**LCAO CHAIR LETTER**

March 13, 2018

The Honorable Paul Ryan The Honorable Nancy Pelosi Speaker Minority Leader U.S. House of Representatives U.S. House of Representatives Washington, DC 20510 Washington, DC 20510

The Honorable Mitch McConnell The Honorable Chuck Schumer

Senate Majority Leader Senate Minority Leader

Washington, DC 20510 Washington, DC 20510

Dear Speaker Ryan, Leader Pelosi, Leader McConnell and Leader Schumer:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 70 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena.

We are writing to thank you for your leadership in securing a bipartisan budget agreement for FY 2018 and FY 2019 that rejects stringent caps on the non-defense discretionary (NDD) programs. As you finalize the FY 2018 Labor/HHS/Education appropriations measure before March 23rd, we urge you to ensure the highest possible funding levels for Older Americans Act (OAA) and other critical aging programs. We also urge that an extension of the expired Medicaid Money Follows the Person (MFP) program and that the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act be included in the bill.

While we appreciate your leadership to achieve a bipartisan budget deal to raise the budget caps for overall NDD programs, we hope you will give special consideration to the fact that investments in the programs on which older adults rely have failed to keep pace with their growing numbers and increasingly complex needs. Appropriations for proven and cost-effective NDD programs, such as the Older Americans Act (OAA), which help address the social and economic needs of our nation’s seniors, have been declining at a time when demand for its services and supports has never been greater.

We urge you to distribute FY 2018 budget increases adequately among appropriations titles to ensure that funding is sufficient for older Americans and others who rely on supportive services for their health and economic security. The programs on which older adults rely can be found in multiple appropriations bills, including Labor-HHS, Agriculture, and Transportation-HUD, as evidenced in the letter articulating our FY18 priorities: <http://www.lcao.org/files/2017/07/LCAO-FY18-Appropriations-Letter-063017.pdf>.

As you reconcile your FY 2018 Labor-HHS funding proposals we ask that, at a minimum, you preserve funding for all OAA and other aging programs, and reject the cuts proposed for aging services in the FY 2018 bills. Specifically, we urge you to consider the following requests for OAA and other critical aging programs:

* Reject stringent cuts proposed for aging services that would harm millions of economically and medically vulnerable older adults and retain current level funding for the following programs:
	+ The Medicare State Health Insurance Assistance Program (SHIP);
	+ The Senior Community Service Employment Program (SCSEP);
	+ Social Security Administration funding;
	+ Chronic Disease Self-Management Education;
	+ Elder justice; and
	+ Geriatrics workforce and caregiver education.
* Work to incorporate additional increases for OAA programs to, at a minimum, meet the funding levels included in the unanimously approved 2016 Older Americans Act reauthorization.
* At a minimum, maintain the House-passed increase for OAA Title III B Supportive Services Programs with final funding level of $364.2 million.

We strongly encourage you to restore the nearly $500 million removed from the Social Security Administration (SSA) Limitation on Administrative Expenses (LAE) in the FY 2018 Senate Labor, Health and Human Services, Education Appropriations (Labor-HHS) bill, and at a minimum, provide the $12.457 billion in level-funding proposed in the House Labor-HHS bill and requested in the President’s FY18 budget. At a time when 10,000 of baby boomers turn 65 everyday, Congress must ensure the Social Security Administration is able to provide beneficiaries with high quality, timely in-person and telephone services.

We also support extending and improving the Medicaid home and community-based services (HCBS) Money Follows the Person (MFP) Program. First authorized in the Deficit Reduction Act of 2005 with strong bipartisan support and signed into law by President Bush, this successful program has assisted states in transitioning Medicaid enrollees from nursing facilities back to community-based settings. Since it was initiated, over 75,000 individuals have been transitioned back to the community. Returning individuals to the community decreases their overall Medicare and Medicaid expenditures by roughly 23%. Participants also report significant and lasting improvements in quality of life and community integration. The program expired on September 30, 2016. States are running out of money for the program, transitioning fewer individuals, and loosing progress. Senators Portman and Cantwell have introduced legislation (S. 2227) to make improvements and extend the program for an additional five years.

Finally, we support inclusion of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (S. 1909; HR 2575) in the forthcoming legislation. Currently, far too many people with Medicare are irreversibly harmed due to the cumbersome and confusing Part B enrollment system. The consequences of these missteps can be significant—often leading to a lifetime of higher premiums, substantial out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services. The bicameral, bipartisan BENES Act aims to prevent these costly mistakes by modernizing, simplifying, and improving the Medicare Part B enrollment process.

Investment in the NDD programs that serve seniors, particularly those of the OAA, enable older adults to remain independent and healthy in their own homes and communities, where they prefer to be and where they are less likely to need more costly hospital and institutional care. They also help protect residents who must live in nursing homes and assisted living facilities through the long-term care ombudsman program. Again, we encourage you to finalize an FY 2018 Omnibus funding bill that includes an extension of the Medicaid MFP program, BENES Act provisions, and provides for much-needed investments for older Americans, their families, and their communities.