The article goes on to state that: “Increased productivity of older Americans and higher labor-force participation could add 9 percent to gross domestic product by 2045 on top of what it otherwise would have been. This 9 percent increase would add more than \$3 trillion a year, in today’s dollars to economic output.” This is the type of calculation and reasoning that needs to take root in communities across the country. It is time to consider a national strategy and a policy agenda that not only measures work productivity and economic output, but also recognizes the value and return on investment of new initiatives that can foster and support volunteering and service. We must develop new models for civic engagement to make effective use of the incredible resource that these seniors can offer our society. The net result would be billions of tax dollars saved because of wise forethought and planning.

Currently, civic participation occurs to some degree on its own, but its extent is surprisingly limited without organizational support. Thus, for civic engagement to reach its full societal potential, visionary leaders must lay the foundation. The reauthorization of the OAA can galvanize the creation of vital support, with AOA playing a central role in partnership with the Corporation for National and Community Services (CNCS). The OAA has historically focused on the needs of the frail elderly while paying insufficient attention to the significant benefits to be derived from older adults making meaningful contributions. The demographic and longevity revolutions collide to challenge AOA’s limited and now outdated role. This reauthorization is the time to correct this costly oversight. As part of AOA’s established aging network, cadres of older adults across the country could be strategically mobilized to tutor and mentor children, facilitate access to health services, strengthen families, provide respite to caregivers, and bolster the long-term care system—all civic activities shown also to contribute to their own well-being. There is much to gain by leveraging relatively small investments in civic engagement into major returns on the value of contributions in education, health care, transportation, housing, and long-term care.

Specifically, the OAA should include language to authorize the following activities:

- In coordination with the CNCS, develop a civic engagement fund for innovations, under Title IV of the OAA. The purpose would be to foster the growth of promising practices, evidence-based and outcome-oriented program models, and community capacity building initiatives focused on developing older adults as community assets;
- Conduct a research based cost-benefit analysis to establish a credible base line on the potential for Federal and State budgetary savings resulting from enlisting older adults, through paid and unpaid, positions which have direct and demonstrable impacts on serious social problems;
- Develop a national blueprint on how to best tap older adults as a new source of social capital to address critical local needs of national concern and recommend public policy changes necessary for its implementation.

AUTHORIZING THE FAMILY FRIENDS PROGRAM

One of the most effective current programs successfully tapping the potential of senior volunteers is the Family Friends program, a national family support program that recruits and trains volunteers 55 and older to make weekly visits to the homes of families who have children with disabilities and chronic illnesses. For 20 years this highly successful intergenerational program has been administered by NCOA.

Family Friends is unique among volunteer programs. It provides in-depth, home-based intervention by highly-trained volunteers who focus on both the child and his/her family. Volunteers support the families with whom they work in many ways—such as engaging the children in educational and recreational activities that promote development, connecting families to resources and services, accompanying fam-

ilies on doctor visits, providing breaks for parents, and expanding the social networks of the families.

Studies of the families involved in the program have shown important positive results for those families, including decreased use of hospitals and increased ability of parents to cope with emotional strain and to control what is happening in their lives.

The national Family Friends program is at a crucial point in its history. The need for its services is increasing and the pool of potential volunteers is increasing. In order to help communities that want to start a Family Friends program and provide the necessary training for volunteers, Family Friends needs a permanent authorization. We ask that the OAA reauthorization include such an authorization for the Family Friends program.

OTHER NCOA RECOMMENDATIONS

We continue to work with our members to solicit their views on reauthorization, and to review the implementation strategies from the White House Conference. The final report to Congress is expected in June. For example, we are:

- looking closely at the senior center resolution #15 from the conference, which, according to the WHCOA Web site, included a draft implementation strategy to “support an expanded role for senior centers as focal points for community based services and civic engagement;”
- analyzing how to include language to increase support to the aging network to promote senior mobility and to facilitate coordination of human services transportation;
- considering how to best respond to the concerns of many senior centers who want to have the opportunity to provide input into the development of area plans;
- reviewing possible improvements to the National Family Caregiver Support Program.

Thank you again for this opportunity to share our views. We look forward to working closely with members of the committee to enact a reauthorization bill this year that will empower and support older Americans, their families and communities.

Chairman DEWINE. Ms. Howard.

STATEMENT OF LAURA HOWARD, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS, WASHINGTON, DC.

Ms. HOWARD. Thank you. I am Laura Howard, Executive Director of the National Association of Nutrition and Aging Services Programs, and on behalf of our membership, thank you for this opportunity to present you with our concerns about the reauthorization of the Older Americans Act.

I and 30 NANASP members had the opportunity to participate in the recent White House Conference on Aging, and it has been mentioned. We were very pleased to see that the Older Americans Act reauthorization was the number one priority of over 1,200 delegates.

Nutrition services play a key role in the Older Americans Act. The three nutrition programs make up the largest service program in the act, and there is no doubt that nutrition significantly impacts the health and long-term living of older Americans. Through the nutrition program, seniors can receive a meal at a congregate site or through a home-delivered program that provides one-third of their daily recommended nutritional intake. This provides a greater health status to seniors who might otherwise not be able to achieve proper nutrition. It may also allow seniors to remain independent and in their homes instead of being prematurely institutionalized.

According to the U.S. Administration on Aging, the average age of participants in the combined programs is approaching 80. As

long-term care needs grow with increased life expectancy, home- and community-based services, such as those provided under the act, will play an integral part in maintaining the dignity, independence, and health status of many seniors and will continue to offer a cost-effective alternative to institutionalization or hospitalization.

But it cannot be stressed enough that these programs are more than just a meal. The congregate programs provide an opportunity for education and socialization and allow seniors to maintain community ties and stay active in society. The same is true in the home-delivered program, where the meal delivery can be the only chance for an isolated senior to engage in human contact. This socialization is important to reducing isolation and is a tool used to monitor the safety and well-being of seniors living alone.

The Older Americans Act nutrition programs are truly a win-win Federal program. This reauthorization provides an opportunity to assess the effectiveness of existing programs and identify future needs. In doing so, we urge you to reaffirm and expand the commitment to the largest service program in the act.

Among its top priorities for the future, NANASP urges Congress to increase authorization levels for all programs in the act by at least 25 percent above current fiscal year 2006 funding levels to reflect inflation and the projected growth in the number of older adults. We hope an increase in appropriations for these programs will also be considered by Congress this year as opposed to the cuts in the President's proposed fiscal year 2007 budget.

In my written statement, I have outlined several other proposals for reauthorization on issues of importance to NANASP, including title V, transportation, the National Family Caregiver Support Program, and other title III issues, but thank you for this opportunity today.

Chairman DEWINE. Thank you very much.
[The prepared statement of Ms. Howard follows:]

PREPARED STATEMENT OF LAURA HOWARD

Senators Enzi, Kennedy, DeWine, and Mikulski, and members of the committee. I am Laura Howard, Executive Director of the National Association of Nutrition and Aging Services Programs (NANASP). On behalf of NANASP's more than 750 members across the country, I thank you for this opportunity to present NANASP's thoughts on the reauthorization of the Older Americans Act (OAA).

I and 30 NANASP members had the opportunity to participate in the recent White House Conference on Aging. We were pleased to see that the reauthorization of the Older Americans Act was the number one priority of the delegates. As a professional membership organization representing those at all levels of the aging network who are dedicated to providing quality nutrition and other direct services for older Americans, NANASP has a particular interest in this reauthorization. This is the year the first baby boomers become eligible for the OAA nutrition and other service programs, making it the first Federal service program for the elderly to confront this demographic challenge.

Nutrition providers are acutely aware that the population they serve today is both changing and growing. One of the major challenges will be to attract those seniors newly eligible for OAA programs to participate. This may require a redefinition of congregate meals for a new generation. Nutrition programs will need to reassess and possibly redesign menus, service delivery methods and ancillary services offered to meet the expectations and desires of this new population, while continuing to serve those currently receiving services. Programs must balance these demands while adhering to Federal nutritional standards in an ever-tighter budget environment.

Nutrition significantly impacts the health and long-term living of older Americans. Through the nutrition programs, seniors above the age of 60 can receive a

meal at a congregate site or through a home-delivered program that provides one-third of their daily recommended nutritional intake. This provides a greater health status to seniors who otherwise might not be able to achieve proper nutrition. The nutrition programs also allow seniors to remain independent and in their homes instead of being prematurely institutionalized. According to the U.S. Administration on Aging, the average age of participants in the combined programs is approaching 80. As long-term care needs grow with increased life expectancy, home- and community-based services, such as those provided under the OAA, will play an integral part in maintaining the dignity, independence, and health status of many seniors and will continue to offer a cost-effective alternative to institutionalization or hospitalization.

The OAA nutrition programs also provide opportunities for social engagement in both congregate and home-delivered meal programs. It cannot be stressed enough that congregate programs are more than just a meal—they provide an opportunity for education and socialization and allow seniors to maintain community ties and stay active in society. The same is true in the home-delivered program, where the meal delivery is at times the only chance for an isolated senior to engage in human contact. This socialization is important to reducing isolation and is a tool used to monitor the safety and well-being of seniors living alone. The nutrition programs also allow seniors to remain active by providing opportunities for volunteerism and civic involvement.

Through their health, social and other benefits, the OAA nutrition programs are truly a win-win Federal program. This reauthorization provides an opportunity to assess the effectiveness of existing programs and identify future needs. We thank you for the opportunity to provide input from the perspective of nutrition service providers during this process and urge you to reaffirm and expand the commitment to the largest service program in the act.

Specifically, NANASP proposes that the OAA reauthorization:

- Increase OAA authorization levels by at least 25 percent above current fiscal year 2006 funding levels to reflect inflation and ensure the Aging Network has the necessary resources to adequately serve the projected growth in numbers of older adults.
- In 2006, the oldest of the baby boomers turn 60 and are now eligible to receive services under the OAA.
- One of the fastest growing segments of our population is made up of those 75 and over. These seniors are often the most frail, most vulnerable and in the greatest need of aging supportive services such as those provided by the title III nutrition programs. In fact, 69 percent of those receiving home-delivered meals and 64 percent of those receiving congregate meals are age 75 and over.
- Request that the Institute of Medicine Food and Nutrition Board conduct a study on the status and effectiveness of the nutrition programs and thoroughly disseminate the study's findings.
- The Older Americans Act Nutrition Program, in existence for 35 years, has not been comprehensively evaluated by the Food and Nutrition Board (FNB) in relation to nutrition and health, quality of life, and independence. Since there were very few nutrition questions in recent national outcome studies, the cost effectiveness of the food and nutrition services may be underestimated. However, the cost of 1 day in a hospital equals the cost of 1 year of Nutrition Program meals, based on 2003 reported total expenditures and number of home-delivered meals provided by States.
- The FNB at the Institute of Medicine, the National Academies, produces widely disseminated reports that provide Government, industry, academia, and the public with the best available information and recommendations about food safety, food security, and nutrition, thereby promoting public health and preventing diet-related diseases. Studies have served as the basis for national policy by being thorough, balanced, and objective. National policymakers need advice on nutrition and food science in relation to health to ensure that decisions are supported by the best scientific analysis. Other Federal food and nutrition assistance programs have been regularly evaluated and re-evaluated in whole and/or in part by the FNB.
- Raise the visibility of nutrition as an important health and welfare issue for unpaid family caregivers by exploring ways to provide meals and nutritional services to these caregivers and also have these meals counted toward NSIP totals.
- Unpaid family caregivers can sacrifice their own health, financial security and quality of life in the course of their efforts to care for a loved one. If the caregiver is not eating well, this puts them and their charge at risk. Also a client is more likely to eat more and receive better nutrition if the caregiver joins him/her in eating the same meals.

- Currently, meals provided to caregivers under the age of 60 are not able to be paid by title IIIC or NSIP money; they must be paid by title IIIE, though whether this service is covered varies by State.
- If caregiver meals are paid using title IIIE funds, allowing these meals to be counted toward NSIP totals will allow OAA nutrition programs to better meet the needs of the client and his or her caregiver by providing a nutritious meal.
- Ensure that the National Family Caregivers Support Program's (NFCSP's) match rate is equal to that of other OAA programs.
- Currently, the match rate for the NFCSP is 25 percent, while the match rate of other title III programs is 15 percent.
- The increased match rate puts a significant burden on service programs already stretching limited resources and competing for local and public funding. Programs need to be encouraged to continue to provide services to at-risk caregivers and to plan for the future with additional services for the long-term population growth. With the increased match, many programs may not be able to continue with caregiver programs and services.
- Establish and authorize adequate funding for one or more Nutrition and Physical Activity Resource Centers.
- The OAA Nutrition Program is the largest program administered by the U.S. Administration on Aging. Yet, there is no requirement for the Assistant Secretary to fund a Resource Center for Nutrition and Physical Activity. Funding such a Resource Center is currently at the discretion of the Assistant Secretary for Aging.
- The Aging Network needs technical assistance, access to the latest scientific information, guidance to establish outcome-based model programs, and help to implement newly released Federal guidelines, such as the Dietary Reference Intakes (DRIs) and *Dietary Guidelines for Americans*, as well as national physical activity recommendations targeted to older adults. A Resource Center or Centers can assure that the Aging Network technical assistance needs are met. Another goal is to promote better cooperation between the food industry and the OAA Nutrition Program. Development and/or reformulation of more nutritious food products would expand menu options, food quality, and cost-effectiveness.
- Require each State unit on aging and encourage area agencies and local programs to employ registered dietitian(s) (RDs) because of their specific nutrition, food safety and foodservice expertise, as well as their program administration abilities.
- Currently, there is no requirement at the State level to have a registered dietitian on staff, though budgetary and major administrative decisions are made at the State level that impact local nutrition programs.
- An RD would bring specific skills to the design, implementation and evaluation of the nutrition program. Application of the basic nutrition science of the Recommended Dietary Allowances and the Dietary Guidelines for Americans is essential to help keep older adults active, healthy and at home. This science is increasingly complex. The RD can integrate and disseminate this information about nutrition science advancements to ensure that the most recent science evidence is put into practice.
- An RD can ensure that the role of nutrition is addressed in home- and community-based nutrition services in the context of long-term care, especially since programs are serving more frail, impaired older adults at home who have more complicated nutrition needs.
- An RD can be a resource for training other professionals and function as a team member in designing comprehensive and coordinated service systems to meet the unique needs of older individuals in each State.
- Include statutory language in the Older Americans Act that increases support to the Aging Network to promote senior mobility and to facilitate coordination of human services transportation, especially as it relates to nutrition.
- Transportation is a priority service under OAA Title III. Mobility is essential to live at home in the community. Providing safe, convenient modes of transportation to those who can no longer drive is necessary, but transportation funding competes with limited funding for many other needed services.
- The act needs to allow flexibility for agencies to collaborate together in meeting the community needs.
- Maintain the title V Senior Community Service Employment Program's (SCSEP's) vital, historic focus on community service, which significantly benefits nutrition programs and the entire aging population.
- Low-income older adults who want or need to remain in or re-enter the workforce need options for employment. SCSEP allows older adults who must work to stay independent but who may not have the education or resources to compete with younger workers.

- Workers under the SCSEP program provide incredible value to the aging network that needs dedicated staff, but has increasingly limited funds.

Through these principles, we believe the act will be strengthened and improved to allow service providers to adequately prepare for the projected increase in demand while continuing to serve the seniors who rely on these services.

Chairman DEWINE. Ms. Borden.

**STATEMENT OF ENID A. BORDEN, CHIEF EXECUTIVE OFFICER,
MEALS ON WHEELS ASSOCIATION OF AMERICA, ALEXAN-
DRIA, VIRGINIA**

Ms. BORDEN. Senator DeWine, Senator Mikulski, I am Enid Borden, CEO of the Meals On Wheels Association of America. You have asked that I focus my remarks on the broad issue of the effectiveness of the Older Americans Act since the 2000 reauthorization.

As you might expect, I will say emphatically that senior nutrition services have benefited older Americans by, one, improving some seniors' declining nutritional and health status; two, restoring others to wellness; three, keeping many individuals out of institutions; and four, preventing seniors from going hungry, yes, going hungry.

Whenever I tell people what I do, the response usually is, Meals On Wheels is a wonderful program. On the one hand, it is gratifying to have such a positive image, the one of the smiling volunteer walking up with a nutritious meal to the front door of a waiting homebound senior, and that is an accurate picture in that it portrays the heart of our program. But allowing local senior meals program to be portrayed only as warm and fuzzy social service programs, however, fails to emphasize the critical, often life-saving role these programs play in the lives of the people we serve.

Perhaps more serious and hard to discuss is that the rosy picture of our success fails to acknowledge the consequences of those individuals who don't get served because of a lack of resources. It is not a pleasant subject, but we need to admit that those consequences and the tragic fact that hunger exists among the elderly in this, the richest Nation on the planet. We need to admit that lack of proper nutrition leads to poor health and even death. And then we need to commit to working together to ensure that not one senior goes hungry.

How do we do that? By increasing resources. That is usually the province of appropriations, but MOWAA's proposal is one that only you as the authorizing committee can enact.

Nutrition programs are the largest OAA program and last year accounted for approximately 46 percent of AOA's agency budget. But current law allows States to transfer up to 30 percent between title III(b) supportive services and title III(c) nutrition services. In the 5 fiscal years since the last reauthorization, total net transfers from nutrition services into supportive services was over \$174 million. MOWAA has supported allowing flexibility to States to shift some funds to meet specific needs and we continue to do so.

But given the current limitation on resources, we propose that transfers should be allowed only if there is no unmet need in the category for which the allocations were explicitly made. There should be no transfer from nutrition services to nonnutrition-related supportive services as long as any waiting list for nutrition service exists or while even one senior is going hungry.

I mentioned \$174 million was transferred out of nutrition services in 5 years. Here is that figure in context. At an average cost of \$5 per meal, that equates to a loss of approximately 35 million meals. Those funds, if reserved for nutrition, could have gone a long way toward eliminating current waiting lists in four out of our ten programs.

I want to close by thanking you for your dedication to improving the lives of our older Americans. Leadership and national commitment come from the top. The Older Americans Act that Congress created and that you on this committee continue to refine is the foundation that makes our work possible. Thank you.

Chairman DEWINE. Thank you.

[The prepared statement of Ms. Borden follows:]

PREPARED STATEMENT OF ENID A. BORDEN

Chairman Enzi, Senator Kennedy, Members of the Health, Education, Labor, and Pensions Committee and particularly of the Subcommittee on Retirement Security and Aging, I am Enid Borden, CEO of the Meals On Wheels Association of America (MOWAA), and on behalf of the hundreds of home-delivered and congregate senior meal programs that are MOWAA members and the literally hundreds of thousands of older Americans they serve, I want to thank you for holding this roundtable today. MOWAA is pleased to participate and most encouraged that the committee has turned its attention to the reauthorization of the Older Americans Act this early in the second session of the 109th Congress. We hope that it will remain a top priority until reauthorization is completed.

For the purposes of this roundtable you have asked that we focus on the broader issue of the effectiveness of the Older Americans Act since the 2000 reauthorization and specifically how the programs have served older Americans. As you might anticipate, I will confine my comments to the benefit of meal services. And as you must also expect, I will say emphatically and without equivocation that senior nutrition services—whether delivered in senior centers or to the doors of frail, home-bound men and women in communities across America—have been of significant benefit to hundreds of thousands of individuals in communities in every State of the country. But saying it that way understates the critically important role those meals and related services play in the lives of people who receive them. Meals furnished under Title III of the Older Americans Act, particularly home-delivered meals, have (1) improved seniors' declining nutritional and health status, (2) they have restored older Americans to wellness, (3) they have contributed to keeping many individuals out of institutions and from isolation (4) they have kept seniors from going hungry. Yes, you heard me correctly they have kept seniors from going hungry. Please think about that as you work through the reauthorization.

Whenever I tell people what I do, the response is usually, "Meals On Wheels is a wonderful program." On the one hand, it is gratifying to have such a positive image . . . the one of the smiling volunteer walking up with a nutritious meal to the front door of a waiting home bound senior. That is an accurate picture in that it portrays the heart of our program. But allowing local senior meal programs to be portrayed only as warm and fuzzy social services programs fails to emphasize the critical, often life saving, role these programs play in the lives of the people we serve. Perhaps more serious—and hard to discuss—is that the rosy picture of our successes fails to acknowledge the consequences for those individuals who don't get served because of a lack of resources. It is not a pleasant subject. But we need to admit to those consequences and the tragic fact that hunger exists among the elderly in this, the richest Nation on the planet. We need to admit that lack of proper nutrition leads to poor health and even death. Then we need to commit to working together to ensure that not one senior goes hungry.

How do we do that? Incrementally, of course. It starts with raising awareness. Then it relies on resources. I know that you are authorizers and not appropriators, and although I certainly want to make a pitch for higher appropriation levels, the one proposal that I will raise today only you as the authorizing committee can enact.

As background, you know: The OAA nutrition program is the largest program administered by the Administration on Aging (AOA). Last year funding for senior nutrition programs (title III-C1 and III-C2 and the Nutrition Services Incentive Program) accounted for approximately 46 percent of the total agency budget. That is,

as authorized and appropriated, it was 46 percent. As you are also aware, currently the act allows States to transfer up to 30 percent of the total line item amount between titles III-B, Supportive Services, and title III-C, Nutrition Services.

In the 5 fiscal years since the last reauthorization—2000 through 2004—total net transfers from title III-C to title III-B was over \$174 million dollars. MOWAA has always supported allowing flexibility to States to shift some funds to meet specific State and local needs. We continue to support some flexibility but, given current needs and the limitation on resources, only under specific conditions. MOWAA proposes that the act be amended to specify that transfers be allowed to be made between titles III-B and III-C only if there are no unmet needs in the category for which the allocations were explicitly made. In other words, there should be no transfer from title III-C to title III-B for non-nutrition related Supportive Services while waiting lists for nutrition services exist in any community or while even one senior goes hungry.

Consistent with this proposal to establish line item integrity, MOWAA also believes that the act should stipulate that general and administrative dollars must be taken from the line item or category in which the services are performed. In other words, title III-C dollars may not be used to pay the administrative cost associated with managing title III-B services.

If I may put the \$174 million I mentioned earlier in context, let me suggest that at an average cost of \$5 per meal, that equates to a loss of approximately 35 million meals. Those funds, if reserved for nutrition, could have gone a long way toward eliminating current waiting lists that more than 4 out of 10 home-delivered meal programs have. Preservation of nutrition funds for nutrition services will help assure that no senior of today or aging Baby Boomer goes hungry.

Before I close, Mr. Chairman and members of the committee, let me raise two other points. Ever since the Mathematica Study was conducted over a decade ago, we have been in the habit of using the concept of waiting lists to measure unmet needs. It may be the only mechanism we have, but it is flawed and clearly understates the extent of the real need that exists today and is bound to grow as the Baby Boomers age. For one thing, not all programs keep waiting lists. Even more significant than that is the fact that not all seniors who could benefit by our services even try to access them. MOWAA is involved in two pilot projects—one called “Community Connections” that is a cooperative agreement with AOA and the other is a partnership with Humana. Both entail working to see that patients leaving the hospital who need home-delivered meals services get them upon discharge. Our preliminary results with “Community Connections” demonstrate positive health impact for those seniors, and we will soon be releasing our results. Another important finding of both these projects is that many of these eligible seniors either do not know of the availability of local meal programs or how to access them. This is another layer of unmet need.

My second point is that the services we do provide are themselves limited. Most programs, again because of resource constraints, can serve only the minimum that the act allows—one meal per day, 5 days per week. Most Americans eat 21 meals per week. My fellow delegates at the 2005 White House Conference on Aging, who participated in the Implementation Strategy Session for the Older Americans Act, listed among their priorities for the future that senior nutrition programs be expanded to three meals per day, 7 days per week. That is a goal that MOWAA embraces and a vision that we share. The impediment to achieving that is a lack of adequate resources.

Having said that, MOWAA acknowledges that the Federal Government cannot and should not be the sole source of the funding needed to provide services. This Association and our member programs work on a daily basis to raise funds from other sources and to engage other entities within the community in our important work. It helps our programs build capacity and it enriches communities. But the undeniable fact is that the Federal commitment, embodied in the Older Americans Act, is the foundation on which we build. Leadership is important; in fact, in a real sense, putting an end to senior hunger depends as much on leadership as it does on food. How the act directs the use of designated funding streams is vital, particularly in the face of the limitation on Federal dollars now and in the near term. Congress can and must lead by reforming policies and setting set priorities to address changing demographics and needs. That is what MOWAA is asking of you today.

Some things—like the rising price of gasoline that has severely impacted our programs by raising their program costs, the changing demographic that will put additional strains on our programs, or even an across-the-board reduction in discretionary spending that have left our programs faced with trying to provide services with shrinking resources—are not within the purview of this committee or your power to change. But the simple amendment to the statute that MOWAA proposes

is. We implore you to give it your most serious consideration. We would be delighted to work with you and your staff in any way we can on this issue.

I want to close by thanking you, not just for this opportunity to address you, but for your dedication to improving the lives of America's great resources—its older Americans. You have demonstrated your commitment in the past and America's most vulnerable older adults are counting on you to do so.

Chairman DEWINE. Ms. Markwood.

STATEMENT OF SANDY MARKWOOD, CHIEF EXECUTIVE OFFICER, NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, DC.

Ms. MARKWOOD. Senator DeWine, Senator Mikulski, my name is Sandy Markwood. I am the CEO of the National Association of Area Agencies on Aging, and on behalf of our membership of 650 Area Agencies across the Nation, I want to thank you for having me at this roundtable today.

Since it was enacted in 1965, the Older Americans Act has served as a legislative vehicle and the guiding force behind efforts to help older Americans successfully age where they prefer the most, in their homes and in their communities, and to do this safely with security and with independence for as long as possible. As the baby boom generation ages, ensuring that the necessary supports that are in place to promote healthy and productive aging has never been more important.

According to the CDC, roughly 26 million older adults over the age of 65 have physical limitations or need assistance with activities of daily living. This figure jumps to almost two-thirds for older adults who are age 80-plus.

The system of supportive services the Older Americans Act operates in communities across this Nation, through State Units on Aging, Area Agencies on Aging, title VI Native American aging programs, and also a broad array of service providers, every year serves over 8 million older adults with physical limitations and helping them to remain independent and live where they choose. Additionally, they are saving taxpayers money and saving the Federal Government money because they are at home and in the community and not in institutional care, which is much more expensive.

Given the age explosion this Nation is going to be facing, the 77 million baby boomers, as well as the increase in the old old, those 85-plus in this Nation, the need for these supportive services is great. Now is the time to ensure that the Older Americans Act is ready to continue its successes to address the challenges and the opportunities of the aging population.

To do this, n4a is recommending several different proposals that we have in our written statement, but I would like to highlight a few of those today, and that is, first, to enhance the act to assist our older adults to be able to age in the community for as long as possible, to enhance the opportunity for communities to prepare for the aging of the population. The aging of the population is going to impact aging services directly, but it is also going to impact on a whole broad array of services that are provided in our Nation's cities and counties, from transportation to housing, land use planning, public safety, parks and recreation, workforce development. These are programs that will be directly and dramatically impacted

by the aging of the population. However, today, very few communities have started planning and preparing for the aging of the population. Building on the role that State Units and Area Agencies already have as part of the act, n4a is recommending that we build on that and enhance the role of Area Agencies and State Units on Aging to be able to help communities prepare for the aging of the population.

Additionally, we would like to strengthen the aging network's role as a single point of entry. We applaud the AOA's pilot programs in aging and disability resources and think it is now time to make these aging and disability resources a permanent part of the act.

Additionally, third, we would like to enhance the aging network's role in health promotion and disease prevention. More and more research and studies clearly indicate that health promotion and disease prevention activities, even if initiated late in life, can reap substantial benefits for older adults. Additionally, they can also eliminate or offset the onset of chronic diseases. This improves the quality of life for older adults, but again, saves the Nation and its taxpayers millions of dollars every year. Now is the time to enhance Title III(d) of the Older Americans Act, not eliminate it.

These are a few of our proposals. I have gone into more detail in our written statement. But again, we believe that now is the time to be bold, to modernize this act, and to make it successful for today's and tomorrow's seniors.

Chairman DEWINE. Thank you.

[The prepared statement of Ms. Markwood follows:]

PREPARED STATEMENT OF SANDY MARKWOOD

ABOUT N4A

n4a is the leading voice on aging issues for Area Agencies on Aging across the country and a champion for title VI Native American aging programs in our Nation's capital. n4a advocates on behalf of its member agencies for enhanced services and resources for older adults and persons with disabilities in local communities nationwide. With independence, dignity and choice strongly held American values, n4a has long promoted the development of a service system that provides older consumers with access to the most appropriate services in the least restrictive environment. In addition to advocacy, n4a also provides training, technical assistance and support to the national network of 650 AAAs and 240 title VI agencies to assist them in achieving our collective mission of building a society that values and supports people as they age.

MEETING THE NEEDS OF OUR NATION'S OLDER ADULTS

Since it was enacted in 1965, the Older Americans Act (OAA) has served as the legislative vehicle and guiding force behind efforts to help older Americans age in their homes and communities safely and with maximum dignity and independence for as long as possible. As the baby boom generation ages, ensuring that the necessary supports are in place to promote healthy and productive aging has never been more important.

According to the Centers for Disease Control and Prevention (CDC), roughly 26 million older adults over the age of 65 have physical limitations or need assistance with activities of daily life, such as eating, bathing, dressing or getting around (2003). Among adults over age 80, almost three-quarters (73.6 percent) report at least one disability.

The most preferred form of long-term care is provided through home- and community-based services, such as home-delivered meals, homemaker services, and respite care. Community-based supports and services allow older adults with physical limitations to remain independent and live where they choose, saving the Federal Government and the Nation's taxpayers the cost of expensive institutional care.

Recent data from the Administration on Aging (AOA) show how successful OAA programs and services have been assisting older adults and their caregivers. AOA reports that 86 percent of family caregivers of OAA clients said the services “allowed them to care longer for the elderly than they could have without the services.” Additionally, OAA-provided meals and services have allowed the nearly one-third of elderly home-delivered meals clients who have health conditions that make them nursing home-eligible remain in the community.

The OAA offers an extensive range of options for older adults, including, but not limited to homecare services, transportation, ombudsman, case management, advocacy and assistance. The breadth and depth of OAA programs and services provide essential support to older adults who wish to age in place.

One of the reasons the OAA is so successful is that it is based on an effective and efficient system—the national Aging Network—which serves as the infrastructure for aging service delivery at the Federal, State and local level. The OAA binds together all 650 AAAs and 240 title VI Native American aging programs across the country, providing a support structure for planning, service coordination, oversight, and advocacy on programs and services that reach more than 8 million older Americans every year. AAAs serve as the focal point at the community level to link seniors and their family caregivers to a myriad of services.

AAAs serve as a single point of entry for the complex and fragmented range of home- and community-based services for older adults and their caregivers, including congregate and home-delivered meals, other in-home services for the vulnerable seniors (such as personal care and chore services), elder abuse prevention and protections, the nursing home ombudsman program, senior centers, transportation, consumer information, education and counseling and senior employment.

AAAs and title VI agencies leverage Federal dollars with other Federal, State, local and private funds to meet the needs and provide a better quality of life for millions of older adults. According to AOA: “In fiscal year 2003 . . . State and local communities leveraged approximately \$2 from other sources for every \$1 of Federal funding; for intensive in-home services, the ratio was closer to \$3 to \$1.”

Many AAAs manage or receive funding from a variety of sources in addition to the OAA, including Medicaid waivers for home- and community-based care, social service block grants, transportation funds, and state-funded in-home service programs. AAAs have demonstrated an extraordinary record of achievement in stretching limited Federal resources to help hundreds of thousands of older people avoid costly nursing home placement and remain independent. OAA funds make it possible for AAAs to leverage millions of non-federal dollars from local Governments, foundations, the private sector, and participant and volunteer contributions.

THE NEXT EVOLUTION: REAUTHORIZATION 2006

Since its inception, the OAA has evolved to meet the changing needs of older adults and those who care for them. The creation of the AAA network in 1973 developed the community-level infrastructure that, to this day, serves to coordinate the core services that older adults have come to depend on, including nutrition programs, senior centers, community service employment, and a range of supportive services such as home care, transportation, elder abuse prevention, and legal assistance. In 2000, the OAA again evolved to directly address the needs of family caregivers—the backbone of our Nation’s long-term care system—through the National Family Caregiver Support Program.

n4a is pleased that the Senate Health, Education, Labor, and Pensions Committee is examining how the Older Americans Act needs to evolve again to meet the current and future challenges of older adults and their caregivers.

Our challenge in 2006 and beyond is largely one of demographics. It is projected that the 65 years and older population, which numbered 35 million in 2000, will more than double in size to about 70 million in the next 26 years. By 2030, one out of every 5 people in the United States will be age 65 and older. People 85 and older are currently the fastest growing segment of the population, increasing at a rate four times faster than any other age group.

This year, the first baby boomers are turning 60, the age of eligibility for OAA services. Over the course of the next 3 decades, the aging of the baby boomers will have a direct and dramatic impact on national, State and local policies, programs and services. With the first of the 77 million baby boomers approaching retirement age, and the current senior population experiencing a “longevity boom” of unprecedented proportions, now is the time for individuals, families, communities and the Nation as a whole to plan and prepare for this coming demographic explosion.

To balance the current and future needs of the older adult population, n4a believes that legislative changes are needed to improve the accessibility and quality of OAA programs, while meeting rising demand.

As such, we make the following recommendations:

1. Help Communities Prepare to Meet Demographic Challenges. The increase in the numbers of aging citizens will impact the social, physical and fiscal fabric of our Nation's cities and counties, directly and dramatically affecting local aging, health, human services, land use, housing, transportation, public safety, workforce development, economic development, recreation, education/lifelong learning, and volunteerism/civic engagement policies and services.

Given their mandated role under the OAA to create multi-year plans for the development of comprehensive, community-based services which meet the needs of older adults, AAAs and title VI Native American aging programs are in a unique position to help communities prepare to address the challenges and opportunities posed by the growing numbers of older adults.

n4a recommends that new language be included in the OAA to authorize State Units on Aging, Area Agencies on Aging and title VI Native American aging programs to help communities prepare for the aging of the baby boomers.

New funds will be needed to support this expanded role, which would support a full- or part-time planning staff position in every AAA. This professional planner would offer the Aging Network's expertise to help State agencies, local city and county elected officials, local Government agencies, tribal councils, and private and nonprofit organizations to develop policies, programs and services to foster livable communities for all ages. In addition we recommend that:

- Funding be non-formula based, with a minimum level of funding and additional formula-based funding to increase resources to more heavily populated service areas, and have a 25 percent non-federal match requirement.
- It includes non-formula based funding to State Units on Aging to coordinate state-level preparedness planning.
- A national resource center on aging in place be established to provide the necessary guidance, training and technical assistance to SUAs, AAAs and title VI Native American aging programs in their efforts to help communities become livable communities for all ages.
- The new provision be evaluated and sunsetted in 10 years.

2. Strengthen the Aging Network as a Single Point of Entry. n4a urges that the OAA reauthorization permanently establish authorized Aging and Disability Resource Centers (ADRCs) within every service area in the Nation, with AAAs given the right of first refusal to be designated as the ADRC within their service areas. The ADRC program, part of the President's New Freedom Initiative, and spearheaded by the U.S. Administration on Aging and Centers for Medicare and Medicaid Services, has helped 43 States integrate their long-term support programs for the elderly and people with disabilities into a single coordinated system.

The OAA and the Aging Network comprise the Nation's non-Medicaid long-term care system, and also many AAAs manage Medicaid home- and community-based long-term care services. In order to structure a system that is easily accessible to all who need long-term care, AAAs and title VI Native American aging programs should be the single point of entry for both Medicaid and non-Medicaid long-term care services.

Many individuals with disabilities, whether age-onset or life-long, need information on and access to basic supportive services that will enable them to become or remain active and contributing members of the community. Over the last 30 years, AAAs and title VI Native American aging programs have developed the infrastructure that coordinates a host of programs that provide information on, access to and choices for individuals who seek such services.

AAAs have become the first and most trusted source for older Americans and their caregivers who are seeking information on home- and community-based services, both public and private, anywhere in the Nation. The rising numbers of aging baby boomers will bring a corresponding increase in the need and demand for a "one stop" source of information as well as a single point of entry into the aging services system.

3. Enhance the Aging Network's Role in Health Promotion and Disease Prevention. To enhance the ability of AAAs to carry out health promotion and disease prevention efforts, n4a seeks an authorization level of \$50 million for the title III-D program and proposes that \$10 million of the appropriation be set aside to pilot, through the AAAs, a community-based collaborative between local aging and healthcare providers to promote disease prevention services.

Although only funded at \$21 million in prior years and targeted for elimination in the President's fiscal year 2007 budget, Title III-D of the OAA has played a pivotal role in disease prevention and health promotion services for seniors in communities across America. This program has become increasingly invaluable as recent evidence-based research continues to prove that health promotion and disease prevention not only contribute significantly to an individual's quality of life, but also are a cost-effective means of reducing, or in some cases eliminating, acute or chronic care costs.

As the coordinators and providers of home- and community-based services at the local level, AAAs and title VI agencies have long recognized the critical importance of health promotion and disease prevention. With limited title III-D funding, these agencies have developed innovative programs that improve the physical and mental well-being of older adults, while reducing the need for more intensive chronic and acute care services. To enable older adults to remain in their homes and communities for as long as possible, one critical element is engaging in activities that promote healthy living.

4. Increase Authorization Levels to Enhance Home and Community-Based Services. AAAs, as part of the larger Aging Network, have the ideal structure, the established reputation, and the expertise to engage in community planning, to serve as the ADRC, and to manage health promotion and disease prevention programs. What they lack are adequate financial resources.

The OAA has provided vital community-based supports to millions of older adults for 40 years. Since 1980, however, there has been a substantial loss in the OAA's capacity to provide services to older Americans due to rising costs, an increasing number of older adults in need of services in general, and the need to provide more extensive services to larger numbers of vulnerable older persons living into their 80s, 90s and beyond.

To illustrate how the cost of providing services has risen over the last 5 years, we'd like to share examples of a few situations in the State of Ohio.

In many areas of Ohio, especially the more rural areas, a pattern that holds up across the country, transportation is one of the most requested services by older adults. It is also one of the most under-funded and suffers from the most rapidly rising costs. Lack of funding has forced the Toledo-based AAA to provide 40 percent fewer trips in 2005 than it did in 2002. Its AAA neighbor to the southeast, Ohio District 5 out of Mansfield, reports it could offer transportation services to 21.5 percent fewer consumers between 2000 and 2005. Besides the oft-recognized increases in fuel costs, vehicle maintenance and insurance costs have also risen dramatically.

Food prices have also risen in recent years, driving up the cost of home-delivered and congregate meal programs that are funded under OAA Title III. The Central Ohio AAA paid \$4.60 for each home-delivered meal served in 2000; that same meal is \$5.05 today. In Southeastern Ohio, the cost of a home-delivered meal has reached \$6.53, up from \$5.81 5 years ago.

Unfortunately, appropriations for OAA programs over the past 5 years have not reflected these and other increased costs. As a result, they have not kept up with demand. A senior center in Perry County reports that they keep waiting lists for home-delivered meals and homemaker services, but that "many of the clients are deceased before we can serve them." In Lucas County, the number of seniors enrolled in programs has increased by 42 percent since 2000.

Another factor also needs consideration. In Ohio and nationwide this year, the roll-out of the new Medicare Part D prescription drug plan has placed additional responsibilities on AAAs, largely without additional funding. Older adults and their families have turned to AAAs and title VI programs en masse during the 2005-2006 enrollment campaign. Yet only a small number of local aging programs received new resources from States or national pilot projects to support their one-on-one counseling and enrollment assistance efforts.

To respond to the overwhelming demand for Medicare Rx assistance, AAA staff were often shifted from other responsibilities to help with Medicare Part D enrollment, making this level of effort unsustainable. Even when the initial enrollment period ends, the public will continue to turn to AAAs and title VI aging programs. Millions of seniors will continue to need counseling and enrollment assistance every year, as they become newly eligible for Medicare or seek to change their prescription drug plans.

In order for AAAs and title VI Native American aging programs to continue the tremendous amount of work that Medicare Rx enrollment assistance has generated, they will need new funding to support and sustain their efforts.

In conclusion, to compensate for inflation and the rising costs of providing services, n4a seeks to raise the authorized funding levels of all the Titles of the OAA by at least 25 percent above the fiscal year 2006 appropriated funding level, except

for Title III-E which should be authorized at \$250 million. The increased authorization levels will ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the growing ranks of the 85 and older population who are the most vulnerable and in the greatest need for aging supportive services.

CONCLUSION

n4a appreciates the opportunity to present our suggestions for modernizing and strengthening the Older Americans Act. We look forward to working with Congress to reauthorize the OAA in a way that respects the needs of today's older adults and their caregivers, recognizes and rewards the cost-effectiveness of home- and community-based care vs. institutional care, and prepares adequately and responsibly for the aging boom.

Chairman DEWINE. Mr. Flood.

STATEMENT OF PATRICK FLOOD, COMMISSIONER, VERMONT DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING, ON BEHALF OF THE NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC.

Mr. FLOOD. Thank you. Good afternoon. My name is Patrick Flood. I am the Commissioner of Vermont's Department of Disabilities, Aging, and Independent Living and I am here today to represent the National Association of State Units on Aging, of which we are one, otherwise known as NASUA. NASUA is the national organization of State Units. The State Units in State Government administer the Older Americans Act in partnership with Area Agencies on Aging and the rest of the aging network, as well as manage a broad range of other State and Federally-funded programs.

I started out my career in aging services as a case manager in the AAA and for 5 years, I was the State long-term care ombudsman, so I have been living the Older Americans Act for a number of years. The act has developed a system in this country of services for elders that this country should be and can be proud of. It has made a huge difference in the daily lives of millions, millions of older Americans over the years.

The act needs to be strengthened and the service system needs to be strengthened. Over the years, the act has been reauthorized and this reauthorization provides an opportunity to modernize the act's programs in preparing to serve the next generation of older people as well as to better meet the needs of today's growing and diverse aging population.

NASUA has submitted to the committee detailed positions on the act's reauthorization. Today, I just wanted to highlight four key recommendations.

First, the Older Americans Act services have been the cornerstone upon which State Units on Aging have built their home and community-based long-term care systems. I think that is something that is not well known. Today, almost all State Agencies on Aging also administer State-funded long-term care programs, and two-thirds of them manage their State Medicaid waiver programs for both elders and, in many cases, people with physical disabilities.

The Aging and Disability Resource Centers funded under title IV have made it easier for older people to both access various public and private programs and obtain information that will help them make the informed decisions they need to make about their long-

term care needs and about other benefits and options. We recommend that these resource centers should become a permanent part of the act.

Second, we recommend adding a distinct component to the National Family Caregiver Support Program to focus on persons with Alzheimer's disease and their families, because if there is any family that has to deal with caregiver issues, it is a family with an Alzheimer's victim, and to continue the progress of the Alzheimer's disease demonstration program in developing and testing new ways to meet this population's need.

Third, we propose an expansion of the act's emphasis on health promotion and disease management. I used to be a nurse, as well, and there is tremendous discussion in this country now about disease prevention and health promotion, and I am here to tell you that I don't believe those efforts will truly succeed unless the aging network is involved, because it doesn't matter what you order in the doctor's office. If the person can't get their prescription drugs or if they can't get the nutrition that they need to remain healthy or they can't get the transportation that they need to get their groceries, it won't matter what you order for treatments and services.

Fourth, the act has created important programs that form the core of State elder rights systems, such as the Long-Term Care Ombudsman Program, legal assistance, and elder abuse prevention. Most State agencies also administer their State's adult protective services systems as well as the State Health Insurance Assistance Counseling Program known as SHIP. We propose that new authorities and resources be added to the act to help States and Area Agencies on Aging enhance information and counseling for older people, covering a wide range of benefits such as health and prescription drug plans and long-term care financing options, retirement security, and income support.

Nothing highlights the need for this more than the recent implementation, flawed implementation, I might add, of the Medicare prescription drug program. If it weren't for the aging network in this country, there would still be many, many more seniors not getting the prescription drugs that they need, and if that is not—if we are not included, if we are not funded appropriately to help seniors, that is going to continue to be a problem in the coming months and years.

So thank you for the opportunity to present NASUA's recommendations to this committee and we look forward to working with you.

Chairman DEWINE. Thank you very much, Mr. Flood.
[The prepared statement of Mr. Flood follows:]

PREPARED STATEMENT OF PATRICK FLOOD

Introduction

The National Association of State Units on Aging (NASUA) is pleased to share with you a comprehensive set of recommendations for reform of the Older Americans Act (OAA) when it is reauthorized by the 109th Congress in 2006. These recommendations are based on a set of principles adopted by the NASUA membership in June 2004 at our 40th Anniversary Annual Meeting in Washington D.C. These principles provided the policy framework within which these recommendations for reform were developed by the membership in December of 2004.

NASUA believes that the forthcoming reauthorization of the act provides an opportunity to modernize its structures, programs, and services to prepare to serve the

next generation of older persons and their families. As you may know, the first cohort of baby boomers will become eligible for most of the services provided under the act during the next reauthorization period. Therefore, we strongly believe that it is critical that the Congress, the administration, national organizations, and State and local stakeholders take this opportunity to focus attention on the current status of the act, its overall effectiveness, and future ideas to enhance its capacity to serve the Nation.

We look forward to an open and productive dialogue with all interested parties on the recommendations for changes that NASUA deems necessary from our perspective to further strengthen the act. Working together we can ensure a reauthorization process that results in an OAA that continues to be responsive to the dynamic circumstances, needs, and preferences of older Americans and their families as America diversifies and ages.

POLICY RECOMMENDATIONS FOR THE 2006 OAA REAUTHORIZATION

1. Continue the Federal Government's responsibility to assist States and communities to meet the needs of older people by increasing the authorized Federal funding level of all OAA Titles and chapters to reflect demographic change and inflation.

Recommended Statutory Change

A. Raise the authorized funding level of all currently funded programs by at least 25 percent above the fiscal year 2005 appropriated funding level except for title III part E which should be authorized at \$250 million.

B. Provide specific funding levels for all programs currently authorized but not funded and all new programs authorized.

2. Strengthen the authority of State Government to ensure that the act's resources are targeted to those older persons most in need of support to maintain dignity and independence, such as the very old, the poor, the near poor who may not qualify for Medicaid (Title XIX of the Social Security Act), the frail, those geographically or socially isolated, limited English speaking individuals, and low-income minority persons.

Recommended Statutory Change

A. In all provisions of the statute which require State and area agency assurances and/or preferences related to targeting resources or activities to those most in need add references to "the near poor who may not qualify for Medicaid (Title XIX of the Social Security Act)," "the very old," and "limited English-speaking older persons."

3. Provide for an authorization period that is sufficient to ensure continuity, promote quality improvements in programs and services and allow newly authorized programs and amendments to be fully implemented.

Recommended Statutory Change

A. Amend all appropriate sections authorizing current and new programs for 5 years, except where noted.

4. Strengthen and broaden the Federal leadership role of the Assistant Secretary for Aging to:

- Include a new partnership with the Centers for Medicare and Medicaid Services (CMS) in the administration of HCBS Medicaid Waiver Programs and other long-term care programs.
- Include a new partnership with CMS to ensure that older qualified individuals with disabilities have access to services in the most integrated setting appropriate to their needs.
- Provide information, education and counseling to people with Medicare in partnership with CMS.
- Assist in efforts to ensure the integrity of the Medicare program in partnership with CMS.
- Advocate with other Federal agencies to end age bias and increase access by older persons to Federal programs and services.

Recommended Statutory Change

A. Add a new provision in section 202(a) requiring the Assistant Secretary to work with the Centers for Medicare and Medicaid Services in the development, approval, and administration of Medicaid HCBS Waivers for older persons.

B. Add a new provision in section 202(a) requiring the Assistant Secretary to work with the Centers for Medicare and Medicaid Services in the design, review, and approval of Medicaid research and demonstration projects in long-term care.

C. Add a new provision in section 202(a) requiring the Assistant Secretary to prepare, publish, and disseminate a report, either directly or through grant/contract, which details all existing Federal policies that create barriers to community living for older people and/or have an inherent age bias, and make specific recommendations for change to the administration and the Congress, and submit annual progress reports.

D. Add a new provision in section 202(a) requiring the Assistant Secretary to work with the Centers for Medicare and Medicaid Services in the development of policies for, and in the administration of, the State Health Insurance Assistance Programs and Medicare and Medicaid integrity programs.

E. Add a new provision in section 202(a) requiring the Assistant Secretary to develop a strategic plan to assist States and communities in preparing for the rapid aging of America and the increased longevity and diversity of the current population of older individuals.

5. Strengthen and broaden the leadership role of the State units on aging to eliminate the institutional bias in their State's long-term care system through:

- New partnership with the State Medicaid agency to ensure that older qualified individuals with disabilities have access to services in the most integrated setting appropriate to their needs.
- Requiring active participation in the development and implementation of the State's Olmstead plan, long-term care rebalancing plans or meeting ADA Title II requirements for older people.
- Statutory recognition of their expanded responsibilities in the design and implementation of home- and community based service systems including the State Medicaid Home and Community-Based Services Waiver programs for the aged and people with disabilities and other long-term care programs.
- Expanded advocacy with other State agencies to end age bias and increase access of older persons to Federal and State programs and services.

Recommended Statutory Change

A. Add a new provision in section 307(a) a new State plan assurance that the State unit on aging will be involved in the planning, coordination of, and where designated by the State in the administration of home- and community-based long-term care programs including Title XIX of the Social Security Act.

B. Amend section 305(a)(D) to include the following: “. . . which affect older individuals including State Olmstead plans where applicable, long-term care rebalancing initiatives, and meeting Americans with Disabilities Act (ADA) Title II requirements for older individuals”

C. Add a new provision in section 307(a) a new State plan assurance requiring the State unit on aging to participate in State planning and coordination activities related to State's Olmstead plan, long-term care rebalancing plans or meeting ADA Title II requirements for older persons.

D. Add a new provision in section 307(a) that the State plan shall include assurances that the State has in effect mechanisms to improve access to other federally funded State administered programs, including home- and community-based services and food stamps, for eligible older persons.

6. Provide authority and authorize funds to States to design and implement Aging and Disability Resource Centers (ADRCs) to assist older people and adults with disabilities to make informed decisions about their service and support options and serve as the one stop center for the State's long-term care service and support system.

Recommended Statutory Change

A. Add a new Title VIII to the Older Americans Act authorizing the Assistant Secretary to carry out a program for making grants to States to streamline access to multiple public programs for older persons and adults with disabilities through the establishment of aging and disability resource centers at an authorized level of funding of at least \$100 million per year.

7. Further strengthen the National Family Caregiver Support Program through the addition of a new program focusing on the needs of older persons with Alzheimer's Disease and related dementia and their caregivers, building on the success of the current State demonstration program.

Recommended Statutory Change

A. Add a new subpart 3 under title III part E authorizing the Assistant Secretary to carry out a program for making grants to States under State plans approved under section 307 to provide multi-faceted systems of support services for persons with Alzheimer's Disease and related dementia and their families and caregivers

with an authorized level of funding of at least \$50 million per year including a 10 percent set-aside for statewide initiatives.

B. Add a new subpart 4 under title III part E authorizing the Assistant Secretary to carry out a program for making grants on a competitive basis to foster the development and testing of new approaches to sustaining the efforts of families and caregivers of persons with Alzheimer's Disease (limit funding to 5 percent of funds appropriated for new Subpart 2).

8. Establish a major new evidenced-based prevention, disease management, and health promotion program to support the healthy productive aging of current and future generations of older persons.

Recommended Statutory Change

A. Modernize title III part D by establishing three distinct Subparts: Subpart 1: Health Promotion/Disease Prevention Programs and Services (current program); Subpart 2: Chronic Disease Management and Medication Management Programs authorized at \$100 million per year (including a base amount for each State) including 10 percent set aside for statewide initiatives; and Subpart 3: State Innovation Grants in Evidenced Based Program Development authorized at \$50 million per year (including a base amount for each State).

9. Enhance State authority and flexibility to develop and implement consumer directed service delivery methods that promote independence, autonomy, choice and control for older persons and their caregivers in all OAA programs.

Recommended Statutory Change

A. Amend title I section 101(10) by deleting the phrase which begins, "full participation in the planning" and replace with ". . . consumer choice, direction and control in the planning and operation of home- and community-based services and programs provided for their benefit."

B. Revise title III section 314 to read "Rights Relating to In-Home and Community Based Services for Older Individuals," and amend the language to include the concepts of consumer direction and control.

10. Strengthen the capacity of State units on aging to develop and implement a comprehensive elder rights system through:
 - Recognition of the critical role of adult protective services (APS) in such systems.
 - Statutory recognition of the existing role of State units on aging in administering APS programs.
 - Providing information, education, counseling and decision assistance to people with Medicare on Federal, State and local benefits.
 - Expanded responsibilities for Medicare program integrity.
 - Expanded responsibilities to design and support systems of advocacy and protection for older persons and, when appropriate, adults with physical disabilities, receiving home- and community-based services.

Recommended Statutory Change

A. Amend section 705(a) by adding a new State plan assurance to read, "An assurance that the State will develop an elder rights system which coordinates programs authorized under this title; includes partnerships with appropriate public and private entities; addresses the unique needs of the diverse older population; informs and empowers older individuals to act on their own behalf; provides individualized advocacy and representation as needed; and assures systemic advocacy."

B. Amend section 705(a)(6)(A) to read, ". . . with existing State adult protective service activities administered by the State unit on aging or other component of State Government' for"

C. Amend title VII by adding a new Chapter 5—Outreach, Counseling, Protections and Assistance Program, which provides information, counseling and decision supports to, and representation for, older individuals on public and private benefits, including pensions, health and long-term care insurance, and income supports with a clearly defined role for legal assistance. Include a \$100 million authorized level of funding.

D. Amend title VII by adding a new Chapter 6 Senior Medicare Integrity Program: Provide allotments to States to promote awareness, prevent victimization, implement State and community partnerships to prevent Medicare and Medicaid fraud and abuse and restore program integrity. Provide an authorized level of funding at \$50 million per year.

E. Amend title VII by adding a new Chapter 7 Home Care Ombudsman Program: Provide allotments to States to establish a program to identify, investigate, and resolve complaints that are made by, or on behalf of, persons receiving in-home and

community services with appropriate conflict of interest, protection of privacy, outreach, and coordination provisions. Provide for an authorized funding level of \$50 million.

F. Amend section 702(c) by deleting “such sums as may be necessary for fiscal year 2001” and adding an authorized level of funding at \$15 million per year.

11. Enhance the capacity of the Senior Community Service Employment Program (SCSEP) to respond effectively to the unique employment, economic and social needs of older persons by:

- Balancing community service and unsubsidized placement expectations.
- Reducing statutory and regulatory barriers to participation of older workers in SCSEP and other Federal employment and training programs.
- Developing reasonable performance expectations particularly regarding unsubsidized placements.
- Reducing administrative burden.

Recommended Statutory Change

A. Amend title V section 502(a)(1) by adding the words “or underemployed” after the word “unemployed.”

B. Amend section 516(2) by adding after Office of Management and Budget “excluding (i) unemployment benefits income; (ii) 25 percent of Social Security income; (iii) SSDI benefits; and (iv) the income of non-spousal household residents.”

C. Amend section 516(2) by adding the words after “. . . including any such individual whose average income in the last 6 months’”

D. Amend section 513(a)(2)(C) to read “For all grantees, the Secretary shall establish a measure of performance of not less than 20 percent and not more than 25 percent”

12. Strengthen the income security provided to low-income older workers in the SCSEP by exempting wages earned in the program as income for purposes of determining eligibility for Medicaid and other Federal benefits.

Recommended Statutory Change

A. Amend section 509 to read “Employment Assistance and Federal Benefits” and add at the end “. . . and Title XIX of the Social Security Act.”

13. Ensure that reporting and accountability requirements and definitions are consistent across all titles of the act and focus on program outcomes without unduly burdening program recipients and the various components of the aging network.

Recommended Statutory Change

A. Amend section 211 to read “Reduction of Paperwork and Administrative Burden.” Add the following language: “The Assistant Secretary shall implement ways to improve the efficiency and effectiveness of reporting and reduce State reporting burden. The Assistant Secretary will implement cost effective ways to define the common data requirements needed for policy and management decisionmaking; reduce the information burden on program recipients; improve data collection methods and systems to ensure unduplicated counts; and reduce the expense of reporting systems. The Assistant Secretary shall provide grants to States to carry out such program information systems management changes. The Assistant Secretary shall establish a National Resource Center on Aging Network Information Systems to provide ongoing training, technical assistance and support to States.”

B. Amend Section 216 Authorizations of Appropriations by adding a new subsection (d) Program Information Systems Management Initiative authorized at \$10 million per year.

14. Ensure that States have sufficient new resources to prepare their respective States and communities for the aging of America.

Recommended Statutory Change

A. Add a new title IX Grants for State Aging America Initiatives: The Assistant Secretary shall establish and carry out a program of making allotments to States to pay for the cost of carrying out statewide initiatives to help communities develop the programs, policies and/or services needed to address the rapid aging of America and the increased longevity and diversity of the current population of older individuals. Provide for an authorized funding level of \$50 million per year and sunset after 2 years.

Chairman DEWINE. Ms. Mintz.

**STATEMENT OF SUZANNE MINTZ, PRESIDENT AND CO-FOUNDER,
NATIONAL FAMILY CAREGIVERS ASSOCIATION, KEN-
SINGTON, MARYLAND**

Ms. MINTZ. Mr. Chairman, Senator Mikulski, thank you for this opportunity. I am Suzanne Mintz, President and co-founder of the National Family Caregivers Association and a family caregiver myself, and as you might suspect, I am speaking here today in support of the National Family Caregiver Support Program.

NFCA's mission is to empower family caregivers to take actions that will improve their life and the lives of their loved ones by providing them with education, support, and a public voice. Our members care for spouses, children, aging parents, siblings, friends, and others. The majority of our members care for seniors. The stories they share with us paint a picture of isolation, a lack of information, a need for respite and financial assistance.

I would like to share a story that we received some years ago from a woman right here in Potomac, Maryland, Sheue Yann Chen. To this day, it is imprinted on my mind. "My husband is now 66 years old. He has a neurological disease which has no treatment and no cure. He can no longer walk, talk, or feed himself. He is totally incontinent and needs full-time assistance. I receive no financial help and work full-time to support his full-time home care. I am now 62 years old, overworked, and worn out."

The National Family Caregiver Support Program, part of the Older Americans Act, began providing services to family caregivers of the elderly and elderly people caring for children in 2002. Since that time, it has helped over 25 million people like Mrs. Chen across the country receive information, respite, and support.

In my own State of Maryland, approximately 45,000 people have been served by the National Family Caregiver Support Program since its inception for a cost of just over \$2,165,000. That is approximately \$48 per caregiver, about the cost of a dozen lattes. That is a pretty small investment, indeed, in the health and well-being of those Americans who are providing care to the most vulnerable of our citizens. It is a small investment in keeping family caregivers on the job. After all, when a family caregiver becomes sick and cannot provide care, society pays the price.

Unfortunately, the vast majority of family caregivers have not had the opportunity to be served by the National Family Caregiver Support Program, either because sufficient funds were not available or because they were not even eligible.

America's more than 50 million family caregivers are the mainstay of our Nation's long-term care system. Family caregivers strive often beyond the point when it is beneficial to all concerned to keep their loved ones at home. In times of tight budget constraints, supporting family caregivers is sound fiscal policy. That is why it is troubling that the Administration on Aging's budget request seeks fewer funds for the National Family Caregiver Support Program in fiscal year 2007 than it currently receives, approximately \$2 million less, \$154 million for 2007 versus \$156 million in 2006, and also that amount in 2005. It is as if we have been losing ground already for the past few years.

The first of the baby boomers turned 60 last month. Our aging population is on the rise, and the number of people who need long-

term care. I am all for more flexible and integrated programs that address the totality of a person's need, such as the Choices for Independence Initiative being proposed, and providing services for a person with a chronic illness or disability does indirectly help family caregivers. But it doesn't address the very specific needs of family caregivers. Only the National Family Caregiver Support Program does that.

Since I am out of time, just let me say that I think it is imperative that we not reduce funding for this program, in fact, that we indeed increase it. In years past, there has been talk of doubling the program. It would be a very wise and sound investment if we did so.

[The prepared statement of Ms. Mintz follows:]

PREPARED STATEMENT OF SUZANNE MINTZ

Mr. Chairman, members of the committee thank you for this opportunity to speak in support of reauthorization of the Older Americans Act, and in particular the National Family Caregiver Support Program. My name is Suzanne Mintz, and I am the President and Co-founder of the National Family Caregivers Association (NFCA), and a caregiver myself for more than 2 decades for my husband who has multiple sclerosis.

NFCA's mission is empower family caregivers to take actions that will improve their life and the life of their loved one by providing them with education, support, and a public voice. NFCA reaches across the boundaries of differing diagnoses, different relationships and different life stages to address the common concerns of all family caregivers. NFCA is located in Kensington, MD.

Our members care for spouses, children, aging parents, siblings, friends and others. The majority of our members care for seniors and they tend to be "heavy duty" caregivers, meaning they are providing hands-on care on a daily basis, helping loved ones, dress, bath, toilet etc. The stories they share with us paint a picture of isolation, a lack of information and understanding of available resources, a need for respite, and financial assistance.

I would like to share a story that we received some years ago from a woman right here in Potomac, MD, Sheue Yann Chen. To this day it is imprinted on my mind.

My husband is now 66 years old. He has a . . . progressing debilitating neurological disease, which has no treatment and no cure. Since the diagnosis of his disease, I have been watching his slow death day by day.

He now can no longer talk, walk, stand or feed himself. He is totally incontinent and needs full-time assistance for daily living. I receive no financial help and work full-time to support his full-time home care. I am now 62 years old and shoulder the entire household responsibility, from cooking, cleaning, shopping, learning to fix faucet leaks, mowing the lawn and shoveling the snow. I am over-worked and worn out. Because of his illness, we have no social life . . . Since his illness, many friends that we used to have abandoned us. I feel very alone, constantly worrying about my husband's health. Life has been a struggle for me.

What can help me is to have a resource center which has names that I can call for finding a dependable workman to install a wheelchair ramp or fixing other household problems (e.g. leaking roof etc.), . . . assistance for transportation when my husband needs to go to see the doctor, . . . financial assistance for home care. At the minimum, financial assistance for a 2 week respite leave would be extremely helpful.

The National Family Caregiver Support Program, a part of the Older Americans Act, began providing services to family caregivers of the elderly and elderly people caring for children in 2002. Since that time it has helped over 25,000,000 people like Mrs. Chenn across the country.

- Over 1.5 million caregivers have received help in accessing services.
- Almost 22 million have received information about caring for their loved one.
- Over 814,000 have received counseling, become part of a support group, or learned new caregiving skills.
- Almost one half million caregivers have gotten some of the respite they desperately require.
- Approximately 350,000 caregivers have gotten supplemental services to help them meet very specific and immediate needs.

Research has shown over and over again that family caregivers put their own health at risk as they assist their loved one. Family caregivers are more prone to depression than the rest of the population, among some subpopulations as much as six times as high. Research has shown that the stress of family caregiving can trigger the advent of chronic illnesses, and in extreme situations increase mortality rates.

In my own State of Maryland just under 45,000 people have been served by the National Family Caregivers Support Program since its inception for a cost of \$2,165,437. That's \$48 and change per caregiver—about the cost of a dozen lattes. That is a very small investment indeed in the health and well being of those Americans who are providing care to the most vulnerable of our citizens. It is a small investment in keeping family caregivers on the job. After all when a family caregiver becomes sick and cannot provide care, society pays the price.

As impressive as some of these numbers sound, we can not lose site of the fact that there are more than 44 million people who provide care to a loved one over the age of 50 and the numbers of caregivers served that I have quoted represent services over a 3 year period. There are so many family caregivers that have not had the opportunity to be served, either because sufficient funds were not available or because they were not even eligible.

Family caregivers are the mainstay of our Nation's long-term care system. Family caregivers strive, often beyond the point when it is beneficial to all concerned, to keep their loved one at home. In times of tight budget constraints supporting family caregivers is sound fiscal policy. That is why it is troubling that the Administration on Aging's budget request seeks fewer funds for the National Family Caregiver Support Program in fiscal 2007 than it currently receives, approximately \$2 million less, \$154 million for 2007 versus \$156 million in 2006.

I know that there are new initiatives being proposed, that will if implemented, provide some services to caregiving families. The budget calls for the creation of a new program of competitive grants, Choices for Independence, a \$28 million initiative that will provide a flexible care plan of services for eligible individuals and therefore in the process support their family caregivers as well. I know that there are funds allocated for the Aging and Disability Resource Center program that began in 2003 to serve as single entry access points, but these are all small competitive grant programs that will serve only a small number of people and only indirectly support family caregivers.

The first of the baby boomers turned 60 last month. Our aging population is on the rise and with it the number of people who will need long-term care. People over 85 are the fastest growing segment of the population and over half of them need help with personal care. I am all for more flexible and integrated programs that address the totality of a person's needs, and providing services for a person with a chronic illness or disability does indirectly help their family caregiver, but it doesn't address the very specific needs of the caregiver directly, only the National Family Caregiver Support Program does that.

I know that money for programs to support needy Americans is very tight right now to say the least, but I fear that the proposed direction of the fiscal 2007 AOA budget will leave even more family caregivers fending for themselves than has already been the case.

The implementation of the National Family Caregiver Support program in 2000 was a milestone in this country's recognition of the critical role that family caregivers play in our healthcare and social support system. Reducing its allocation sends a message that the work of family caregiving—upon which our Nation relies so heavily—is not as valuable as once thought. That is a step backwards and one that as a family caregiver advocate I must decry.

Hubert Humphrey, for whom the headquarters building of the Department of Health and Human Services is named, once said "A society is judged by how it treats its most vulnerable citizens." What can we say about America's concern for its most vulnerable citizens if we cut back on the one and only program designed to support those they rely on so heavily. Over two thirds of all seniors needing care get it solely from family and friends. It is imperative that we recognize the enormity of the work that family caregivers do in support of the elderly and the negative impact it has on their own wellbeing. By cutting the few social support services that exist we are only adding to the pool of family caregivers who will require more expensive services from our healthcare system, today and tomorrow. I implore you to consider at least funding the National Family Caregiver Support Program at current levels, if not adding to them.

Chairman DEWINE. Ms. Jones.

STATEMENT OF KARYNE JONES, PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC., WASHINGTON, DC.

Ms. JONES. Senator DeWine, Senator Mikulski, I am Karyne Jones and I am President and CEO of the National Caucus and Center on Black Aged. From its inception, the National Caucus and Center on Black Aged has supported the spirit and the objectives of the Older Americans Act and continues its longstanding support.

As the Congress considers the reauthorization of the act, NCBA wants to state its support of the reauthorization as follows. We strongly oppose any across-the-board cuts to discretionary spending programs. Such cuts are likely to have a disproportionate impact on OAA programs.

We do not support eliminating specific references to minorities. It remains a sad reality that minorities are still disproportionately at the lower end of the economic spectrum. Removal of targeted languages will undermine efforts to direct services to the neediest of older Americans and roll back the progress that has been achieved in minority and low-income participation.

NCBA opposes merging disability and aging services. Although many of the needs of the two groups do converge, the merging of these services will obscure the often distinct priorities. The ability of the service agencies and organizations to respond to the needs of the elderly will suffer from this additional bureaucracy.

We also oppose these changes to the Senior Community and Service Employment Program, SCSEP. No. 1, eliminating national sponsors. No. 2, eliminating services to participants under age 65. And three, eliminating fringe benefits for participants.

NCBA supports preparation for the demands resulting from the aging of the baby boomer generation. This is overdue, in fact. The boomers have already begun to reach 55, and certainly our systems have been ramped up to meet their needs. The impact on all services, including those authorized by OAA, including the Senior Community Service Employment Program, the National Family Caregivers Support Program, nutrition programs, as well as health and promotion of disease activities, will reach unprecedented levels. Service providers at all levels will have to be proactive to meet the needs of an increased number of older Americans potentially utilizing these services. Particular attention must be paid to prepare for those who will be near or below the poverty line.

NCBA supports a 25 percent increase of OAA authorization levels. This increase will offset the impacts of inflation and compensate for the flat funding levels of the past several years. The failure to increase the authorization levels has amounted to cutting spending levels as a result of inflation.

NCBA supports establishment of Aging and Disability Resource Centers. The centers will provide a one-stop source for assisting seniors and disabled citizens with long-term care and service needs.

I have to jump down, because 3 minutes just isn't enough to take care of the needs of poor, low-income people in this country. Most of it, of course, is in my statement, but I have to mention that, of course, NCBA supports retaining the current operational structure of the Senior Community Employment program.

We support affordable housing for seniors, particularly low-income seniors. This is becoming an increasing need for older Americans, and this legislation does not address that adequately.

We also support all I have mentioned. Following this brief statement, I do have all of my statistics and everything to do that.

As we wholeheartedly support the Older Americans Act's reauthorization, we must be committed to enacting appropriations that effectively empower these agencies to carry out the mission and service provision for our elders. The Congress and the administrative branch are proud of the Older Americans Act, its goals and achievements, and we thank you for this opportunity, Senators, to talk about these things.

Chairman DEWINE. We do have your full statement.

Ms. JONES. Thank you.

[The prepared statement of Ms. Jones follows:]

PREPARED STATEMENT OF KARYNE JONES

THE NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC. (NCBA)

RECOMMENDATIONS FOR THE 2005 REAUTHORIZATION OF THE OLDER AMERICANS ACT
(OAA)

My name is Karyne Jones and I am President and CEO of the National Caucus and Center on Black Aged, Inc.

From its inception The National Caucus and Center on Black Aged, Inc. supported the spirit and objectives of the Older Americans Act (OAA) and continues its long-standing support. As the Congress considers the reauthorization of the OAA, NCBA wants to state its support of the reauthorization as follows:

NCBA strongly opposes any across-the-board cuts to discretionary spending programs. Such cuts are likely to have a disproportionate impact on OAA programs. We do not support eliminating specific references to minorities. It remains a sad reality that minorities are still disproportionately at the lower end of the economic spectrum. Removal of targeting language will undermine efforts to direct services to the neediest older Americans and roll back the progress that has been achieved in minority and low-income participation in the OAA.

NCBA opposes merging disability and aging services. Although many needs of the two groups do converge, the merging of these services will obscure the often distinct priorities. The ability of service agencies and organizations to respond to the needs of the elderly will suffer from the additional bureaucracy. Reluctantly the example of the Office of Homeland Security provides an almost worst-case scenario for this type of administrative umbrella.

NCBA supports establishment of a new Title in the OAA to study and prepare for the demands resulting from the aging of the baby boomer generation. This is overdue in fact. The boomers have already begun to reach 55 and will reach 60 before our systems have been ramped up to meet their needs. The impacts on all services including those authorized by the OAA (including the Senior Community Service Employment Program (SCSEP), National Family Caregiver Support Program (NFCSP), nutrition programs as well as Health Promotion and Disease Prevention activities) will reach unprecedented levels. Service providers at all levels will have to be proactive to meet the needs of the increased number of older Americans potentially utilizing services. Particular attention must be paid to prepare for those who will be near or below the poverty line.

NCBA supports a 25 percent increase in OAA authorization levels. This increase will offset the impact of inflation and compensate for the flat funding levels of the past several years. The failure to increase the authorization levels has amounted to cutting spending levels as a result of inflation.

NCBA supports establishment of Aging and Disability Resource Centers. The centers will provide a one stop source for assisting senior and disabled citizens' with their long term care and service support needs. The ability of well-trained representatives to access and inform clients will reduce the burden of information gathering and the application process involved.

NCBA supports retaining the current operational structure of the Senior Community Service Employment program (SCSEP) utilizing National sponsors and State aging units. The system has served the goals of the legislation and the clients

very effectively. **We support** reinforcing income security for low-income SCSEP participants by providing exemptions for SCSEP wages when determining eligibility for Federal benefits programs (e.g. Medicaid). The combination of near poverty line status and fixed incomes demands this relief in order for many elderly to maintain a reasonable quality of life. **NCBA supports** establishing practical assessment standards and performance expectations particularly for unsubsidized placements. The benefits of workers moving to private sector or direct Government employment are many, the most important being making room for new participants as more baby boomers become eligible.

NCBA supports strengthening the Health Promotion and Disease Prevention capacity of the OAA and its service providers by establishment of evidence-based programs that will be implemented at the local, State and national levels. **NCBA supports** allocating funds for outreach and enrollment assistance for the Medicare prescription drug program. **NCBA supports** directing services to those older individuals with the greatest economic and/or social need with particular attention to low-income minority individuals and demographically dense communities.

Following this brief statement are some facts and statistics that illustrate the increasing importance of the services provided for by the OAA. These facts highlight the necessity of carefully addressing the authorization levels and organizational structure of service delivery systems. There are many areas where racial, ethnic or socioeconomic disparities continue to have an impact in our society and the health and wellbeing of minority seniors.

The Congress and administrative branch can be proud of the Older Americans Act, its goals and achievements. Let's not run the risk of prematurely rolling back its authority or diluting its ability to meet its designed objectives. Thank you for the opportunity to share NCBA's enduring appreciation for the act and the efforts of the many agencies and organizations that implement the resultant programs.

POPULATION DEMOGRAPHICS

"From 1950 to 2004 the total resident population of the United States increased from 150 million to 294 million, representing an average annual growth rate of 1 percent. **During the same period, the population 65 years of age and over grew twice as rapidly** and increased from 12 to 36 million persons. The population 75 years of age and over grew 2.9 times as quickly as the total population, increasing from 4 to 18 million persons. Projections indicate that the rate of population growth from now to 2050 will be slower for all age groups, and **older age groups will continue to grow more than twice as rapidly as the total population.**" This "preretirement age" population, defined as all adults 55–64 years of age, is projected to be the fastest growing segment of the adult population during the next 10 year period.¹

HEALTH STATUS OF OLDER AMERICANS

"While many Americans age 55–64 are in good health and relatively well off financially, minorities, primarily African-Americans, American Indians, and persons of Hispanic origin, are more likely than non-Hispanic white Americans to have chronic health problems, live in poverty, lack insurance coverage, and be unable to work because of a disability."

The percent of the population that is black or Hispanic is increasing. If current racial and ethnic disparities do not narrow, this trend could indicate even higher prevalence of obesity, diabetes, hypertension, and other diseases more common in minorities and a corresponding higher burden on the health care system.

"Changes in the racial and ethnic composition of the population have important consequences for the Nation's health because many measures of disease and disability differ significantly by race and ethnicity. One of the overarching goals of U.S. public health policy is elimination of racial and ethnic disparities in health."²

Adults age 55–64 have more frequent and more severe health problems than younger people. The prevalence of diabetes, hypertension, heart disease, and other chronic diseases increase with age. In addition, hypertension and obesity have been increasing over time for this age group.

CARDIOVASCULAR RISK FACTORS

Hypertension, obesity, and high cholesterol are all independent risk factors for the leading causes of death in the United States—heart disease and stroke. Hyper-

¹National Center for Health Statistics, Health, United States, 2005, With Chartbook on Trends in the Health of Americans, Hyattsville, Maryland 2005.

²2005 National Healthcare Disparities Report. Agency for Healthcare Research and Quality.

tension is also a major risk factor for congestive heart failure and kidney failure. Being obese is associated with increased risk of morbidity and mortality. High cholesterol increases the likelihood of developing heart disease and raises the risk of heart attacks among those with heart disease.

Between 1988–94 and 1999–2002 the percent of adults 55–64 years of age with one or more of the three cardiovascular risk factors examined remained level at about 70 percent.

Almost one-half of non-Hispanic black adults had two or three of the risk factors, compared with just under one-third of non-Hispanic white and Mexican adults.

MAMMOGRAPHY

Breast cancer is the most common type of newly diagnosed cancer among women and the second leading cause of cancer deaths for women. In 2002 approximately 204,000 women in the United States were diagnosed with breast cancer and nearly 42,000 women died from the disease. Rates of newly diagnosed breast cancer, breast cancer survival rates, and death rates vary among race and ethnic groups.

Disparities in mammography screening among underserved women with low income or less education also continue to exist. In 2003 poor women remained less likely than women with higher incomes to have a recent mammogram—55 percent compared with 74 percent.

PAP SMEAR

A Pap smear is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix and other medical conditions. If detected, precancerous conditions can be treated before they become malignant.

Pap smear screening rates remained lower for Asian and Hispanic women than for non-Hispanic black and non-Hispanic white women.

HEALTH AND HEALTHCARE DISPARITIES

African-Americans are 10 times more likely than whites to be diagnosed with AIDS.

African-Americans are 10 percent more likely than whites to have poor access to healthcare and 9 percent more likely to receive poorer quality care.

Hispanics are 3.7 times more likely than whites to be diagnosed with AIDS.

Hispanics are 87 percent more likely than whites to have poor access to healthcare and 16 percent more likely to receive poorer quality care.

EMPLOYMENT STATUS

Employment, or past employment, is a determinant of access to health care both in terms of supplying income to pay for care and also because employer-sponsored health insurance is frequently offered to employees. In 2002–2003 employment status differed by race and ethnicity. Non-Hispanic white men and Hispanic men were more likely to be working (about 65 percent) than non-Hispanic black men (57 percent). Among women, a little over one-half of non-Hispanic white women were working compared with 46 percent of non-Hispanic black women and 41 percent of Hispanic women. Hispanic women in this age group were more likely to be taking care of home or family than non-Hispanic women. Hispanic men and women were less likely to be retired than non-Hispanic adults 55–64 years.

Unemployment due to disability was higher for non-Hispanic black men and women age 55–64 years than for other racial and ethnic groups. In 2002–2003, about one-fifth of non-Hispanic black men and one-quarter of non-Hispanic black women were unemployed due to a disability compared with 15 percent of Hispanic adults and 10 percent of non-Hispanic white adults.

LOW INCOME

People with low income are more likely to be in poor health and have a higher prevalence of many serious chronic diseases than those with higher incomes. Their worse health is a result of many factors including a higher prevalence of health risk factors, poor nutrition and housing, occupational and environmental hazards, and other social ills. Poor health may also contribute to poverty by reducing the ability to earn income. People living below or near the poverty level are also more likely to lack health insurance, which, combined with their low incomes reduces their access to health care.

In general the preretirement age population 55–64 years has higher incomes than older persons age 65 and over. In 2003 more than one-fifth of the population age

55–64 had incomes below 200 percent of poverty, compared with almost two-fifths of older persons age 65 years and over. More older adults than preretirement age adults had incomes in the 100–199 percent of poverty range. The percent living below 100 percent of poverty, however, was similar for the two groups (about 10 percent). There is large variation in the poverty distribution by gender and race and Hispanic origin for the preretirement age population. In 2003 women 55–64 years of age were more likely than men to be living in poverty (10 percent compared with 8 percent). Both non-Hispanic black and Hispanic men and women were about twice as likely to be living in or near poverty as non-Hispanic white adults. In addition, non-Hispanic black and Hispanic women were more likely to be poor than their male counterparts.

Income for persons age 55–64 is not likely to increase and will probably decrease upon retirement. Persons 55–64 currently living in poverty most often cannot expect future increases in their employment-based incomes. Employment prospects at this age for poor and near poor persons diminish and are most often limited to low-income jobs with few fringe benefits.

HEALTH INSURANCE COVERAGE

Health insurance coverage is an important determinant of access to health services and is of particular importance for people with chronic conditions that require ongoing care. Whereas Americans age 55–64 years are more likely to be insured than other working-age adults under age 65, preretirement age adults do not have the guarantee of health insurance coverage that Medicare offers to almost all older adults age 65 and over.

Adults 55–64 years of age are reaching a time of life when health problems are likely to become more frequent and more serious. Consequently, persons of this age group are likely to have greater health care needs, on average, than younger persons. Because being married is associated with higher rates of health insurance, minority women, in particular, are more at risk for being uninsured than other groups, as well as more likely to live in poverty.

Chairman DEWINE. Mr. Blancato.

STATEMENT OF BOB BLANCATO, NATIONAL COORDINATOR, ELDER JUSTICE COALITION, WASHINGTON, DC.

Mr. BLANCATO. Thank you, Senators. As National Coordinator of the 440-member bipartisan Elder Justice coalition, thank you for the invitation to discuss Title VII of the Older Americans Act, allotments for vulnerable elder rights protection activities.

Elder abuse, neglect, and exploitation is more prevalent than in 2000, the last Older Americans Act reauthorization. A new study by the National Center on Elder Abuse points broadly to a 19.7 percent increase in elder and vulnerable adult abuse and neglect cases since 2000. The Center's Special Committee on Aging has estimated there to be more than 500,000 reported cases of elder abuse, with as many as 5 million total cases since so much goes unreported.

The only Federal program with dedicated funds for elder abuse prevention is title VII. Its mission and purposes are sound. Its resources are not. It has just over \$20 million. The President's budget would reduce it by \$1 million. Two of its programs, including the Native American Organization Program, have never been funded.

A stronger title VII should be a goal of this reauthorization. It must include enhancing the capacity of the aging network to develop and implement a comprehensive elder rights system over the coming years. It must include a strong State and local long-term care ombudsman program that operates with adequate resources and in an environment of autonomy. A stronger title VII must commit more attention and resources to help stem the alarming rise in self-neglect cases. Yes, it will take more money, but outcomes

will come from this investment: Reducing elder abuse, neglect, and exploitation through education, training, and better reporting.

Authorization levels proposed by LCAO deserve serious consideration, including \$10 million each for elder abuse prevention, the Native American Organization, and the legal services developer program. They also call for \$45.5 million for the ombudsman program to help meet a goal of the Institute of Medicine, which calls for one ombudsman per every 2,000 nursing home residents.

Finally, the National Center on Elder Abuse and the National Long-Term Care Ombudsman Resource Center need to continue and each should be funded at \$1 million a year. They are both critically important to research and practice.

The Elder Justice Coalition also hopes this committee will again adopt its version of the Elder Justice Act. The bipartisan and comprehensive Elder Justice Act has been introduced as S. 2010 by Senators Hatch and Lincoln. It would greatly expand and better coordinate our Federal response to elder abuse, neglect, and exploitation, and provide a dedicated funding stream for adult protective services, the front line of response to the estimated 80 percent of elder abuse cases which occur in noninstitutional settings. APS's main funding source is the Social Services Block Grant, which President Bush just proposed to cut by an unconscionable \$500 million.

Combine the 1,200 delegates to the White House Conference on Aging, the Elder Justice Coalition, and the LCAO and you have quite a powerful and bipartisan group of American constituencies calling for the same end, more resources to address elder abuse.

S. 2010 notes with chilling simplicity, victims of elder abuse, neglect, and exploitation are 3.1 times more likely to die at an earlier age than expected compared to elders who are not victims. Is there a more compelling call to action than that? Thank you.

Chairman DEWINE. Thank you.

[The prepared statement of Mr. Blancato follows:]

PREPARED STATEMENT OF BOB BLANCATO

Senators Enzi, Kennedy, DeWine, and Mikulski, and members of the committee. As national coordinator of the 440 member bipartisan Elder Justice Coalition, I appreciate the invitation to share views on the impending Older Americans Act reauthorization especially as it relates to Title VII Allotments for Vulnerable Elder Rights Protection Activities. I also serve as the Immediate Past President of the National Committee for the Prevention of Elder Abuse.

This 15th reauthorization of the Older Americans Act may provide one of the key opportunities for Congress to recommit itself to the prevention of elder abuse, nearly 15 years ago after title VII was added to the act.

Since the last reauthorization in 2000, reported cases of elder abuse have clearly risen in our Nation. The most recent indication comes from a new study released by the National Center on Elder Abuse. It points to a 19.7 percent increase in reports of elder and vulnerable adult abuse and neglect cases since 2000 as reported to adult protective services. The study also cites a 15.6 percent increase in substantiated cases.

The reality is this is only one dimension of elder abuse incidence. There are other reporting entities not reflected in this study. Furthermore as the Senate Special Committee on Aging has reported in the past there may be as many as 4 times as many elder abuse cases that go unreported. Using their figures on reported cases from the only incidence and prevalence study we may be dealing with as many as 500,000 reported cases and upwards of 5 million overall.

For the moment there is only one Federal program that dedicates categorical funds for elder abuse prevention and that is title VII. It was made a separate title by Congress to consolidate and expand certain programs that focus on the protection

of the rights of older persons which had been previously under title III. Its mission and purposes are sound. Its resources are not. The entire title VII of the act has a current appropriation of just over \$20 million. Especially woeful is the \$4.8 million for the elder abuse prevention program in the title which broken down by State rounded means **\$206,000 for Ohio, \$87, 000 for Maryland, \$26,000 for Wyoming and \$116,000 for Massachusetts.**

In fact, two of the sections of title VII, the Native American program and the Legal Services Developers have never received funding. That absence of funding needs to end this year.

Clearly we support a stronger title VII with adequate funding to allow it to better accomplish its missions of supporting community-based elder abuse prevention programs, helping with better reporting data and aiding in raising public awareness through education. In title VII we need to commit more attention and resources to the alarming rise in self neglect cases in elder abuse.

Central to a stronger title VII must be a strong Ombudsman program both State and local long-term care ombudsman.

What is more central to a national elder abuse prevention strategy than the ombudsman program which involves dedicated individuals who identify, investigate and resolve complaints filed by or on behalf of elderly residents in long-term care. In this reauthorization process I urge the subcommittee to get direct input from State and local ombudsmen and make sure that title VII promotes a strong environment of autonomy for ombudsmen.

Specifically the strategy to a stronger title VII is providing it with realistic funding levels to allow it to achieve the goal of enhancing the capacity of the aging network to develop and implement a comprehensive elder rights system over the coming years.

The proposals put forth by the Leadership Council of Aging Organizations whose chair and a number of other members are here related to title VII deserve the very serious consideration. It is critical to set authorization levels high enough to send the proper signal to the Appropriations Committees of the importance of all of the title VII programs.

In particular I would note their call for **\$10 million in funding for elder abuse prevention activities under title VII, \$45.5 million in funding for the Long Term Care Ombudsman program** which would take this program a long way to meeting a critical recommendation of the Institute on Medicine which recommended there be one ombudsman per 2,000 nursing home residents—**\$10 million in funding for the Native American Organization provisions and \$10 million in funding for the Legal Services Developer program.**

There will be guaranteed returns on this investment of Federal money. These funds will lead to clear outcomes—better training of law enforcement and medical personnel and others who come in regular contact with the elderly to be able to detect possible elder abuse. These funds will lead to the bolstering in some cases and the establishment in other cases of local-based multidisciplinary teams formed to help combat elder abuse in the community. They will lead to the hiring of more ombudsmen and can lead to better reporting of elder abuse, which is so crucial.

I remember presenting testimony to this committee back in September of 2003 and noting that a new commitment to elder justice—the right of older Americans to be free from abuse, neglect and exploitation is as important as any initiative that has been undertaken to improve the quality of life for seniors in need.

A good first step would be to accomplish the reauthorization of the Older Americans Act with a commitment to a stronger title VII. It should be about taking those steps to allow a comprehensive elder rights system to be developed and advanced at the State and local level through the aging network. Also under title II we need to continue the National Center on Elder Abuse and hope it too can receive a modest increase in its authorization. This call for a prompt and purposeful reauthorization of the Older Americans Act was the top vote getting resolution at the recent 2005 WHCOA.

The Elder Justice Coalition also hopes that this committee will again move forward and adopt its version of the Elder Justice Act either in conjunction with the Older Americans Act reauthorization or separately.

This committee in 2004 reported out S. 2940 the Act for Elder Justice unanimously.

This followed a unanimous reporting out of S. 333 the Elder Justice Act by the Finance Committee. The 108th Congress did adjourn before taking final action on the bills.

Our Coalition is pleased that Senators Hatch together with Senators Lincoln, Smith and Kohl have introduced S. 2010. It is now and always has been a bi-par-

tisan bill which would greatly expand and better coordinate our Federal response to the problems of elder abuse neglect and exploitation.

When a new bill is considered by this committee related to elder justice we hope it maintains the essential feature supported by the administration of enhancing the existing authority of AOA to raise awareness about elder abuse, promote coordination and support intervention efforts. We also hope it will take the critical step of creating a specific Office of Elder Justice within the Department—the precise location to be at the discretion of the Secretary.

We also hope that this legislation as well as anything done on reauthorization of the OAA recognizes the critical role of adult protective services in the prevention of elder abuse, neglect and exploitation. In the previously mentioned national Incidence and Prevalence study, it noted that 80 percent of elder abuse occurs in home settings, not institutions; Adult Protective Services is the entity best trained and able to work to respond, aid in reporting and help victims of this more common form of elder abuse.

Although not the direct jurisdiction of this committee the Elder Justice Coalition does want to reiterate its support for a dedicated funding stream for adult protective services in the future. This is especially critical in light of the proposed \$500 million reduction offered in the President's budget for the Social Services Block Grant which is the largest source of funding of adult protective services.

The delegates to the White House Conference on Aging actually spoke twice on the subject of elder abuse prevention. Their top resolution as mentioned called for the prompt reauthorization of the OAA including Title VII. They also adopted a resolution entitled Create a National Strategy for Promoting Elder Justice through the Prevention and Prosecution of Elder Abuse. It ranked number 15 of the 50 resolutions adopted.

When you combine the 1,200 delegates to the White House Conference on Aging, the more than 430 members of the Elder Justice Coalition and the Leadership Council of Aging organizations you get quite a powerful and bi-partisan group of American constituencies calling for the same end: more resources to address elder abuse in this country.

There is a finding in the opening pages of S. 2010 which to me says with chilling simplicity the ultimate consequence of elder abuse. It states "that victims of elder abuse, neglect and exploitation are 3.1 times more likely to die at an earlier age than expected than elders who were not victims of elder abuse, neglect and exploitation."

This compels us to move forward on the Older Americans Act and the Elder Justice Act.

Thank you.

Chairman DEWINE. Mr. Lacayo.

STATEMENT OF CARMELA G. LACAYO, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NATIONAL ASSOCIATION FOR HISPANIC ELDERLY, PASADENA, CALIFORNIA

Ms. LACAYO. Buenes tardes. I am Carmela Lacayo, President, CEO, and founder of the National Association for Hispanic Elderly. Thank you, Senator Mikulski and Senator DeWine, for inviting me to present testimony on the reauthorization of the Older Americans Act. For the last 35 years, I have been through the process of reauthorizations, and believe me, it is a process many years.

My comments are expanded in the written testimony we have submitted for the record. I am going to be very brief in summarizing some of the key important issues that our organization is concerned with.

Congress, in our view, has wisely included targeting language historically in the Older Americans Act to direct services to those seniors with the greatest economic and social needs, with particular attention to low-income aged minorities. This language recognizes that there are not sufficient Older Americans Act moneys to reach all older Americans. The targeting language has helped to focus Older Americans Act services on those seniors with the greatest needs. Additionally, the targeting language has improved mi-

nority participation in Older Americans Act programs. This language is extremely important to our organization and we urge that it be retained.

Because of limitations of time, I am going to direct my remarks to the Senior Community Service Employment Program. There are four points that I wish to bring to the attention of the committee.

First, the value and worth of title V has been amply demonstrated for low-income senior workers, the communities they serve, and our Nation. The Senior Community Service Employment Program has been independently evaluated on numerous occasions and it has always received high marks. The existing State sponsor partnership has worked extraordinarily well and Congress should continue this winning approach.

Second, there is an old adage that one should not attempt to fix what is not broken. This clearly applies to the SCSEP and especially the proposal to de-nationalize title V and turn the program over to the States. We oppose this proposal. There is no authoritative research to support this change. Quite to the contrary, independent evaluations have given high marks to the existing SCSEP. We urge Congress to maintain the existing State-national organization partnership.

Third, Congress should continue the longstanding basic principles that have contributed to title V success. These bedrock principles include targeting older Americans with poor employment prospects, serving minorities, limited English speaking, and other individuals with the greatest economic and social needs, at least in proportion to their numbers in each State, retaining and enhancing the community service aspect of the SCSEP.

Fourth, we urge Congress to avoid taking specific actions which would be harmful to the SCSEP. Title V should not be folded or forced into the Workforce Investment Act, WIA. The Association is aware that some people will argue that it is better to have all employment and training activities under one roof. Congress tackled that very issue more than 30 years ago and wisely decided that a Senior Community Service Employment Program was needed to serve low-income persons 55 or older with poor employment prospects. General job training programs enacted after the passage of the Older Americans Community Service Employment Act, such as JTPA, CETA, and now WIA, do not have a good record of reaching out and serving older workers, particularly low-income disadvantaged older Americans.

Just 2 seconds. Title V differs from the conventional training programs under the direction of the Department of Labor, such as WIA. The SCSEP combines community service with employment and training for low-income seniors. DOL wants to model the title V after WIA. We think the opposite should occur. WIA should model itself after the SCSEP and its success with older workers.

Our view is that SCSEP has been a far more effective program in achieving its objectives than WIA has. We urge Congress not to further the WIA-fication of the SCSEP.

[Laughter.]

Ms. LACAYO. In conclusion, the value and worth of the SCSEP and other Older Americans Act programs have been amply demonstrated throughout the history of the Older Americans Act, and

I believe in my—well, I am young—Hispanics age gracefully—that the Older Americans Act, next to the Medicare Act and the Social Security Act, are the preeminent legislation that really allow older Americans to live their life with a little bit of dignity, and I say a little bit because we see the cutbacks and the problems facing so many of our service providers.

Thank you very much, Senators.

Chairman DEWINE. Thank you.

[The prepared statement of Ms. Lacayo follows:]

PREPARED STATEMENT OF CARMELA G. LACAYO

Mr. Chairman and members of the Health, Education, Labor and Pensions Committee, the National Association for Hispanic Elderly (Asociación Nacional Pro Personas Mayores) appreciates the opportunity to participate in the roundtable discussion concerning the reauthorization of the Older Americans Act (OAA).

A. OAA SERVICES BENEFIT SENIORS IN MANY WAYS

At the outset, we wish to express our strong support for the OAA and the vital services that it provides to seniors throughout our Nation. The OAA continues to be the primary source for funding supportive and nutrition services for people 60 years of age or older. These services—such as homemaker or home health care—have enabled seniors to live independently in their communities, rather than being placed prematurely, and sometimes unnecessarily, in a nursing home at a much higher public cost.

Similarly, the national elderly nutrition program, which is probably the most visible title III services program, provides millions of home-delivered and congregate meals to older Americans each year. Quite often, this program delivers the only nutritious meals that seniors will receive on a particular day.

Participants in the Senior Community Service Employment Program (SCSEP) have been enormously helpful in contributing to the noteworthy achievements of the OAA congregate meals and home-delivered meals programs. These nutrition programs, which have helped millions of older Americans over the years, could not have achieved their current success without the exceptional assistance from title V participants.

The OAA also helps seniors access needed services. Routine tasks for most Americans—such as shopping, visiting friends or going to the doctor—can become formidable challenges for aged individuals without a car or suitable public transportation. Unfortunately, far too many older Americans live under a form of “house arrest” because public transportation is often unavailable, inaccessible, or too expensive. OAA transportation services have helped elderly people in numerous ways and have made it easier for these individuals to cope with the challenges related to advancing age.

B. SERVING MINORITIES MORE EFFECTIVELY THROUGH TARGETING LANGUAGE

Congress, in our view, has wisely included targeting language in the OAA to direct services to those seniors with the greatest economic need and greatest social need, with particular attention to low-income aged minorities. This language recognizes that there are not sufficient OAA resources to reach all older Americans. The targeting language has helped to focus OAA services on those seniors with the greatest needs. Additionally, the targeting language has improved minority participation in OAA programs. A good example is the SCSEP which had nearly a 45 percent minority participation rate for the program year ending June 30, 2004—the most recent year that official public information is available.

We urge the Congress to retain the existing targeting language because it has directed additional services to those seniors who are truly needy. Earlier equity studies conducted for the Administration on Aging (AOA) found that aged minorities have a much greater need for services than non-minority seniors—oftentimes two to three times as great as for the Anglo aged. One important reason is that older minorities have a poverty rate that is typically two to three times as great as for Anglo seniors. Moreover, elderly minorities have a much lower level of educational attainment than the Anglo aged. A large proportion of older Hispanics has limited English-speaking ability, which exposes them to a multiple form of jeopardy because of their age, minority status, and communications skills.

We reaffirm our support for maintaining the existing targeting language and oppose any efforts to dilute or otherwise undercut this essential language.

C. COST SHARING

The 2000 OAA Amendments authorized cost-sharing for certain services under certain conditions. We opposed this measure because it can discourage minority participation in OAA services programs, despite some of the safeguards written into the law. We want to make certain that the existing cost-sharing language does not, in any way, discourage or reduce minority participation in supportive services programs. Furthermore, we want to assure that waivers from cost-sharing are granted when a significant percentage of older Americans in the planning and service area have incomes below the cost-sharing threshold, and cost-sharing would be an unreasonable administrative or financial burden upon the area agency on aging (AAA).

Existing law requires States and AAAs to develop plans prior to implementing cost-sharing to ensure that participation of low-income older individuals, with particular attention to low-income minorities, will not decrease because of the cost-sharing. AOA must enforce this measure fully and vigorously. Similarly, AOA must be vigilant in taking corrective action to provide services without cost upon a finding that cost-sharing is having a disparate impact upon the participation by low-income and minority older individuals. In short, we call upon AOA, State offices on aging, and AAAs to enforce the safeguards in the law to prevent a reduction in minority participation in OAA supportive and nutrition services programs.

D. SCSEP: FINE TUNING RATHER THAN RADICAL OVERHAUL

It appears now that the future direction for the SCSEP will be the most likely contentious issue for the reauthorization of the OAA.

Title V, in our view, is the most successful employment and training program ever enacted for older Americans, especially for low-income seniors with poor employment prospects. The SCSEP has been enormously effective for our Nation, low-income senior participants, and the numerous communities served by the SCSEP. It has been evaluated on numerous occasions and has always received positive marks, whether from independent evaluators, elderly participants, host agencies, or others.

Title V has enabled low-income seniors to improve their economic well-being by helping others in their communities through the provision of much-needed services at libraries, hospitals, senior centers, nutrition sites and numerous other locations. Congress carefully crafted this program to address two crucial objectives:

1. Self-help through employment and training opportunities for low-income seniors who typically have poor employment prospects;
2. The provision of vital community services that would normally not be available without the SCSEP.

One of the hallmarks of title V is that it has given low-income seniors an opportunity to help themselves while helping others in their communities, rather than be dependent upon public assistance. It has taken some of the more disadvantaged older Americans in the United States in terms of limited educational attainment, outmoded work skills, or a long-term detachment from the labor force and helped to place them in gainful employment in our economy.

1. AVOID DISRUPTIVE AND HARMFUL CHANGES

We favor a fine-tuning approach for continuing the SCSEP, rather than proposing major changes. Congress made fundamental and far-reaching changes for title V with the enactment of the 2000 OAA Amendments. The result has produced four new national sponsors, new regulations governing the program, a different and much more complex reporting system, more stringent performance standards, and a shifting of numerous older participants from one national sponsor to another national sponsor. People who work with the program on a day-to-day basis and those who participate in community service employment need to reach a comfort level with the substantially revised SCSEP. They do not need more fundamental changes or a radical overhaul. This action would be harmful for the program, the low-income senior participants, and the communities that they serve. A fine-tuning approach is necessary to minimize disruption and to prevent title V's achievements from slipping or falling precipitously.

In approaching this task, it is important to consider not only what should be done for the SCSEP but also what should **not** be done to the SCSEP. One important lesson is that what you do not do can be as important as what you do, and sometimes even more important.

2. OPPOSITION TO “DE-NATIONALIZING” THE SCSEP

There is an old adage that one should not attempt to fix something when it is not broken. This clearly applies for the SCSEP, and especially the proposal to “denationalize” title V and to turn the program over to the States. States would conduct periodic competitions under this approach.

We oppose this proposal for several reasons:

- There is no authoritative research to support this proposal. Quite to the contrary, prior independent evaluations have given high marks to the existing SCSEP, which operates successfully now as a national program with a national sponsor-state partnership.

- Performance levels certainly do not justify this recommendation, primarily because national sponsors have consistently outperformed the States by most meaningful performance measurements. This is not meant to criticize States because they have a solid record in administering SCSEPs. National sponsors, though, have outperformed States according to key important standards. For example, national sponsors had a 30.6 percent unsubsidized placement rate for the program year ending June 30, 2004, compared to 26.8 percent for the States. National sponsors achieved this higher unsubsidized placement rate while serving more hard-to-place individuals on the basis of poverty status, lower levels of educational attainment, minority status, and a higher percentage of older participants.

- A “de-nationalized” title V would become a balkanized program. It would lead to greater chaos and more disruption. The SCSEP has functioned well as a national program. It has operated as a successful partnership with national sponsors and States. Each party has something to offer to make the program operate more efficiently, effectively and successfully as well as to respond to the diverse population groups served by the SCSEP while meeting community service needs. For these reasons, the Asociacion urges Congress to maintain (1) the existing partnership between national sponsors and States and (2) the existing ratio of funding between national sponsors and States.

3. OPPOSITION TO INCORPORATING SCSEP IN THE WORKFORCE INVESTMENT ACT

The Asociacion urges the Congress to avoid taking two specific actions, which would be harmful for the SCSEP, the participants served by the program, and host agencies working with the program. First, title V should not be folded into the Workforce Investment Act (WIA). The Asociacion is fully aware that some people will argue that it is better to have all employment and training activities under one roof. They further maintain that there should not be separate programs for special groups. Congress tackled that issue more than 30 years ago and wisely decided that a SCSEP was needed for low-income people 55 or older with poor employment prospects because of their limited education, outmoded work skills, long-term detachment from the work force, and other limitations. Congress wisely opted for this approach when it became readily apparent that general employment and training programs oftentimes overlooked or ignored people 55 years of age or older. Congress realized that older workers were historically underserved by general employment and training programs. Congress was pragmatic in recognizing that employment service and national manpower activities placed a premium on serving younger workers because there is a mindset that these programs will receive “more bang for the buck” by focusing on youth and younger populations. General work and training programs enacted after passage of the Older American Community Service Employment Act—such as the Comprehensive Employment and Training Act (CETA), the Job Training Partnership Act (JTPA), and now WIA—do not have a good record of reaching out and serving older workers, and particularly low-income, disadvantaged older Americans with poor employment prospects. In fact, the unacceptably low participation rate for older workers in these programs following creation of the SCSEP is a powerful reason to continue the SCSEP in its current form, rather than have it subsumed in a comprehensive employment and training program. Unfortunately, the record is all too clear that older workers lose under comprehensive employment and training programs because their participation rates are unacceptably low. The harsh reality is that older workers will effectively be swimming upstream because of the employment service and manpower network’s preoccupation with serving younger workers first and foremost. Low-income aged minorities, especially those with limited English-speaking ability, can be particularly disadvantaged when seeking assistance from general work and training programs.

4. CONTINUE THE LONGSTANDING UNDERLYING PRINCIPLES

Title V does not need a radical overhaul. A much sounder approach is to continue underlying core principles that have made the program successful. For example, the SCSEP should continue to target older Americans who have poor employment prospects. These individuals typically have the greatest need for training, employment or additional income. Quite often these people are simply not good candidates for employment in the private sector because they have outmoded work skills, a long-term detachment from the workforce, limited English-speaking ability or other disadvantages. It is important to target the SCSEP's resources in the most cost effective manner because title V cannot possibly reach all the potentially eligible persons with existing funds now or those that will be available in the future. An emphasis on targeting those with poor employment prospects will help to assure that the SCSEP's funds are utilized effectively, efficiently, and in a cost-effective manner.

Congress should continue the existing language directing SCSEP sponsors, to the extent feasible, to serve the needs of minority, limited English speaking people, and individuals with the greatest economic need at least in proportion to their numbers in the State where the project is located.

One of the hallmarks of the SCSEP is the community service aspect through which title V SCSEP participants provide valuable services for aged community residents as well as the community at large. The Asociacion supports retention of the community service aspect for the SCSEP. We are opposed to any attempt to deemphasize community service under title V. Many important programs flourish or are helped significantly by the services provided by SCSEP participants. Congress should encourage community service activities under title V, rather than discourage them.

Title V has been a very successful program for numerous important reasons. Congress targeted the program in a way to reach those with the greatest employment, training and income needs. Congress was also realistic in developing a pragmatic program that was responsive to the needs of the SCSEP's clientele. Congress created a program that merged two important concepts: (1) community service employment to make more community services available and (2) self-help for those who performed these services. Another key principle is to encourage people to move from the SCSEP to employment in the private or public sectors. This not only enables more low-income older Americans to participate in the SCSEP; it also permits them to earn more as full-time employees in the private or public sectors. Title V provides part-time community service employment as an incentive for participants to move into full-time employment in the private or public sectors. On the other hand, legislators who established the SCSEP recognized that there would probably be many participants who would not have a realistic prospect to find employment in the private or public sectors for a variety of reasons. Consequently, the leading sponsors of the SCSEP did not want the program to apply undue pressure to force these people out of the program. Thus, there was a reasonable and realistic balance established to be responsive to the program's goals and the participants' needs in the real world. These principles have worked well.

5. AOA SHOULD ADMINISTER THE SCSEP

Title V differs from the conventional training programs under the direction of the Department of Labor (DOL), such as the Workforce Investment Act (WIA). The SCSEP combines community service with employment and training for low-income seniors with poor employment prospects. DOL wants to model Title V after WIA. We think the opposite should occur: WIA should attempt to be modeled more after title V. Moreover, general training programs, such as WIA, have had a poor record in serving older workers, and especially low-income seniors with poor employment prospects. Our view is that the SCSEP has been a far more effective program in achieving its objectives than WIA has.

In addition, there seems to be a more natural bonding between the way title V operates, with its emphasis on community service, and AOA/OAA programs under the direction of the aging services network at the State and local levels. This has been an extraordinarily effective partnership that has been a "win-win" proposition for all concerned. Title III Supportive and Nutrition Services programs have been able to reach out and serve many more older Americans, and more effectively. SCSEP participants have been able to improve their economic well-being while providing rewarding and valuable services in their communities.

For these reasons, we recommend that the administration of the SCSEP be transferred from DOL to AOA. We strongly believe that this action would improve the administration of the program as well as its performance. Moreover, there is a more natural affinity between the objectives of the supportive and nutrition services ac-

tivities of the AOA administered OAA programs and the SCSEP than there is between title V and WIA.

E. CONCLUSION

In conclusion, the value and worth of the SCSEP and other OAA programs have been amply demonstrated throughout the history of the OAA. These programs deserve to be continued and expanded. The OAA should be extended for at least 4 years, and ideally for 5 years.

We reaffirm that the SCSEP should be continued without major or fundamental changes to prevent disruption for the participants, the host agencies and the sponsors administering the program. All parties connected with title V have already made significant adjustments and sacrifices to conform to the 2000 OAA Amendments. Every effort should be made now to permit a comfort level to be reached for those participating in the SCSEP as well as those administering the program.

Chairman DEWINE. Mr. Fong.

STATEMENT OF CLAYTON S. FONG, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NATIONAL ASIAN PACIFIC CENTER ON AGING, SEATTLE, WASHINGTON

Mr. FONG. Thank you, Mr. Chairman, Senator Mikulski. I want to begin by thanking you both for your leadership the last time we had the reauthorization. It was tough for a long time, and I think it was your joint bipartisan approach that really unplugged it and got it done quickly, on a timely basis, and we look forward to that happening again with the same players at the helm.

I want to say, though, I think what we have seen is a demonstration of how 99.9 percent of this act, we all agree on, and it is Republican and Democrat, it is from different States, and it is from different parts of the country. We all agree on it 99.9 percent. So I won't talk about the 99.9 percent. We at the National Asian Pacific Center on Aging clearly support LCAO's principles and we have submitted that as part of our testimony, and I want to also point out that we have also submitted, 13 members of national organizations have also supported the Vision for America's Low-Income Senior Workers in their Communities, and I want to submit those as part of my testimony.

I want to, though, focus on just a couple simple things, and that is, one, we all talk a lot about the aging of the baby boomers and the tremendous numbers that are coming about. Few of us talk about the changing face of that baby boom population. And a good example of that would be the Hispanic and the Asian community. At the same time as the plus-65 population is going to grow, is going to double in size, the Asian and Hispanic elders are going to grow seven times faster and that is an astonishing number.

So what are we going to do to be able to meet the needs of a different and more diverse population, as well? Probably the most key and fundamental issue is going to be language, so I want to talk a little bit about language and language capacity.

In our communities, the Hispanic and Asian communities, fully 60 percent of elders do not speak English well, and one-third live in a household where no adult speaks English, and those are astonishing numbers in terms of figuring out how to reach them and serving a population that is most vulnerable and not getting service.

But it isn't just new immigrants. I want to use my dad as an example. He currently has Alzheimer's and is in a nursing home. He

came here in 1949. He came here for the simple reason that he wanted his kids to have a better life, and I am a testament to that fact. However, because he came here as an adult, English will always be his second language, and now that he has got Alzheimer's, there are many times when he just goes back to his Chinese language and you can't treat him. It is literally veterinary medicine if you don't have the language capacity.

But beyond that, I think that it is an example of how we have got to figure out how we best serve those most vulnerable and target those resources to those that have the greatest needs.

I want to also mention the other area that I want to reemphasize and that is the Senior Community Service Employment Program. For us, the Older Americans Act and especially the Senior Community Service Employment Program have been, in the Asian community, an emerging community, a critical component to building an infrastructure for reaching and serving seniors who otherwise would not have been served. In our communities, we have not only language barriers, but most seniors in our community actually also don't have pensions and so they have to work longer. So the Senior Community Service Employment Program is absolutely critical to that.

I will merely close with a couple of quick points. It is really important that we have a critical mass, and you all have seen wisely to make sure that there is a minimum critical mass available for the National Asian Pacific Center on Aging—well, for Asian and for Native American Indian elders, because there is a critical mass to language in serving a national program, so you have got to have big enough critical mass to figure out how to do that. You have got to have a big enough critical mass to figure out, how do you reach employers that will hire people that speak other than English.

I also want to merely say that there is an economy of scale that exists for limited English-speaking elders, but it also exists for serving elders altogether, because there really is literally a disincentive to serve, I think, elders in the overall employment training programs because just placement, elders aren't going to be as easy a placement. And then if you speak limited English, it is even harder.

The last point I will merely say is that the community service component and the placement of jobs are not mutually exclusive. SCSEP is a good example of how you can literally marry the two. The seniors get jobs where they can make a difference in their communities, and that is very simply what SCSEP is all about. Thank you.

[The prepared statement of Mr. Fong follows:]

PREPARED STATEMENT OF CLAYTON FONG

NATIONAL ASIAN PACIFIC CENTER ON AGING,
SEATTLE, WA 98101,
February 14, 2006.

Hon. MICHAEL B. ENZI,
Chairman,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, D.C. 20510.

Mr. Chairman, members of the committee, and fellow aging advocacy colleagues. My name is Clayton Fong and I have the distinct honor serving as the Executive Director of the National Asian Pacific Center on Aging (NAPCA). I appreciate the opportunity to offer comments on the reauthorization of the Older Americans Act from the perspective of the seniors I serve—Asian and Pacific Island Americans.

NAPCA is dedicated to the needs and concerns of Asian and Pacific Island seniors in the United States. As an organization, we have long held “improved access to eligible services” as the focal point for our mission. NAPCA serves as one of the 13 national SCSEP sponsors. The SCSEP is critically important for our seniors and we would like to see it continue to serve this growing and diverse segment of senior Americans.

NAPCA supports the basic reauthorization principles articulated by the Leadership Council on Aging (LCAO) of which we are a member. Rather than going into these principles, I attach them for the record and focus my comments on a single component of the Older Americans Act—Title V, the Senior Community Service Employment Program (SCSEP). This particular program illustrates the nature of work of organizations such as ours who are committed to serving elders. SCSEP is directed to a particularly difficult to serve segment of senior Americans—low-income seniors. While all low-income seniors are difficult to serve, Asian Pacific Islanders are especially difficult to serve.

Presently there are approximately 1,100,000 API elders 65 and over that live and work in the United States. This population is expected to grow faster than any other minority group over the next decade. This increase in population is likely to include increasing diversity among API ethnic groups, languages, and nationalities. This diversity is magnified by differences in immigration history, citizenship status, English proficiency and by life-span experiences. These experiences impact life chances and influence how APIs enter and experience old age and aging.

These differences also make it difficult to serve this community. Over 70 percent of all APIs are foreign born, 80 percent of API elders speak a language other than English and a third live in a household where no adult speaks English. Language proficiency has a significant impact on an API elder’s experiences. According to the Census Bureau 60 percent of all API elders are limited English proficient (LEP). That percentage is higher for certain ethnic groups especially SE Asians, and Koreans. Not surprisingly, an API elder survey conducted in 1998–1999 by NAPCA in five urban areas found that language barriers ranked highest among many unmet needs.

These elders, who tend to be the most vulnerable, will face daunting challenges in understanding what changes are being made to the social and health-related programs on which they depend. While mainstream seniors might be aware of such services through mailings, news media, and television, Asian Pacific elders can seldom be reached through these vehicles. This segment of older Americans requires more direct and continuous attention than those in the mainstream. NAPCA is committed to improving Asian and Pacific Islander Americans’ access to the benefits for which they are eligible.

NAPCA is one of the national sponsors actively participating in SCSEP. We have chosen to operate our efforts by collaborating with existing community-based organizations rather than having stand-alone, NAPCA-staffed SCSEP programs in those communities with large Asian and Pacific Islander senior populations. We feel this approach is not only cost effective but also enhances the capacity of community-based organizations to serve seniors.

NAPCA along with the National Indian Council on Aging (NICOA) are the two smallest national sponsors in terms of allocation of enrollees. Because both programs have a national focus and literally operate in locations across the United States, these programs can only be cost effective if there are a sufficient number of enrollees over which to spread fixed costs of administration and management. If the number of enrollees allocated to these smaller programs fall below this “critical mass” level, program costs per enrollee would make the program impractical.

We aggressively defend the need for a national sponsor, such as NAPCA, dedicated to serving Asian and Pacific Islander Americans since just the language barriers for this segment of seniors make it impractical, if not impossible, for mainstream organizations to serve our constituents. Clearly, there are economies of scale in having a national organization such as ours serve as a clearing house of information and regulatory requirements so that our constituents have an understanding of options and can make more informed choices. NAPCA operates as a clearing house in the sense that we translate difficult-to-understand information and regulations into forms that are easily understood and used by senior Asian and Pacific Islander Americans.

I submit that without a national sponsor focusing on the API seniors, this segment of the senior population would be underserved. This is not because States and other sponsors do not want to serve our constituents; it is simply because the prominent language and cultural diversity of API seniors make them a difficult group to serve.

Replacing the national sponsors with a block grant to the States would inevitably displace many low-income seniors, and particularly aged minorities. States will simply not be able to locate projects in areas where there are high concentrations of minorities to the same extent that national minority aging organizations currently do. Additionally, States would be unable to duplicate the language capacity of the existing minority networks at a level that would sustain the existing 1,000 API seniors that are served every year.

Simply put, national minority aging contractors are more effective than States in representing the interests of minority enrollees and involving minority host agencies in the SCSEP. We have a better track record. We have the respect and confidence of the minority community. In short, minority seniors will not be adequately served without the continued levels of support for the national organizations that are dedicated to the needs and concerns of minority seniors.

Finally, why block grant this program when national sponsors have outperformed the States by virtually every single important measurable barometer, including unsubsidized placements, fully utilizing allocated funds, and serving older Americans with the greatest needs in terms of poverty status, limited education, and advancing age?

In the reauthorization of the Older Americans Act, NAPCA urges the committee to retain Sections 506(a)(2) and 506(a)(3) relating to Reservations for Territories and Organizations. Without this section of the law, low-income Asian and Pacific Islander Americans will be less likely to be served. Second, we also urge the committee to require that the Federal agency administering SCSEP take into account the specific economic and cultural environment of seniors in assessing and evaluating placement in unsubsidized employment. Placement rates tend to move in concert with employment rates in a community; and, community differences must be accounted for in program evaluation and assessment. Finally, we cannot overemphasize the importance of the dual nature of SCSEP. Community service and employment training are a powerful combination.

NAPCA recently participated in discussions of SCSEP with other aging organizations on ways to improve how we serve low-income seniors. The outcome of this self-evaluation and forward looking discussion is contained in a statement entitled "A Vision for America's Low-Income Senior Workers and Their Communities" which I endorse and include for the record.

Mr. Chairman and members of the committee, I thank you for the opportunity to offer my views on behalf of Asian and Pacific Islander seniors.

A VISION FOR AMERICA'S LOW-INCOME SENIOR WORKERS AND THEIR COMMUNITIES

The following statement was adopted at a meeting held January 10, 2006, of the 13 national grantees funded by the U.S. Department of Labor.

For 40 years, the Senior Community Service Employment Program (SCSEP) has provided part-time employment in a wide range of nonprofit and public agencies to low-income adults 55 and over. Every year, more than 100,000 older adults with poor employment prospects and the greatest need are able to re-enter the labor force. As extra help, SCSEP participants enable thousands of community and faith-based organizations to provide vital public services that would not otherwise be available to other needy seniors, children, and the general public.

The 2000 reauthorization of the Older Americans Act kept SCSEP intact while strengthening program accountability and the role of State Governments. Congress concluded that SCSEP is an efficient and cost-effective program, serving practically every county in the Nation, including hard-to-serve rural and urban communities.

The 2005 White House Conference on Aging recognized that SCSEP ensures that “the oldest, poorest and least skilled older workers do not fall through the cracks.” Across the aging network, there is broad support for continuing SCSEP—with minor refinements—as our Nation’s most effective workforce program serving the most vulnerable older Americans.

PRINCIPLES TO GUIDE SCSEP REAUTHORIZATION (TITLE V, OLDER AMERICANS ACT)

1. Target services to older persons with the greatest economic and social need—including those from minority, rural, and urban hard-to-serve communities—by keeping the current age and income eligibility requirements.
2. Maintain and enhance the community service employment aspect of the program in addition to promoting economic self-sufficiency among participating seniors.
3. Maximize expenditures on participant wages and benefits and minimize administrative costs by retaining current policy on program budgets.
4. Support best practice and avoid disruption in the program by continuing to fund both national and State/territorial grants to operate SCSEP.
5. Strengthen the role of the Administration on Aging in SCSEP.

POSSIBLE REFINEMENTS TO SCSEP

1. Amend section 502(e) to remove disincentives for private business concerns, community colleges, and other training providers to participate in innovative training and placement activities for SCSEP participants.
2. Fully implement a “balanced scorecard” to measuring SCSEP grantee performance that reflects Congressional intent, including service level to most-in-need, unsubsidized placement, and community service.
3. Streamline performance data collection.
4. Provide sufficient funds to respond to the projected increase in SCSEP-eligible persons.

This approach would respect Congressional intent in 2000 to update SCSEP without disrupting a proven program has evolved to meet changing needs since its inception. Adopting these principles and refinements will enable SCSEP to serve the most vulnerable and hardest-to-serve older adults in a cost-effective, research-validated, and high-quality manner for the remainder of this decade.

RATIONALE

1. The number of older adults in poverty and at risk will increase significantly, according to the Census. By 2008 there will be 6.7 million persons aged 55 or over below poverty, a 22 percent increase from 5.5 million in 2000; by 2015, this number will increase to 9 million low-income older Americans. Clearly the need for SCSEP is growing.
2. Current research about productive aging, employment, and civic engagement supports the validity of paid community service employment to assist older adults at risk. Working in bona fide part-time jobs provides not only needed financial aid but also contributes to participants’ physical and mental well being, helping them avoid becoming increasingly dependent on others.
3. SCSEP does more than help older job seekers find employment—it directly supports the day-to-day operation of thousands of community and faith-based organizations and Government agencies. According to USDOL, 70 percent of these agencies reported that they would not have been able to provide the same level of services without SCSEP. Last year alone, SCSEP participants provided these agencies close to 46 million hours of paid community service. For instance, SCSEP participants and staff work as the primary older worker specialists at many WIA One Stops and have helped meet the increased demand for social services as a result of Hurricane Katrina.
4. SCSEP serves over 100,000 persons 55 and over each year, over twice as many as those served by WIA. Further, SCSEP serves a more needy population: about over 70 percent of all SCSEP participants are women; over 80 percent are 60 and older; over 80 percent are at or below poverty, about one-third have less than a high school education; and over 40 percent are from a minority group. In contrast, WIA nationally serves less than 4,000 persons 65 and over of any income and education level (likely due to performance disincentives currently built into WIA, according to GAO Report 03–350). In fiscal year 2004, national and State/territorial SCSEP grantees achieved ACSI customer satisfaction scores that were “substantially higher” than scores for WIA, and better than most organizations in the private sector.
5. The 13 national grantees (selected by USDOL through a national competition in 2003) add significant value to the total SCSEP program and delivery system. They develop and replicate successful program models by partnering with national-

level corporations, employer associations, social service agencies, and other providers. These national nonprofit organizations strengthen SCSEP at the State and local level by sharing best practices on serving hard-to-reach rural and urban communities, including minority and immigrant groups; collaborating with WIA One Stops, area agencies on aging, etc.; and leveraging local resources to support SCSEP. National SCSEP grantees represent unmatched expertise and experience that would be difficult to replace.

6. Since USDOL did not issue final regulations for SCSEP until 2004, many of the initiatives and improvements embodied in the 2000 reauthorization are only starting to take effect. For instance, the reauthorization requires stronger national and State grantee coordination, but the improved State planning process has been in place for only 1 year. At the request of the Senate Special Committee on Aging, GAO is conducting a review of SCSEP since the 2000 Amendments. It would be premature to make major changes without full implementation of Congressional intent from the last reauthorization in 2000.

[Editors Note—LCAO Older Americans Act Reauthorization Recommendations can be found with the statement of Barbara B. Kennelly.]

Chairman DEWINE. Mr. Kourpias.

STATEMENT OF GEORGE J. KOURPIAS, PRESIDENT, ALLIANCE FOR RETIRED AMERICANS, WASHINGTON, DC.

Mr. KOURPIAS. Thank you very much for this opportunity, and let me say that the Alliance for Retired Americans will submit further testimony here.

The Alliance for Retired Americans is a nationwide grassroots organization that advocates on behalf of older Americans. The Alliance represents some three million retired workers and our mission is to support public policy that protects the health and economic security of this country's senior citizens. We teach seniors they can and should make a difference in their lives through activism, and it is this activism that we harness to help preserve and protect that which makes a difference in the lives of older Americans.

I am here today to say that the Older Americans Act, from which the Alliance receives no money nor do we administer OAA programs, is a perfect example of legislation that has made an enormous positive difference in the lives of millions of seniors. Designed to promote the dignity and the independence of older people, this landmark legislation has resulted in the creation of a broad range of indispensable and, some would say, life-saving services for older adults and their caregivers. Thanks to the Older Americans Act, American seniors can today live independent and dignified lives as members of their communities for as long as possible.

I hear time and time again what a difference the program made possible by the Older Americans Act has made in the lives of our Alliance members. Food arrives with a knock at the door from Meals On Wheels. Doctor visits are possible, and prescription drugs can be picked up at the pharmacy thanks to transportation. And if you or your family member are in a long-term care facility and have a problem, thanks to the Older Americans Act, you today have legal recourse to resolve their issue.

I can't imagine what would happen if these folks didn't have these services to count on. Programs and services funded by the Older Americans Act are not only life savers for seniors, but they save the Federal Government and taxpayers the high costs of institutional care. This cost savings is destined to deliver an even better return in the not-too-distant future because home- and community-

based support services will become even more essential as the baby boomers start to age.

Just last month, there was a great fanfare when the first of 77 million baby boomers turned 60. This huge increase in the aging population will have a direct and dramatic impact on every community, county, and city in this country for decades to come.

What this should be telling us is that now is the time to plan for expansion in the adequate health and support services. We should not be debating cutting or curtailing these essential programs. The reauthorization of the Older Americans Act provides Congress the opportunity to do what is right for today's aging population, as well as for tomorrow's new seniors. It is my hope that as Congress debates measures designed to reduce the deficit, it resists the temptation to cut or eliminate programs that help millions of needy older Americans.

I am especially concerned that the Senior Community Service Employment Program remain intact. Thanks to this program, more than 100,000 of the country's neediest seniors are given part-time jobs, and last year alone, seniors in this program provided close to 46 million hours of paid community service.

The Older Americans Act created vital programs and services that millions of Americans count on daily to survive. It, too, deserves to survive. Thank you very much.

[The prepared statement of Mr. Kourpias follows:]

PREPARED STATEMENT OF GEORGE J. KOURPIAS

Good afternoon Senators. I am George Kourpias, President of the Alliance for Retired Americans. We are a nationwide, grassroots organization that advocates on behalf of older Americans. The Alliance represents more than 3 million retired workers, and our mission is to support public policy that protects the health and economic security of this country's senior citizens.

We teach seniors they can and should make a difference in their lives through activism. And it is this activism that we harness to help preserve and protect that which makes a difference in the lives of older Americans.

I am here today to say that the Older Americans Act is a perfect example of something that has made an enormously positive difference in the lives of millions of seniors. Designed to promote the dignity and independence of older people, this landmark law has resulted in the creation of a broad range of indispensable, some would say life saving, services for older adults and their caregivers.

The Alliance does not receive funding, nor do we administer programs, through the Older Americans Act. Many of our members receive the benefits of this law in their everyday lives. And many of our members volunteer in Older Americans Act programs as well.

Thanks to the Older Americans Act, American seniors can today live independent and dignified lives as members of their communities for as long as possible. I hear time and time again what a difference the programs made possible by the Older Americans Act have made in the lives of our Alliance members.

Food arrives with a knock at the door from the "Meals on Wheels" programs. Older Americans Act transportation programs provide visits to the doctors or prescription pick-ups at pharmacies. Ombudsman programs for long-term care provide the peace and comfort that family members need when a loved one is in a long-term care facility.

This past December, delegates to the White House Conference on Aging, which several dozen Alliance members attended as delegates, voted as their number one resolution that the Older Americans Act be reauthorized within the first 6 months following the Conference.

But what the Older Americans Act makes possible is more than just health and supportive services. It is, for millions of American seniors, the very reason they can continue to live their independent lifestyles. It allows them to remain part of their communities.

Without the programs funded by the Older Americans Act, far too many elderly citizens would have little choice but to pack up their homes and lives and move to hospitals or nursing homes. Programs and services funded by the Older Americans Act are not only lifesavers for seniors, but they save the Federal Government and taxpayers the high cost of institutional care. This cost savings is destined to deliver an even better return in the not too distant future. Home- and community-based support services will become even more essential as the baby boomers start to age.

The Older Americans Act also supports the Senior Community Service Employment Program (SCSEP), which provides part-time jobs to 100,000 of the most needy seniors each year. Participants in this program work directly for thousands of community and faith-based organizations and Government agencies. According to the United States Department of Labor, 70 percent of these agencies reported that they would not have been able to provide the same level of services without SCSEP. Last year alone, SCSEP participants provided these agencies close to 46 million hours of paid community service. This cost-effective program needs to be continued without any major changes.

Also, the number of older adults in poverty and at risk will increase significantly, according to the Census. By 2008 there will be 6.7 million persons aged 55 or over below poverty, a 22 percent increase from 5.5 million in 2000; by 2015, this number will increase to 9 million low-income older Americans. Clearly the need for SCSEP is growing.

Just last month there was great fan fare when the first of the 77 million baby boomers turned 60. This seismic increase in the aging population will have a direct and dramatic impact on every community, county, city, and State in this country for decades to come. Everything from transportation to health, from recreation to workforce development and housing will be impacted.

What this should be telling us today is that NOW is the time to plan for a dramatic expansion in adequate health and support services. We should NOT be debating cutting or curtailing these essential programs. The reauthorization of the Older Americans Act provides Congress the opportunity to do what is right for today's aging population as well for tomorrow's "new seniors."

The baby boomers are real, but we cannot ignore the fact that the fastest growing segment of our population today is people over 85. Congress must provide for adequate funding to keep seniors independent and productive. And it must ensure that the necessary system of services is in place to meet both current and future needs.

I have seen what programs created by the Older Americans Act do to improve the quality of living for today's older Americans. And it is my hope that as Congress debates measures designed to reduce the deficit, it resists the temptation to cut or eliminate programs that help millions of older Americans.

The Older Americans Act created vital programs and services that millions of Americans count on daily to survive. It deserves—and the Alliance for Retired Americans supports—a prompt reauthorization.

Thank you for allowing me to testify before the committee today.

Chairman DEWINE. This has been very good, very, very helpful. We have got just a couple minutes left. I think it could be helpful if we could just kind of open it up, if anyone—Barbara, if you have any questions, but I thought we would just kind of open it up if anybody wants to react in any way to anything anyone said or if anyone wants to jump in here very quickly with any additional comments. Barbara?

Senator MIKULSKI. Senator, first of all, I think it is wonderful that everybody stuck to the 3 minute rule. There are lessons to be learned here.

[Laughter.]

But I agree with you. I would like to hear if anyone would like to say more.

Chairman DEWINE. Don't be bashful. Come on now.

Senator MIKULSKI. Howard has got a comment, Senator.

Mr. BEDLIN. I would just like to associate myself with Clayton's comments that 99.9 percent of the issues that you have heard, there is consensus, and I am very grateful that both of you were so much involved 5 years ago when it took us—actually 6 years ago when it took us 5 years to do this. I think if we all work together,

which I know we can, on a bipartisan basis, we can do this. Even though the White House Conference resolution said, do it within 6 months, the delegates didn't have the opportunity to change that language. I think there was consensus that we want to do it this year. But I really am very enthusiastic about the very broad consensus that is here and that is reflected in all the comments that we have heard today.

Senator MIKULSKI. I would like to ask a question of Jo Reed, if I could.

Ms. REED. Yes.

Senator MIKULSKI. It goes more to the livable communities. Are you familiar with the concept of NORCs?

Ms. REED. Yes.

Senator MIKULSKI. I would like to know what you think about them. Senator DeWine has a demonstration project in Ohio. I have two in Maryland and we are contemplating a hearing on NORCs. Also what you think about reverse mortgages, which also offers seniors the income and opportunity to remain at home. How would we protect against fraud and gouging? Because as you know, where there is a need, there is often a greed and gouging that goes with it.

Ms. REED. Right. Well, with regard to Naturally Occurring Retirement Communities.

Senator MIKULSKI. NORCs, not narcs.

[Laughter.]

Ms. REED. This is kind of an evolving awareness that these exist already and that we need to get out there and recognize this is an opportunity to achieve economies of scale in providing services to people where they live, where they want to remain, and we are really interested in the demonstration projects that you are working on there.

We also have been engaged as an association for a long time in monitoring what is happening with the development of reverse mortgages. It is a real option for people who are house rich but cash poor, but it is subject to all kinds of dangerous marketing behaviors if we are not very careful in keeping track of this developing industry. AARP has been a very strong proponent of the FHA insurance program for home equity conversion mortgages, which requires independent third-party counseling for people who are considering getting a reverse mortgage to make sure that they are clear on what their alternatives are and whether this is truly the best choice for them.

So that is the thing that we have worked very hard to ensure was passed, first of all, that FHA insurance program, and then expanded and the cap raised on how many could be insured, and now we are hoping to see the cap removed altogether because this is really taking off.

Chairman DEWINE. Who else?

Senator MIKULSKI. Suzanne, we need to have the microphone.

Ms. MINTZ. I think one of the things that we need to consider as people age in place and we see more and more of that coming, and I certainly believe in it, is that if people are living in homes that they have lived in for a very long time, more likely than not, they

are not particularly disability friendly, and as people age, obviously, they tend to require more aids.

There is not a whole lot of money around to help people make adjustments to their homes so that they can stay in them safely and healthfully. Certainly Medicare does not cover even grab bars or something as minimal as that. So I think to support people staying in their homes, we need to look at that entire package of what does that mean and making their home capable of housing them in a safe way as they age and become more disabled is something that needs to be part of the entire package.

Senator MIKULSKI. Ms. Mintz, could I ask a question, because I was touched by the story of the lady in Potomac, Maryland, which is not a poor community—

Ms. MINTZ. Right.

Senator MIKULSKI [CONTINUING]. But nevertheless shows the level of desperation. How do you see this? She called for help even in terms of changing the light bulb, the leaky roof, essentially what we would call the basic household maintenance, which can cost a bundle, again seniors are subject to great consumer fraud. Do you think this should be done through volunteers? Do you think there should be ways of adding flexibility in the law to essentially encourage extreme makeovers in caregiving, a version of the way Habitat for Humanity, which I am a big believer in, builds new housing, but kind of a retrofit as well as maintenance.

Ms. MINTZ. I think there is a combination of things that are needed. I think there will never be enough money around to solve everything.

Senator MIKULSKI. Right.

Ms. MINTZ. I think that we need to come back together as communities, the old concept of barn building. I think help in mowing the lawn and changing a light bulb and all of that is definitely something that can be done on the community level by volunteers, by just putting together networks of friends and neighbors to support efforts of that nature. We need to build more on that.

But in terms of the larger issues of programs, I do think we need to look at the concept of things, what is it, Christmas in April is a group that comes in and helps people with homes. I think we need to be thinking about those kinds of programs in terms of rehabilitating housing so that people can stay there as they age or as they become disabled for whatever reason. So I think it is a combination of both programs and reeducating all of us to watch out for our neighbors.

Senator MIKULSKI. But, you know, in Potomac, Maryland, you can find a lot more lawyers than you can find plumbers and God love them, we appreciate that, or social workers and so on. Again, I am not saying anything about Potomac, but when you look at the rural community or other communities, a neighbor can watch out but might not be able to because they themselves might be poor.

Ms. MINTZ. Right.

Senator MIKULSKI. Therefore they don't have either the skills or can't run to Home Depot to help Miss Mabel. That is why I am wondering, the use of AmeriCorps, others where there is actually even more reliability and sustainability available to the Offices on Aging.

Ms. MINTZ. Yes, I think we definitely need to look at the various programs that are out there and pull them together so that we can build on the value. Somebody talked about baby boomers and volunteering, and in fact, baby boomers as a generation have the largest number of people who volunteer. I think we need to work on those initiatives and get more people involved in things, whether it is the young people or older people who are retiring. And I think it needs to be built around the community.

Senator MIKULSKI. Yes.

Ms. MINTZ. There are any number of Web sites and systems out there to help people develop networks of support and I think we need to find out more about them, make them more available to a wide range of people. I believe people want to help. I think they don't necessarily know how. And I think people are afraid of being sucked into something that is long-term. We need to find ways to help people give in the ways that are easiest for them.

In DC., there is a program called DC. Cares, which actually got started, oh, it has got to be a dozen years ago, I think, to give professionals opportunities to volunteer, recognizing that they had crazy, overworked schedules as it is, and it is that concept.

Senator MIKULSKI. I appreciate that. Senator DeWine is going to have to go, and if I could put that in our information bank. Senator, before you go, if you want me to continue, I do want to follow up with Meals On Wheels and the Offices on Aging and the changing nature of the volunteer in the new century and the new demography, if I could.

Chairman DEWINE. I do have to go. I have a 4 o'clock meeting in the Leader's office. But I want to thank all of you very much. Senator Mikulski is—are you going to continue, Barbara?

Senator MIKULSKI. Just for a little bit more, if I could, on this issue of volunteerism.

Chairman DEWINE. My staff will remain and listen. It has been very, very helpful. We look forward to working with all of you. It worked last time. We got a bill. We all worked together. We got it done. Senator Mikulski and I are dedicated to getting it done again with your help, and so we are going to make it happen. Thank you very much.

Senator MIKULSKI. [Presiding]. We will work together. We are going to get this done, and I think what Senator DeWine was saying, the way you have said it to each other is, we are not going to make the perfect the enemy of the good, but we are going to have a good bill that we all have a sense of pride in, consensus in.

First of all, I do want to ask about volunteers, like in the delivery of Meals On Wheels, the nature of this program has been changing since it was created in 1965, but know my position is that private philanthropy is never a substitute for public policy nor for public funding. So we are not looking for cheap labor to be a substitute, and I mean that quote not that that is cheap labor, but let us go to Meals On Wheels.

Ms. Borden, thank you for your testimony, but here is my question. The very nature of the need is expanding because people are staying at home and also even now the issue of chronic often equals infirmity and therefore are shut-ins. We are also hearing there are not enough volunteers to do Meals On Wheels. Are you

finding that? Would you tell me the impact of that on the delivery of your services, and also, could you share with the committee the impact of rising energy costs, because if you have a meal and you need a wheel, you need gas—

Ms. BORDEN. That is right.

Senator MIKULSKI [CONTINUING]. To both cook, prepare, as well as to deliver.

Ms. BORDEN. That is right. Thank you for bringing this up. It is one of the issues that is actually the most significant to us today.

I mentioned in my testimony that we have four out of ten programs that have waiting lists. When we poll our programs to find out why we have those waiting lists, one of the top two answers is a lack of volunteers. The face, the changing demographic shows us that the face of the current volunteer are those people who are seniors themselves. Those are the people who have the time during that portion of the day to actually go out and volunteer, so that is becoming increasingly a more difficult problem for us.

And the second issue that we are facing today is the rising cost of gas. More and more of our programs are finding all sorts of problems getting people to volunteer because they can't afford the price of the gas.

So any help that you can give us along those lines will be most appreciated. It is a huge problem for us. We cannot—our programs cannot exist without volunteers. We are a volunteer program, for the most part. When we lose our volunteers because of age and because of gas prices, we are in deep trouble, and we are finding that it is a major, major problem today.

Senator MIKULSKI. I am going to ask the leadership council really to ponder this because I think it is an issue in each and every one of the program areas, and in certain communities, it is even more exacerbated, and also in those parts of our country or even in our own States where particularly the delivery is very long distances, the rural parts of our State. We were talking about Appalachia. That is very rugged terrain, as you know. You spent a lot of time in Maryland.

Ms. BORDEN. Absolutely.

Senator MIKULSKI. You know what I am talking about. So we really would like the leadership council, to look at this tax break for volunteers. I don't have the answers, but I am concerned, and you shouldn't be penalized. It is one thing to do it on your own time and do it on your own dime, but it is another thing to do it on Exxon's dime. So if we could get some ideas on that.

Ms. KENNELLY. Senator, I would like to speak to that—

Senator MIKULSKI. If you have ideas now, this is a good place to hear them.

Ms. KENNELLY. But I think we have to continue to have some group thinking is what we have all said. I mean, I travel the country. I go to senior centers all the time. The sophistication of the senior centers is limited. It is absolutely limited. I think that so many of us who have so much knowledge and talent have to be forward-thinking about that we are all going to work longer, much longer, and that we have got to update how we think about ourselves from 70 to 80.

And I think the leadership council could be—I listened to this whole thing. It was wonderful, but there is so much talent here. We can't just protect what we have got. We have got to do much better.

Senator MIKULSKI. That is what I am saying.

Ms. KENNELLY. We have got to do much better, and I can't think of any better group, and I thank you for your leadership, but I don't think we can be self-congratulatory. I really don't. I don't think we have moved into who we are and where we are going and how long we are going to live.

Senator MIKULSKI. I think we have a couple of crises. One, of course, is in this budget, so that is one thing. This budget is a crisis, and I will leave it to you all to figure out how you are going to be advocates. You can count on me certainly to be speaking up.

The second is the terrible thing that happened in disaster planning with Katrina. Hello, we are Americans, too. Who got left behind?

Ms. KENNELLY. Seventy percent.

Senator MIKULSKI. Who died? Who were vulnerable? Who ended up holding children, it was the grandparents. So one is the role in disaster planning. This might not be in the Older Americans Act, but this is a good time for us to have a conversation. Do you all have a kind of a generalized position or a white paper?

The third is the gas crisis, the energy crisis, of being a volunteer and a variety of other things associated with that.

Then there is the usual and customary things that we are facing. I know Mr. Flood raised them and Ms. Markwood, who represents the Area Agencies on Aging. You are up against it, aren't you, but yet you have got the solutions.

Ms. MARKWOOD. Well, in saying that, I think that there are solutions out there and a lot of the solutions exist at the local level and we need to cull that out and we need to support those best practices.

Senator MIKULSKI. Which, of course, is what Ms. Mintz was saying.

Ms. MINTZ. But in addition to that, Senator Mikulski, speaking to the disaster preparedness that you raised, I think what we are proposing as part of our community preparedness is really that, is helping communities look at preparing and planning for the aging of the population, helping people plan to prepare and modify houses, but also to develop new housing options, helping them to develop new transportation options. Disaster preparedness for older adults is to really look across the services that exist at the community level and look at how they are going to be impacted by an aging population.

And at this point, our concern is that is really not happening, and somehow or another, we need to be proactive as the aging community to help cities and counties across the country make this happen.

Senator MIKULSKI. Do you feel that these recommendations you are making for the Older Americans Act, if adopted, would strengthen your ability to do that?

Ms. MARKWOOD. I think having the aging network play the role as the community liaison with the existing community agencies

would go a long way toward increasing the awareness of various county, city agencies on what an aging population is going to mean for their service areas.

Senator MIKULSKI. See, I worry about these things, and maybe we need a new title. I am going to ask you to ponder that and really welcome your recommendations. I don't want to break new ground, because we need your recommendations and in some ways consent. Senator DeWine and I have both the will, the relationship, and I think a framework to move ahead and move the bill.

At the same time, I worry about the disasters plan. Every one of our States has a disaster. If we are hit by a pandemic like avian flu, well, who is going to get sick first? Is it the Olympic team? I don't think so. So it is the vulnerable. What are you going to do, quarantine? I mean, all of these issues which you have to go to and organize systematic, skilled, experienced professionals with the networks, and that is your point. So they should be included in that, as well as any kind of event that could affect the community that we can't even anticipate, if there is a bio attack in Baltimore or in Bethesda or something along those lines. Hartford was hit by a snowstorm, Congresswoman Kennelly's town.

Should we actually have a title that says that all governors, mayors, or county executives and so on should include as part of disaster planning consultation with the Office on Aging or something like that? So that is something else for us to think about.

Then there is the changing nature of demography. I think Ms. Mintz said it. People are reluctant to volunteer because they don't want to sign up forever. They will sign up for an event. It is the new style, and then how do we use these volunteers? But if you are delivering Meals On Wheels, that can't be a Christmas in April model, or it can't be a Saturday afternoon model. This is where we wonder, is this where AmeriCorps, ExperienceCorps, all these others could be some other form? I don't know. What do you think?

Ms. MARKWOOD. I think that there are various models that we can use, but I think with the idea of civic engagement, it is being able to capitalize on those individuals for these short periods of time. I think the thing is that the nature of civic engagement and volunteerism has changed, but the models that we use at the local level unfortunately haven't changed to be able to engage those people.

Senator MIKULSKI. Which would also pick up on language, you see.

Ms. MARKWOOD. Because the face of volunteers have changed.

Senator MIKULSKI. This, then, comes back to, though, the national framework and the local flexibility. We have one county in Maryland that has a significant Korean population. That is Howard County. Montgomery County, where Ms. Mintz lives, has a significant Chinese population. So you have to keep that flexibility, because in Maryland, one size wouldn't fit all.

But I think these have been just terrific ideas and if you want to amplify based on our questions or Senator DeWine's questions, we would like to hear from you. And if you think you have good ideas but don't want to put them in the Older Americans Act, consider something else, also let us think in those ways. But the Older

Americans Act framework and the network from State to the local senior centers, I think was the genius of the program.

Senator MIKULSKI. Yes, Mr. Fong.

Mr. FONG. I wanted to catch on that point and emphasize an interesting area that was mentioned by Mr. Bedlin, and that is the area of—if you look at what is happening with the Medicare outreach right now, the whole aging network is really working with, n4a, the State units, we are all working together, and it was mentioned by a couple of folks. It is really a good example, or for lack of a better word, a demonstration of how this network is being utilized and mobilized.

However, the key to it was under the last few years of diminishing resources, we have not really been able to think outside of the box. We see a little bit of resource coming about for this Medicare Act and you are seeing the potential of it. I suspect if there is a message in that, it is very simply there is tremendous potential for reaching the most vulnerable population.

On the disaster preparedness side, absolutely key. It could fall within a demonstration act. It could also amplify, I think it was a benefits outreach demonstration or title that I think Howard was talking about.

I also wanted to say that there are a number of things that—one of the other areas that five national sponsors recently did was collaborated with the lead of SSA on a guide for providing and engaging immigrant seniors, which I wanted to amplify on parts of your community. It is an example of something that happens at the national level because we have an ability to kind of collaborate and think outside of the box and have some economies of scale and work together.

And I guess to go back to a point, I guess my biggest fear as we go forward here is we will see separate Senior Community Service Employment Programs or some proposals within that kind of bog this thing down, and I hope not.

Senator MIKULSKI. That has always been the prickly. That has always been the prickly. But I think we can deal with that and go from there.

Ms. KENNELLY. You have got that one under control.

Senator MIKULSKI. Well, we don't have it under control, but I think we have a will to do that and we do believe in give and take with each other. I think we came up with a very good approach last time.

Mr. FONG. There is a rumor about a, quote-unquote, "formula grant," or actually now in the administration's budget something that would move funding to the States, and I suspect that would really—if you think about a formula change that created a five year logjam, imagine what happens if you try to create a literal elimination of the national groups.

And I want to emphasize that the reason we care so much about this program is the nature of the folks that we serve with it. It is not a matter of turf, I think it is a matter of the folks that we serve and the tremendous needs within that community. Thank you.

Senator MIKULSKI. Well, I am surprised there hasn't been a revolution over the prescription drugs. I remember—I am from the generation, and Congresswoman Kennelly was in the House, as well,

when we did the catastrophic care under President Reagan, and I remember, Jo, the Anne Arundel County AARP came, and it is a very polite group and more of almost a school marmish style, they chased me down the Capitol steps with a broom saying, "Clean house! Clean house!" over this bill, because it has been so confusing and so disappointing.

But it is the Aging State Units and also the Area Offices on Aging. Quite frankly, I think you bailed CMS out with your excellent information and workshops and so on, and then not only on Part D, but I am familiar in other parts of the country, you have even in many instances gone a step farther, where you have had the clinical pharmacologists come in and they have had, bring your bag of drugs in and sort it out, because people get drugs often, or they are very sick when they hear about it. They have been alone in either a hospital or a doctor's office, not because they are isolated, because their daughter couldn't get off from work or it happened so fast.

So you have this bag of drugs. You are not sure what to take, the sequencing. Is it with meals, without meals? Can you have hot food or cold food or no food, and all these things, and you are sorting all that out and bringing in resources, am I right?

Mr. FLOOD. Absolutely. I want to—

Senator MIKULSKI. Or saying, this is 3 years old. No, this is for an allergy, for God's sake, don't take this with—

Mr. FLOOD. The amount of work that the aging network is doing to help implement Part D cannot be overstated. In my State, our Agencies on Aging tell me that 50 percent, fully 50 percent of their organization's time is now spent on Part D issues, answering questions, helping people sign up. I think that is true across the country to a similar degree. It is a phenomenal effort on the part of the aging network, and I think, if I could, the reason that you are not experiencing a revolution is because, A, an awful lot of seniors still have no idea what they are supposed to be doing, and the ones that have been paying attention are so discouraged by what they are hearing and the first time they encounter their pharmacist or a plan that gives them bad information, they just shut down. I think that millions of seniors are simply not participating.

Senator MIKULSKI [CONTINUING]. They are immobilized.

Mr. FLOOD. They haven't had the bad experiences yet.

Ms. KENNELLY. That is why you voted against the bill. It was too complicated.

Senator MIKULSKI. Yes. I mean, we could get—

Ms. KENNELLY. It was too complicated.

Senator MIKULSKI [CONTINUING]. You think it is? Well, Clayton, you spoke very eloquently about language issues, but I tell you, if you listen to my phones, I have heard language spoken that I hadn't heard coming through the senior community centers in a long time. It was a lot of, shall we say, "Old Bay" words, both salty and peppery at the same time.

[Laughter.]

Well, this has been just a wonderful conversation. Let us put our hats and thoughts together here, see if we can't move the bill and also look at what other things that we can do, again, to provide the maximum—because your point is maximum flexibility and a 25

percent increase in funding would go a long way and not allow this fungibility where you take from one needy group to move it over to another needy group, am I correct?

God bless you and what you do and thank you very much for being here. This hearing is concluded and the committee will convene subject to the call of the chair.

[Additional material follows.]

ADDITIONAL MATERIAL

PREPARED STATEMENT OF EASTER SEALS DISABILITY SERVICES

EASTER SEALS PRIORITIES FOR THE REAUTHORIZATION OF THE OLDER AMERICANS ACT

As a provider of services to older adults across the country, including medical rehabilitation, in-home care, employment supports, and as the country's largest provider of adult day services; Easter Seals has a vested interest in the success of the aging network in America. This history of service has given us insight into the needs of older adults and their caregiver and how the aging network might best be structured to meet those needs. Easter Seals urges Congress to reauthorize the Older Americans Act (OAA) in 2006. Without the security of the programs authorized in the Older Americans Act, many older adults, their caregivers, and service providers will be hampered in our efforts to reach our common goal which is to allow people to live as independently as possible for as long as possible. Within the reauthorization, Easter Seals recommends the following actions.

(1) **Protect the title V Senior Community Service Employment Program (SCSEP)**—Easter Seals urges Congress to maintain SCSEP's historic purpose and structure. The partnership between national programs and State Units on Aging enables SCSEP to fully achieve its goal of equitable distribution. It is also imperative that the historic focus on community service, which significantly benefits the aging network, the non-profit sector, and seniors with limited work experience, be maintained.

(2) **Increased Funding for Supportive Services**—Supportive Services under Title III of the OAA are the lynchpin of the aging network and are a key component to supporting the independence of older adults. As the baby boom generation ages and more seniors are seeking these services, there will be a high demand for these already underfunded services. Easter Seals recommends a 25 percent increase in this program.

(3) **Expand Community-Based Services**—The Older Americans Act programs should be structured to support innovative community-based services delivery methods including consumer-directed models that promote independence for older adults and their caregivers.

(4) **Enhance the National Family Caregivers Support Program**—The National Family Caregivers Support Program, established in the last OAA reauthorization, has been a resounding success. Easter Seals recommends doubling the original authorization of this program to bring the authorized funding up to \$250 million. In addition to increased funding, Easter Seals recommends that the grants for projects of national significance be reinstated and made permanent, these 3 year grants, given on a one-time basis under the last reauthorization, addressed pressing issues facing caregivers nationally, including transportation, grandparents raising grandchildren, training and other needs. These initial grants were highly successful and need to be expanded upon. There are also significant areas of concern that still need to be addressed at a national level such as the needs of rural caregivers.

(5) **Make the Family Friends Program Permanent**—This unique program matches trained senior volunteers to provide support to families include a child with a disability. Though small this program is effective and greatly needed. Easter Seals urges Congress to include language in the OAA making this program permanent.

PREPARED STATEMENT OF WILLIAM L. MINNIX, JR.

On behalf of the American Association of Homes and Services for the Aging (AAHSA), I appreciate the opportunity to submit testimony on the re-authorization of the Older Americans Act. AAHSA members serve 2 million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. Our members offer the continuum of aging services: assisted living residences, continuing care retirement communities, nursing homes, home- and community-based programs, and senior housing. AAHSA's commitment to create the future of aging services through quality people can trust. Our ideals also include dignity for all persons at every stage of life, advocacy for the right public policies for the right reasons, and leadership through shared learning.

AAHSA'S FIVE BIG IDEAS

We are proposing a national agenda consisting of Five Big Ideas designed to transform the field of long-term care into a more cost-effective and efficient system that works for older adults. First, AAHSA believes that managed care concepts

should be expanded in the field of aging services to meet consumer needs and responsibly contain costs. Second, affordable housing should be combined with supportive services to enable older adults to age in place. Third, the development of new technologies and the innovative applications of existing ones should be encouraged to improve consumer choice, quality of care, quality of life, and cost-efficiency. Fourth, the culture of aging services must change to focus on individual choice and direction. All segments of aging services need to embrace a quality-of-life, resident-focused service culture and a continuous quality improvement management culture. Fifth, the transitions of elders between various settings—the community, acute and long-term care—must be managed to minimize stress to the consumer and wasteful and duplicative bureaucratic requirements for service providers.

Now is the time to solve the problems that face the elderly, their families and caregivers, and their aging services providers. This is our society's obligation. The re-authorization of the Older Americans Act should incorporate new solutions that will strengthen the aging services network and enable service providers to continue to meet the needs of the people they serve.

INNOVATIVE APPROACHES TO HOME AND COMMUNITY BASED SERVICES

The Older Americans Act (OAA) funds a wide variety of social and nutrition services that enable the frail elderly to maintain their independence, including senior centers, meals programs, in-home services, adult day services, transportation, and family caregiver support programs. Supporting seniors in their homes through community-based care programs such as the OAA allows a cost-effective alternative to premature institutional care. A recent Supreme Court decision requiring States to consider community-based alternatives for the mentally disabled emphasized the need for States to begin to “rebalance” their long-term care delivery systems from an institutional model of care to one that includes home- and community-based alternatives.

The current effort to reauthorize the Older Americans Act to prepare for upcoming demographic changes should incorporate new ideas, new solutions and creative approaches to home- and community-based services that will modernize the aging services network and increase choices for consumers. We must begin to explore the ways technological innovations can impact the aging services network and improve the quality of care and quality of life of the elderly. We must also expand on partnerships between affordable housing programs and supportive services that will enable the frail elderly to receive a more comprehensive set of services in the place they call home. These solutions offer a cost-effective approach to home- and community-based services.

Title IV of the Older Americans Act authorizes the Assistant Secretary of Aging to award grants for training, research and demonstration projects designed to test innovative approaches to the aging services network. Demonstration grants have been used to develop successful programs such as the Aging and Disability Resource Centers and Medicare Part D outreach activities. The Older Americans Act should fund additional demonstration projects to study the effect of linking affordable housing with supportive services, along with projects studying the ways technological innovations can be used to meet the objectives of the Older Americans Act.

TECHNOLOGICAL INNOVATION AND HCBS

Technology has great potential—across the continuum of aging services—to help older adults maintain their independence; improve quality of care and quality of life; support the needs of professional and family caregivers; increase aging services provider efficiency; and reduce our Nation's health care costs. Technological advancements will dramatically impact the ability of the frail elderly to age in place. Recognizing the potential of these developments in our field, AAHSA launched the Center for Aging Services Technologies (CAST) to explore ways in which technological developments could be applied to the field of aging services. We have achieved an exciting collaboration with corporations such as Intel and Sodexo, universities including MIT and the University of Virginia, aging services providers, and other stakeholders such as the Alzheimer's Association and the Robert Wood Johnson Foundation.

Technological innovations such as in-home monitoring tools, assistive technologies and advanced communication devices should be used to improve the efficiency and effectiveness of the aging services network. AHSA recommends that the Older Americans Act include Title IV demonstration projects to test the ways technological innovations can be used to assist the frail elderly and strengthen the aging services network. These demonstration projects should incorporate the following objectives:

1. Develop, implement, and assess technology-based service models and best practices to improve the aging services network for older adults both in their homes and in settings such as adult day care centers.
2. Develop, implement and assess the use of in-home monitoring and assessment technologies designed to connect both family and professional caregivers to the frail elderly.
3. Develop, implement and assess technology-based service delivery systems designed to meet the needs of frail elderly residing in remote or rural areas.

INNOVATIVE APPROACHES TO INTEGRATING HCBS WITH AFFORDABLE HOUSING

Subsidized housing facilities currently offer supportive services onsite, including service coordination, health screening, education, and activities, meals programs and more advanced health monitoring. Virtually all of these programs link the Department of Health & Human Services housing programs with Older Americans Act supportive services programs. AAHSA's Institute for the Future of Aging Services is studying ways to improve the integration of housing and services through the development of innovative models and practices that foster consumer choice and independence. The re-authorization of the Older Americans Act is the right time to study and develop the linkages between affordable housing and supportive services.

CONCLUSION

The re-authorization of the Older Americans Act provides the opportunity to develop new ideas that will strengthen the network of services that our aging population needs. AAHSA supports the development of innovative approaches to the home- and community-based service delivery system. Technological innovations will transform the home- and community-based long-term care delivery system, and we must develop, implement and assess this model of care. Affordable housing must be linked to supportive services to offer a comprehensive approach to care that will meet all of the needs of our frail elderly. We look forward to working with these proposals.

PREPARED STATEMENT OF TRACI L. MCCLELLAN

NATIONAL INDIAN COUNCIL ON AGING,
ALBUQUERQUE, NM 87111,
February 24, 2006.

Hon. MICHAEL B. ENZI,
Chairman,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, D.C. 20510.

Mr. Chairman, members of the Health, Education, Labor, and Pensions Committee, and fellow aging advocacy colleagues, my name is Traci L. McClellan; and, I am Executive Director of the National Indian Council on Aging (NICOA), the only national organization dedicated to the well being of American Indian and Alaska Native Elders. I welcome the opportunity to offer comments on the reauthorization of the Older Americans Act (OAA) from the perspective of the seniors I serve since much of the services on which our Elders depend are derived from this legislation. Given that NICOA's mission is to bring about "improved comprehensive services to American Indian and Alaska Native Elders," the service authorities in the Older Americans Act are paramount.

As a member of the Leadership Council on Aging, NICOA supports the reauthorization principles articulated by this coalition of aging advocates. Rather than going into these principles, I attach them for the record and focus my comments identifying portions of the Older Americans Act that are especially important to the constituents I serve. Specifically, I highlight in my testimony: the Indian specific provisions in the OAA adopted by the 1,200 delegates at the White House Conference on Aging (WHCOA); title V, the Senior Community Services Employment Program (SCSEP); title VI, Nutrition and Supportive Services for Indian Tribes, including caregiver provisions; and, title VII, Subtitle B, the provision that addresses elder abuse prevention and awareness in Indian Country. I also include three resolutions adopted by the National Congress of American Indians over the past year that relate specifically to the Older Americans Act for the record.

[Editors note—Due to the high cost of printing, previously published materials submitted by witnesses are not reprinted and can be found in committee files.]

OAA FUNDING LEVELS

In a year when baby boomers are turning 60, Congress must address the needs of vulnerable older Americans who benefit greatly from programs funded through the Older Americans Act. The reauthorization provides an opportunity to create base funding levels and authorize services that current seniors and those just turning 60 require to age well in their communities. Due to this changing demographic landscape of aging America, NICOA strongly opposes any further cuts or rescissions to OAA programs and any other entitlement or discretionary programs that provide a safety net for vulnerable older individuals. With high poverty rates, geographic isolation, and low education levels among most of our American Indian and Alaska Native Elders, further cuts to critical programs greatly impact the ability of the wisdomkeepers to remain healthy and contributing members in the Tribal communities that they live in. This same reality is present for African-American, Asian and Hispanic Elders who often face similar challenges in their ability to access much needed services and programs. Therefore, NICOA supports a 25 percent increase in all OAA authorization levels to negate the downward trend in flat funding levels and rescissions and allow for inflation, so programs can adequately provide for the needs of the Elders they serve. For title VI, providing nutrition and other supportive services to Native American Elders, however, NICOA requests an authorized base funding level at \$100 million to be reached incrementally to address the lack of funding that has plagued these programs, impeding the ability of Tribes and Tribal organizations to provide the necessary services for their Elders.

WHITE HOUSE CONFERENCE ON AGING (WHCOA)

Twelve hundred delegates from across the United States appointed by Members of Congress, State Governors, the National Congress of American Indians and the WHCOA Policy Committee through the at-large process. This 4 day event yielded a set of resolutions and practical implementation strategies that will inform and guide the President, Congress, States and Tribes as they work together to address the needs of older Americans. The number one resolution at the WHCOA receiving the most votes was the reauthorization of the Older Americans Act. Delegates regardless of age, income, or race ranked its importance first among the final 50 resolutions adopted. The delegates also provided a number of practical implementation strategies for OAA reauthorization, focusing on provisions they wanted to see included by Congress, which are available on the WHCOA Web site at www.whcoa.gov. Some of the strategies adopted include:

1. Maintain the dual purpose of SCSEP program with emphasis for program performance on community service;
2. Retain the National Indian organization as title V sponsor and the participation of cultural and ethnically diverse organizations;
3. Provide \$1 million for title VII, Part B for elder abuse awareness grants to Tribes, Tribal organizations and Indian organizations;
4. Provide \$1.3 million for training and technical assistance to title VI grantees;
5. Reestablish the Indian White House Conference on Aging to be held prior to the next WHCOA to allow Tribes to present their issues directly to the President and WHCOA Policy Committee in recognition of the Federal trust responsibility and the Government relationship that the Federal Government and Tribes enjoy;
6. Elevate the Director of the American Indian, Alaska Native and Native Hawaiian Affairs with the Administration on Aging to the Deputy Secretary level in recognition of the Government relationship;
7. Integrate delivery systems to allow Area Agencies on Aging under title III to assist Tribal councils and title VI programs in planning for the aging baby boomer population on reservations and how best to provide services to them.

Again, NICOA would request that the committee members review the resolutions and implementation strategies adopted by the WHCOA delegates as they consider provisions to strengthen within the Older Americans Act during reauthorization.

TITLE V—SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

On Friday, February 24, 2006, in a briefing with the national sponsors of SCSEP, U.S. Department of Labor (DOL) Deputy Assistant Secretary Mason Bishop stated that if the program is to be administered by the DOL, then it needs to be employment focused with goals of unsubsidized employment. He also stated that if Congress decides it is primarily a human resource supplement for non-profit and community organizations, then it should probably reside elsewhere and not within DOL. Frankly, NICOA agrees with Mr. Bishop's statement. If the Department is not willing to honor the intent of Congress as expressly stated in the prior reauthorization

and over the 40 year history of the Senior Community Service Employment Program, then Congress should move it to the Administration on Aging to be administered along with the other aging network programs. This would mitigate the disruption in services currently experienced in SCSEP and the overall lack of cohesion with other programs under the OAA. The Senate Committee Report 106-399 for the 2000 reauthorization clearly states that "It is not the committee's intent to disrupt sections or parts of a grantee's overall program or operation that is serving enrollees and communities well." That has occurred repeatedly with the changes in income guidelines, data collection requirements and final regulations not being published until April 2004 since the 2000 reauthorization.

As mentioned previously, the WHCOA delegates overwhelmingly supported maintaining the dual structure and purpose of title V, the Senior Community Service Employment Program (SCSEP). The attached NCAI resolution also demonstrates the intent of Tribal leaders, who value the program, to maintain its dual structure and on and retention of a national Indian organization as well. SCSEP is directed to a particularly difficult to serve segment of older Americans—low-income seniors. While all low-income seniors are difficult to serve, American Indian Elders are especially difficult to serve because of language barriers, cultural barriers, and geographical isolation of many reservation Elders. This is precisely the group of Elders that NICOA has worked hardest to serve and advocate for over our 30 year history. NICOA is one of the national sponsors actively participating in SCSEP. We are passionate about this program because we strongly believe that if we were not conducting this program, seniors in Indian Country would not have access to the program and the mostly rural and reservation communities they reside in would not benefit from their service.

We aggressively defend the need for a national sponsor, such as NICOA, dedicated to serving seniors in Indian Country since just the language barriers for this segment of seniors make it impractical, if not impossible, for mainstream organizations to serve our constituents. Similarly, geographic isolation and lack of services provided to Tribal communities by States will severely limit the number of American Indian Elders that will be served by States operating SCSEP. The national sponsors have a proven track record of serving the most vulnerable older Americans, which generally include minorities and American Indian Elders. To eliminate their participation in the program's administration would leave these Elders underserved; and, that has never been Congress' intent since the program was created.

In the reauthorization of the Older Americans Act, NICOA urges the committee to retain Sections 506(a) (2) and 506(a)(3) relating to Reservations for Territories and Organizations. Without this section of the law, low-income Indian Elders will be less likely to be served.

Second, we also urge the committee to require that the Federal agency administering SCSEP take into account the specific economic and cultural environment of seniors in assessing and evaluating placement in unsubsidized employment. Placement rates tend to move in concert with employment rates in a community; and, community differences must be accounted for in program evaluation and assessment. Placing enrollees in unsubsidized employment is a monumental task in reservation communities with unemployment rates in excess of 50 percent. With organizations like ours, which have most of our allocations in reservation and rural areas, the ability to meet performance standards that give disproportionate weight to unsubsidized placement versus community service (the most prevalent form of training opportunities for our participants) is difficult.

Third, in recognition of the unique legal and political status of American Indians, the law allows our organization to have a separate equitable distribution to be developed in consultation with the Secretary. This allows our organization to serve American Indians regardless of location where we have been assigned by the U.S. Department of Labor. DOL, however, has never worked with us to allow this service to occur, so we are restricted to serving in counties assigned by DOL instead of following the law. We would urge the committee to strengthen this language during the reauthorization, thus allowing for greater access to SCSEP by American Indian Elders.

Fourth, income calculation changes and constant revisions to the data collection system since the regulations were finalized in 2004 have caused more staff time to be spent on administrative tasks than on direct service to the Elders, host agencies and prospective employers, which is the focus of SCSEP. The SCSEP participants suffer for these continual disruptions and changes mandated by the agency. NICOA would strongly recommend that Congress not allow the agency to make changes to the program that are unrelated to identified problems without first seeking Congressional approval. Similarly, NICOA requests that Congress require greater cooperation between DOL and the Administration on Aging to ensure title V is meeting the

needs of low-income older Americans first and foremost. If the DOL is not committed to ensuring the program retains its dual structure and purpose as expressly stated in the Senate Committee Report 106-399, which accompanied S. 1536 reauthorizing the OAA on September 7, 2000. NICOA would request the committee consider moving the program under the Administration on Aging, which oversees all other OAA programs, in order to keep the program's primary focus on community service. The Administration on Aging's mission is closely aligned with serving the vulnerable, hard-to-serve seniors we work with everyday, whereas the Department of Labor primarily focuses on and serves the labor force under the age of 60. As such, both agencies must work together if those low-income, hard-to-serve Elders over age 60 will benefit from the training and community service opportunities provided by SCSEP.

Finally, we cannot overemphasize the importance of the dual nature of SCSEP. Community service and employment training go hand in hand. Unfortunately, program assessment and measurement places more emphasis on unsubsidized employment than on community service which constitutes 80 percent of the program's focus and should be assessed on a greater scale. I am including the specific language adopted by the WHCOA delegates about SCSEP below for the record.

"Reauthorize Title V of the Older Americans Act, (the Senior Community Service Employment Program) which provides part-time employment opportunities for low-income individuals over the age of 55, to ensure the oldest, poorest and least skilled older workers do not fall through the cracks."

"Maintain the dual structure of State, minority, and national [SCSEP] grantees; retain the vital, historic focus on community services to support local community organizations and the aging network; streamline program eligibility to promote increased participation to meet demographic changes and the growing ethnic and culturally diverse population to include tribal organizations."

NICOA recently participated in discussions of SCSEP with other aging organizations on ways to improve how we serve low-income seniors. The outcome of this self-evaluation and forward looking discussion is contained in a statement entitled "A Vision for America's Low-Income Senior Workers and Their Communities" which NICOA endorses and I include for the record.

[Editors note—A Vision for America's Low-Income Senior Workers and Their Communities can be found with the statement of Clayton Fong.]

TITLE VI—GRANTS TO NATIVE AMERICANS

Since its inception in 1980, Title VI of the Older Americans Act has been the primary vehicle for providing OAA services in Indian Country. However, funding has been so inadequate that reservation services have never been "comparable to those provided under title III," as the title mandates. Nevertheless, this program currently serves 243 reservation projects and remains the cornerstone of Older Americans Act services to Indian Elders.

While funding per project ranges from \$73,000 to \$180,000, two-thirds, approximately 50 percent of projects, receive less than \$100,000. This amount is intended to provide meals and other supportive services for a minimum of 50 Elders for an entire year! Projects funded at the highest level (\$180,000) need to serve 1,500 or more Elders! Further, with the aging of the population in Indian Country, more Tribes are qualifying for title VI funding but cannot be served due to fund limitations. Thirteen programs were denied funding this year because of the fiscal year 2005 budget shortfall.

These (primarily title VI) programs are established to provide nutrition and other supportive services to Native American Elders throughout the United States. Title VI service providers not only have daily contact with Elders but are often the Elders' only contact with services providers.

While Federal funding for substantive aspects of this program is extremely inadequate, funding to strengthen the capacity of these community-based organizations is practically nonexistent. A most glaring example is the 2005 appropriation of \$6.3 million for Native American caregivers through the National Family Caregivers Support Program, which continues to operate despite repeated requests from Indian Elder advocates without any provisions for training service providers to effectively provide these services. More than 100 title VI providers struggle to operate these grant programs with little Federal direction and technical assistance.

On behalf of the Elders in Indian Country, I ask the support of the committee to retain all aspects of title VI as currently enacted. In addition, I urge the committee to provide for increased training for title VI service providers and to support demonstration of new ways to improve Elder Indian access to social services across

all of Indian Country. Such an initiative could include but not be limited to the following objectives:

- Training to improve title VI program management and delivery;
- Title VI staff development to improve morale and retention;
- Training on information dissemination of health care, preventative medicine, illness-coping, and caregiving strategies;
- Training to improve Elder access to social services at Federal, State, and Tribal levels;
- Training to assist Native American National Family Caregiver Support Program grantees.

Currently, the Administration on Aging takes 1 percent of title VI funding off the top of the appropriated amount for training and technical assistance of title VI staff. This limits meals and other services the title VI programs can offer to the Elders and often does not allow enough resources for adequate training for all title VI staff. Separate funding is required to address the training needs of title VI staff.

Concurrently, funded projects are struggling with relentless increases in the cost of providing nutrition and other supportive services to their clientele. These conditions dictate that current funding of \$26.4 million is grossly inadequate and an incremental increase in funding to \$100 million is in order. I ask the committee's assistance in authorizing appropriations to this level and to also maintain language that the level of services provided under title VI be raised to a level comparable to those provided under title III.

In fiscal year 2005, NICOA conducted a pilot/demonstration project in the State of Washington to assist title VI grantees to access social and other supportive services by training Tribal members to serve as Benefits Counselors to provide assistance to American Indian Elders. It is NICOA's goal to implement a similar program nationwide if funding is available once the Washington demonstration project is completed and evaluated. Due to the outcomes experienced thus far and the large increase in Elders accessing services they are entitled to receive, NICOA recommends that this program be made permanent with grants available to title VI programs across the Nation.

TITLE VII, SUBTITLE B—PREVENTION OF ELDER ABUSE AND NEGLECT

Subtitle B of Title VII of the Older Americans Act authorizes a program for Tribes, public agencies, or nonprofit organizations serving Indian Elders to assist in prioritizing issues relating to Elder rights and to carry out activities in support of these priorities. Funds have never been appropriated for this purpose.

While funds have been appropriated to States for similar purposes, these programs seldom reach Indian Elders due to cultural, jurisdictional, and geographic barriers. Indian Tribes have little or no access to the agencies, departments, ombudsman, or other programs that are available to States. Further, Tribes have no additional source of mandated Federal funding for Elder protection activities. Anecdotal evidence provided by those involved with Elder services in Indian Country as well as a 2004 report produced by NICOA suggests a high incidence of Elder abuse in Indian Country, particularly financial abuse due to high poverty rates. To complicate matters further, it is commonly acknowledged that "abusers" are often family members; and, Elders often do not realize they are being abused. If they do know, they are reluctant to disclose this information to the authorities.

Outreach and demonstration programs are needed to increase awareness of Elder abuse and to help Tribes devise ways to minimize abusive behavior. On behalf of Elders in Indian Country, I strongly urge the committee to retain this subtitle, to authorize an appropriation of \$10 million, and to encourage an appropriation in 2007.

Mr. Chairman and members of the committee, I thank you for the opportunity to offer my views on behalf of American Indian and Alaska Native Elders. I would be happy to provide any additional information that might be useful to you and your committee staff as you consider the reauthorization this session.

AMERICAN DIETETIC ASSOCIATION,
CHICAGO, IL 60606,
August 30, 2005.

MARGARET INGRAHAM,
Director of Policy and Legislation,
Meals on Wheels Association of America,
203 South Union Street,
Alexandria, VA 22314.

DEAR MS. INGRAHAM: On behalf of the American Dietetic Association (ADA), it is my pleasure to submit this letter of support for the Meals on Wheels Association of America's (MOWAA) efforts to establish "line item integrity" in Title III of the Older Americans Act (OAA) as it is reauthorized. ADA is the Nation's largest organization of food and nutrition professionals, with nearly 67,000 members serving the public through the promotion of optimal nutrition, health and well being. ADA has made aging a top priority in its public policy and advocacy program.

Title III C, which encompasses the OAA nutrition programs, is currently the largest single component of the OAA, and arguably the one that is most critical to maintaining the well-being, independence and functionality of the older adults it serves. ADA agrees with MOWAA's position that a strong Federal commitment to OAA must be maintained through increased financial support to meet the program's growing needs. ADA supports MOWAA's position that OAA, when reauthorized, should establish "line item integrity" which would include the following provisions:

- General and Administrative dollars must be taken from the line item/category in which the services are performed. For example, title III C dollars should not be used to pay for title III B administrative.
- Transfers from one line to another cannot take place while an unmet need still exists in the category for which dollars are designated without, at the very least, some verification why the transfer is necessary and justified.

ADA welcomes the opportunity to partner with MOWAA to support proposals for the reauthorization of the Older Americans Act.

Sincerely,

REBECCA S. REEVES, DRPH, RD, FADA,
ADA, President.

[Editors Note—Meals on Wheels Association of America statement presented to House Committee on Education and the Workforce, Subcommittee on Select Education entitled "An Examination of the Older Americans Act", dated May 24, 2005, may be found in House Hearing No. 109-19.]

[Whereupon, at 4:05 p.m., the subcommittee was adjourned.]

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