

## **Issue Brief**

### **Older Americans Act Reauthorization**

The OAA is the backbone for services to America's aging population. First enacted in 1965, the OAA helps seniors preserve and improve their health and economic security through a wide range of services and programs, including: supportive services, home-delivered and congregate nutrition, senior center support, health promotion and disease prevention, benefits access, family caregiver support, job training and placement, and elder rights protections. OAA programs decrease Medicare and Medicaid spending by reducing emergency room visits and hospital readmissions and delaying nursing home placements, as well as averting malnutrition, and controlling chronic health conditions. Today, OAA services reach only one in five older adults.

Reauthorization provides an opportunity to update and modernize the OAA to better serve the rapidly growing number and diversity of older Americans, and enhance the ability of the Aging Services Network to address the pressing challenges of seniors in need, including various social determinants of health.

- Over 25 million adults age 60+ are economically insecure, with incomes below \$22,000. Despite Social Security and Medicare, these older adults struggle each day with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss
- Approximately 80% of older adults have at least one chronic disease, and 77% have at least two. Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health dollars are spent on public efforts to prevent and manage chronic conditions.

#### **Major OAA Programs:**

- **Supportive Services and Senior Centers (Title III-B)** – Services that enable older persons to live independently in their own homes and communities. The most frequently provided services are home health, personal care and transportation. Resources are also authorized for senior centers.
- **Nutrition Services (Title III-C)** – Congregate and home-delivered meal programs which improve the health and quality of life for millions of seniors.
- **Preventive Health (Title III-D)** – Health promotion and disease prevention programs to improve health and manage chronic disease to enhance quality of life, reduce health care costs and promote independence.
- **National Family Caregiver Support Program (Title III-E)** – Services to empower and help ease the burdens of caregivers, including respite care, counseling and supplemental services.
- **Activities for Health, Independence, and Longevity (Title IV)** – Research and demonstration activities intended to build the evidence base for successful aging services programs and strategies and to test and support dissemination of innovative practices to support older adults' economic security, health and long-term care.
- **Senior Community Service Employment Program (SCSEP) (Title V)** – The only employment and training program for low-income older workers, which promotes economic security while strengthening communities through community service job placements.
- **Native American Aging Programs (Title VI)** – Nutrition and family support services to Native American elders, who are among the most economically disadvantaged elderly minority in the nation.
- **Vulnerable Elder Rights Protection (Title VII)** – Long-Term Care Ombudsman, State legal assistance, and elder abuse prevention programs which advocate for residents of long-term care facilities and coordinate activities to identify and prevent elder abuse, neglect and exploitation.

## **Reauthorization Background**

Congress adopted a bipartisan OAA reauthorization in 2016, which is due to expire at the end of FY 2019. Reauthorization should strengthen the OAA to reflect lessons learned about innovative programs and strategies, and also enhance research, demonstration, and technical assistance that will support development and adoption of evidence-based approaches to address the growing concerns of our nation's seniors. Renewal of the OAA should also promote continued investment in all Aging Services, and highlight the Network's ongoing efforts to address community health and social services, pain management, and isolation.

NCOA's priorities for the 2019 reauthorization include:

- **Innovation:** Strengthen Title IV to create an Innovation Center that can lead a robust aging services research and development authority to demonstrate, evaluate and support scaling of evidence-based interventions and innovations that can improve wellness and quality of life, reduce Medicare or Medicaid costs, and promote independence and healthy aging. Such authority should be utilized to develop the evidence and narrative of the success of core OAA services and strategies on healthy aging and economic independence, including impacts on social determinants of health and social isolation. Unfortunately, Title IV has been inadequately funded. As a result, it has been ineffective in providing the data and evaluations needed to determine which services and innovations are best able to achieve these important outcomes and, therefore, merit additional investment and scaling.
- **Healthy Aging:** (1) Include explicit authorization language that includes funding levels that provide for annual growth for falls prevention and for Chronic Disease Self-Management Education (CDSME); (2) enhance the definition of "disease prevention and health promotion" to highlight the role the Aging Services Network plays in responding to public health emergencies and emerging health threats; and (3) strengthen federal leadership in promoting falls prevention interventions, including home modifications.
- **Economic Security:** 1) Provide that the baseline for SCSEP authorization levels remains consistent with current statute and levels grow accordingly in the future; and (2) emphasize that SCSEP services include providing access to a range of direct and referred services to promote economic self-sufficiency.

The Senate Health, Education, Labor and Pensions Committee, the House Education and Labor Committee, and the Senate Special Committee on Aging are in the midst of the reauthorization process, including hearings in May. There should be continued support for this strong bicameral, bipartisan effort.

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