

# **Senator Sanders to Introduce OAA Reauthorization Bill**

**December 16, 2011**

This week, Senator Bernie Sanders (I-VT) released his draft legislation to reauthorize the Older Americans Act (OAA). His aim is to introduce the bill before the Senate recesses for the holidays, which could be as early as this weekend. Chairman Sanders plans on then incorporating other OAA reauthorization measures (e.g., the Kohl-Mikulski bill) to create a larger bill to try to advance through the Senate HELP Committee next spring.

While there are some excellent provisions in the legislation—including n4a's Livable Communities proposal and suggested funding levels that are 50 percent higher than current annual appropriations—like most first-rounds of legislation, it is not yet perfect. There are sections of the bill where n4a has concerns or questions.

n4a will need to examine these areas closely, gather feedback from our Board and members, and provide comment to Chairman Sanders' staff on the Senate HELP Subcommittee on Primary Health and Aging in early January. As we work with the Chairman and other Senators on the Committee in 2012, our hope is to strengthen and advance the reauthorization measure.

Attached is a short summary of the legislation provided by the Subcommittee. n4a has done an initial analysis of the bill; here are the highlights:

## **Strengths of the bill include:**

- Recommendations to appropriators that funding for Title III B, C and D and Title V increase by 50 percent over current levels. This is a bold move on Senator Sanders' part and reflects his understanding of how deeply underfunded these programs are. We are certainly grateful for his leadership on this vital issue.
- A new provision on community planning championed by n4a that would drive funds to SUAs, AAAs and Title VI aging programs. Based on our long-standing policies around Livable Communities, this provision would create a new community planning grant program to help communities develop policies, programs and services that foster livable communities for people of all ages. The funds could be used for to hire planning staff, assess the aging population and coordinate activities to meet the needs of the older individuals.

## **Areas for Improvement include:**

- In response to push-back from other national aging groups to fully consolidate the Title III C nutrition programs, the nutrition consolidation

language reflects an attempt to compromise. It does not grant full flexibility to states and AAAs to determine appropriate spending on C1 congregate or C2 home-delivered meals, but instead sets minimum spending levels in the form of percentages. Forty percent of the consolidated funding must be for C1, 35 percent for C2 and the remaining 25 percent may be spent on either program or for transportation activities that support the nutrition programs. While this change will not affect all AAAs, it will reduce some AAAs' ability to properly meet their community's need. (n4a would like to know how your state and AAA would fare under this proposal.)

- The state's (and thus AAAs') ability to transfer funds between Subtitles III B and C is reduced: from a maximum transfer of 30 percent currently to 25 percent.
- While n4a supports the emphasis on evidence-based programs in Title III D Health Promotion and Disease Prevention Services, we are concerned about the move to allow each state to keep all the funding at the state level or choose to fund only certain AAAs. Suggested in response to the challenges of limited funding, this change threatens the title's ability to develop programs in all local communities.
- On the same note of granting states greater control over local programs, states would direct the provision of legal services and no longer work through AAAs. (Unlike the AoA proposal, there is not a specific carve-out of III B funding for this purpose, but it similarly reduces the role of the AAA in the coordination and provision of legal services in their community.)

There are many other areas of the legislation that n4a will be carefully exploring, including changes to the long-term care ombudsman program, new directions for the Title V Senior Community Service Employment Program, an update to the definitions of "greatest social need" and "greatest economic need," and others.

We look forward to working with our Board, n4a members, the Committee and Congress to advance a bipartisan, modernizing Older Americans Act reauthorization next year. We especially thank Chairman Sanders for his leadership in moving a reauthorization process and bill.

n4a will keep you informed as reauthorization activity heats up in DC, but please use our ample advocacy materials ([www.n4a.org/advocacy/](http://www.n4a.org/advocacy/)) to help build support for the OAA with your legislators.

*For more information about these and other federal aging policy issues, please contact n4a's public policy and legislative affairs staff: Amy E. Gotwals ([agotwals@n4a.org](mailto:agotwals@n4a.org)) and K.J. Hertz ([khertz@n4a.org](mailto:khertz@n4a.org)), 202.872.0888.*

# **Senator Sanders' Older Americans Act 2011 Amendments**

## **1. Increased funding levels in 4 core areas throughout Act**

- Meals programs increased by 50% - \$1.2 Billion
- SCSEP program increased by 50% - \$660 Million
- Supportive Services increased by 50% - \$551 Million
- Health Promotion and Disease Prevention increased by 50% - \$32 Million

## **2. Meals program improvements and streamlining**

- To maintain the integrity of separate meals programs - a 40% floor for congregate meals programs, a 35%

floor for the home-delivered meals programs and the remaining 25% shall be used for either home-delivered or

congregate meals – including transportation costs associated with meals

- Changing the transfer authority from III-B and III-C from 30% to 25%

## **3. Preventive health care through innovative models and access to primary care**

- Including Federally Qualified Health Center (FQHC) language in the Act to encourage collaboration with

FQHCs

- Allowing states to give all preventive services funding to AAAs, or to programs with demonstrated and evidence based

prevention models, or to retain funding for prevention services coordinated by the state

- Listing out the 7 tested clinical preventive services and diabetes screening

## **4. Jobs: Seniors Helping Seniors**

- Requiring SCSEP programs to enter into agreements with entities within the Act or any other approved entity

in order to increase the numbers of eligible individuals' placements to be within entities who help other seniors

with a goal of achieving 50% of total placements

- Require that DOL and AoA complete a feasibility study in response to the Administration's suggestion that

SCSEP be moved to AoA

## **5. Updating the CPI-E**

- Adopted recommendations from GAO on how the CPI-E can be expanded and improved to be used in the

future for the COLA.

- Require BLS to report to Congress within 2 years of enactment

## **6. Economic Security**

- Updating the declaration of objectives to state "Economic Security in later life in accordance with the American standard of living" instead of "An adequate income in retirement in accordance with..."

- Re-defining "greatest economic need" to 200% of FPL

- The term economic security has been defined as having the income necessary to pay for housing, health care,

transportation, food, long-term care, and goods and services to meet other basic needs

## **7. Safety and Protection: Ombudsman program and legal services improvements**

- Strengthen the independence of the Ombudsman program and to clarify conflicts of interest and an issue with

maintenance of effort provisions with regard to state funding for this program

- Allowing some National Caregiver Support Program dollars to be used to support family and resident councils

in nursing homes

- Giving states flexibility to select an agency to coordinate legal services contracts

- Updated requirements for the Legal Services Developer position

## **8. Modernized Senior Centers and Community Planning for an aging population**

- Adding language encouraging existing funds to be used to modernize senior centers in order to encourage

participation in Older Americans Act programs and services by more seniors

- New provision in Title III creating a Community Planning grant program to be administered by AoA and implemented by the States who receive the grant

**9. Re-defining “greatest social need” to include Lesbian, Gay, Bisexual, Transgender, HIV positive older individuals. Also including persons with Alzheimer’s disease in this definition.**

***Provided by U.S. Senate HELP Subcommittee on Primary Health and Aging***