

AN EXAMINATION OF THE OLDER AMERICANS ACT

HEARING BEFORE THE SUBCOMMITTEE ON SELECT EDUCATION OF THE COMMITTEE ON EDUCATION AND THE WORKFORCE U.S. HOUSE OF REPRESENTATIVES ONE HUNDRED NINTH CONGRESS

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AN EXAMINATION OF THE OLDER AMERICANS ACT

**Tuesday, May 24, 2005
U.S. House of Representatives
Subcommittee on Select Education
Committee on Education and the Workforce
Washington, DC**

The Subcommittee met, pursuant to call, at 10:08 a.m., in room 2175, Rayburn House Office Building, Hon. Patrick Tiberi [Chairman of the Subcommittee] Presiding.

Present: Representatives Tiberi, Inglis and Hinojosa.

Staff Present: Kevin Frank, Professional Staff Member; Lucy House, Legislative Assistant; Kate Houston, Professional Staff Member; Alexa Marrero, Press Secretary; Stephanie Milburn, Professional Staff Member; Deborah L. Samantar, Committee Clerk/Intern Coordinator; Rich Stombres, Assistant Director of Education and Human Resources Policy; Cheryl Johnson, Minority Counsel; Ricardo Martinez, Minority Legislative Associate/Education; and Joe Novotny, Minority Legislative Assistant/Education.

Chairman TIBERI. A quorum being present, the Subcommittee on Education and the Workforce will come to order.

We are meeting today to hear testimony, our first to begin an examination of the Older Americans Act. Under Committee Rule 12(b), opening statements are limited to the Chairman and the Ranking Minority Member of the Subcommittee. Therefore, if other Members have statements, they may be included in the hearing record.

With that, I ask unanimous consent for the hearing record to remain open 14 days to allow Members' statements and other extraneous material referenced during the hearing to be submitted in the official hearing record. Without objection, so ordered.

STATEMENT OF HON. PATRICK J. TIBERI, CHAIRMAN, SUBCOMMITTEE ON SELECT EDUCATION, COMMITTEE ON EDUCATION AND THE WORKFORCE

Chairman TIBERI. Good morning. Thank you for all joining us at this hearing, the first hearing for the Older Americans Act, as this Subcommittee begins our examination of the Older Americans Act, which is due for reauthorization, as you may know.

This Congress—as I said, this is the first in an anticipated series of hearings to review the law and its amendments enacted in 2000,

explore issues facing today's seniors, and discuss the appropriate thorough response to the changing circumstances.

I have prepared a formal opening statement for the hearing that I will submit for the record, but just let me say that today, supporting the needs of older Americans is as important as it ever has been. It is estimated that more than 36 million people in the United States are over the age of 65, and as the fastest-growing age group in our country, the upcoming reauthorization of this act is all that more important.

In preparation for the reauthorization, we will be examining the current program, learning about the evolving issues facing older Americans, listening to seniors in their own words, and laying out a plan for strengthening the services for seniors that are authorized by this act and relied upon by millions of aging Americans each year.

I am pleased to have with us this distinguished panel of experts to help us frame the issues for the upcoming reauthorization. We look forward to hearing your recommendations on the issues and actions for this Subcommittee's consideration in the future.

Before I introduce each of our witnesses, I will yield to my colleague from Texas, Mr. Hinojosa, for an opening statement that he might have.

[The prepared statement of Mr. Tiberi follows:]

Statement of Hon. Patrick J. Tiberi, Chairman, Subcommittee on Select Education, Committee on Education and the Workforce

Good morning. Thank you for joining us for this hearing. The Subcommittee is meeting today to begin our examination of the Older Americans Act, which is due for reauthorization this Congress. This is the first in an anticipated series of hearings to review the implementation of the amendments to the law enacted in 2000, explore issues facing today's seniors, and debate the appropriate federal response to these circumstances.

This year marks the 40th anniversary of the Older Americans Act. The Older Americans Act recognizes the specialized needs of seniors—from nutrition and transportation to community service employment, recreational activities and social services—provided through a network that includes 56 state and 655 local agencies on aging. This year, the federal government invested more than \$1.8 billion to support the delivery of these services.

Today, supporting the needs of older Americans is as important as ever. It is estimated that more than 36 million people in the United States are over the age of 65, making it the fastest growing age group in our country. According to the U.S. Census Bureau, by the year 2050, persons over age 65 will reach nearly 90 million and comprise almost a quarter of the total U.S. population. These astounding statistics make the upcoming reauthorization of the Older Americans Act all the more important.

Over the next several months, this Subcommittee will be examining the current program, learning about the evolving issues facing older Americans, listening to seniors in their own words, and laying out a plan for strengthening the services to seniors that are authorized by this Act and relied upon by millions of aging Americans each year. We will work with President Bush, under the leadership of Health and Human Services Assistant Secretary Josephina Carbonell, a recognized advocate for older Americans, and the community of advocates for seniors to ensure we're making the most out of our investment in the programs authorized by the Act.

I'm pleased to have with us a distinguished panel of experts to help us frame the issues for the upcoming reauthorization. We look forward to hearing your recommendations on issues and actions for this Subcommittee's consideration. Before I introduce our witnesses, I will yield to my colleague, Mr. Hinojosa, for any opening statement he may have.

**STATEMENT OF HON. RUBEN HINOJOSA, RANKING MEMBER,
SUBCOMMITTEE ON SELECT EDUCATION, COMMITTEE ON
EDUCATION AND THE WORKFORCE**

Mr. HINOJOSA. Thank you very much, Mr. Chairman.

Good morning. I would like to thank Chairman Tiberi for calling this important hearing. I also would like to welcome the witnesses. I commend our Chairman for putting together such an impressive panel that represents the broad range of programs and activities supported under the Older Americans Act.

As we prepare for the reauthorization of the Older Americans Act, it is my hope that the Chairman and I will continue the Select Education Subcommittee's tradition of bipartisanship. Together we can work to strengthen and improve the programs that provide critical support to older Americans.

The Older Americans Act of 1965 is the landmark legislation that articulated our core values as a Nation. The act begins with a declaration of objectives, which includes the following; retirement and health, honor, dignity after years of contribution to the economy. This is a statement of our national obligation to older Americans. The Older Americans Act represents our commitment to meeting that obligation. This law provides for supportive services such as transportation, housekeeping and personal care. It provides nutrition services, both in the home and in the community settings. It provides preventative health services and supports family caregivers. Finally, it protects the rights of older—vulnerable older Americans by combating consumer fraud and protecting seniors from abuse.

Age is a fact of life; however, through the establishment of Social Security, Medicare and the enactment of the Older Americans Act, living in poverty no longer is a fact of aging. From 1959 to 2002, the percentage of older people living in poverty fell from 35 percent to 10 percent.

Just as with the population at large, Hispanic Americans represent a growing percentage of older people in the United States. According to the Administration on Aging, by the year 2028 Hispanic Americans will be the largest racial ethnic group in the over-65 age group. Unfortunately, we have not made the same progress in reducing poverty for our Hispanic elderly. In 2001, roughly 22 percent of elderly Hispanics lived in poverty.

In closing, Mr. Chairman, I would just say I am interested in hearing about how the programs in the Older Americans Act are serving the growing population of Hispanic Americans.

Again, I would like to thank the Chairman for calling this hearing today. I am interested in listening to the testimony and discussing how we can move forward toward a bipartisan reauthorization.

With that, I yield back.

Chairman TIBERI. Thank you, Mr. Hinojosa.

We have a very distinguished panel with us today, and I would like to thank each of them for coming. With that, I will introduce the panel. Beginning from my left to right, Ms. Joan Lawrence. Ms. Lawrence has served as the director of the Ohio Department of Aging since 1999. Prior to her appointment as director, she served eight terms in the Ohio House of Representatives, where I served

with her for four of those terms, where she specialized in human services, healthcare and programs for the elderly.

Ms. Lawrence guides the Ohio Department of Aging in its mission of helping senior citizens live active and healthy and independent lives, and promoting positive attitudes toward aging and older people. She has led the expansion of Ohio's popular PASSPORT Home healthcare program, homecare program, and the development of creative initiatives for seniors, including the addition of a prescription savings program through the venerable GoldenBuckeye card. Most importantly, in my mind, she is a constituent and a friend. Thank you for being here today.

Mr. Michael O'Donnell. Mr. O'Donnell is an executive board member of the National Association of Area Agencies on Aging. He also serves as executive director of the East Central Illinois Area Agency on Aging. He has served the agency in a number of different capacities, including planning manager and associate director since 1979.

Mr. O'Donnell has an extensive history in serving older Americans in the State of Illinois. Among other things, he also serves as the president of the Illinois Coalition of Mental Health and Aging, and as cochair of the Illinois Task Force on Grandparents Raising Grandchildren.

Mr. O'Donnell served this country as a First Class Petty Officer in the U.S. Navy from 1970 to 1976. Thank you for being here.

Ms. Jane Metzger is the current president-elect for the Meals on Wheels Association for America. Since 1997, she has held numerous positions with MOWAA, including annual conference chair, member of the certification board and vice-president of professional development. Ms. Metzger also serves as executive director of Meals on Wheels at Shawnee and Jefferson Counties, Inc., in the State of Kansas, a sponsor of the 2002 Meals on Wheels Association of America Volunteer of the Year. Thank you for coming.

And last but not least, Jesse Leos. Mr. Leos is the national director for the SCSEP program for SER National-Jobs For Progress, Inc., one of 13 national grantees under the Department of Labor. He has worked in the workforce arena for over 25 years and has held various positions for both profit and nonprofit organizations which manage workforce programs throughout the Nation. He is a subject expert in WIA/TANF, food stamps, employer services, disability, veteran services, senior employment services and the one-stop shop system. He also has served on various boards, including the United Way, food bank organizations, housing nonprofits, law enforcement organizations and various Chambers of Commerce through Texas. Thank you for being here as well.

Before the witnesses begin, I would like to remind our Members that we will be asking questions after the entire panel has testified. In addition, the Committee imposes a 5-minute limit on all questions.

With that, I am going to ask Ms. Lawrence to begin the testimony. Thank you.

**STATEMENT OF JOAN W. LAWRENCE, DIRECTOR, OHIO
DEPARTMENT OF AGING, COLUMBUS, OH**

Ms. LAWRENCE. Thank you, Mr. Chairman and Members of the Subcommittee, for giving me the opportunity to comment on the reauthorization of the Older Americans Act from an Ohio perspective.

Congress wisely declared in the act that seniors are entitled to a system which assures, quote, a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services, unquote.

The Older Americans Act has produced an amazing system since 1965 with a modest Federal investment. A burgeoning network of effective services has been built upon its foundation, funded by Federal, State and local dollars, augmented by charitable contributions, as well as those of the individuals and families being served. For every dollar appropriated by the act, another 10 are added through other means in Ohio.

Last year we received 54 million in Older Americans Act funding. What is astounding is the additional 330 million in Federal Medicaid and State matching funds, 19 million generated by 59 of Ohio's 88 counties, which have local senior service levies, plus another 7-1/2 million in consumer contributions. Few investments have such a bountiful return.

We are grateful to Congress for enacting in the 2000 reauthorization the National Family Caregivers Support Program. It is a fine example of creative and sensible program expansion. Because 80 percent of long-term care is provided by family members at no cost to government, it is prudent for us to support these informal caregivers. Last year this program served 57,000 caregivers in Ohio through information and referrals, through support groups, and with critically needed respite services.

Consumer satisfaction surveys demonstrate overwhelming appreciation for what is provided. With such vital services available, we need to reach out to consumers through initiatives like the Aging and Disability Resource Centers, which CMS and the Administration on Aging have been funding jointly. We have the information seniors and their families need to make long-term care decisions, but unless they know where and how to get it, the information does no good. The resource centers are the front door for that information.

In Ohio, we have an Internet-based tool to assist families further as they investigate long-term care options in nursing homes, thanks to the leadership and hard work of the Chairman of this Committee when he served in the Ohio House.

Because of the linkages among Federal programs that share beneficiaries and missions, we believe it is important that CMS and AOA work even more closely together. The Assistant Secretary at AOA should share responsibility with CMS for developing, reviewing and awarding waivers and grants.

In Ohio today, under Governor Taft's leadership, we are fighting to balance the State's long-term care so that real choice is in reach for those who need it. The reauthorized act should recognize the

continuum of long-term care which commences with Older Americans Act services for those who are not Medicaid-eligible, 300,000 last year in Ohio. Most of Ohio's 12 area Agencies on Aging have a care coordination program for those receiving multiple non-Medicaid services.

Next in the continuum is PASSPORT, our home- and community-based waiver program, which serves a steadily increasing number today, 24,400 people. We expect to add assisted living next year for 1,800 persons. Our goal is nursing home diversion where appropriate, and we are doing it successfully.

The Department of Aging also screens every entrant to a nursing home to ensure it is a suitable placement, and that an alternative might not be better.

We urge you to have the revised act encourage these types of programs. We need to develop a sustainable long-term care system. The boomers are coming. Thank you.

Chairman TIBERI. Thank you.

[The prepared statement of Ms. Lawrence follows:]

**Statement of Joan W. Lawrence, Director, Ohio Department of Aging,
Columbus, OH**

Thank you Mr. Chairman and members of the Subcommittee. I'm proud to present views on reauthorization from Ohio's perspective. We are the seventh most populous state and one which some demographers and marketing experts feel is representative of the nation as a whole. I'd like first to acknowledge the wisdom of the 89th Congress, which created the Older Americans Act in 1965 at a time when poverty among America's Elderly was epidemic. More than 30 percent lived below the Federal Poverty Level in 1965. A disproportionate number were widows. Jobs were scarce for older people, and many were forced into retirement by corporate policy or public law. Public transportation in urban centers did little to accommodate the needs of older people. And transportation in rural areas was, as they say in those parts, "scarce as hens" teeth." Nutrition funding in America was limited to school lunch programs. Such programs for elders did not exist.

In preparation for today's testimony, I reviewed the enabling legislation for the Older Americans Act and was struck by the elegance, simplicity and purpose of The Act. Clearly, its intent was to help preserve for our elders the traditional American concept of the inherent dignity of the individual in our democratic society. Among its major objectives are these key and critical words, " a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services."

How true these objectives are today. These same ideas play out now in Ohio's biennium budget debate. I must tell you they are at the heart of deliberations as we move toward these ideals.

The last of ten objectives described in The Act reads: "Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect and exploitation." Congress' direction could not be clearer.

Thanks to the wisdom of the times, the action of Congress and the genius of the Older Americans Act itself, aging networks have evolved in the 50 states and U.S. territories, each with its own characteristics, dictated by the needs of the individual area's older citizens. Let me describe Ohio's aging network, which serves and represents more than two million seniors who comprise 17 percent of the state's total population of 11.4 million. We have 12 Area Agencies on Aging (AAA's), each serving a share of Ohio's 88 counties. AAAs are well-established, independent, non-profit, community-based agencies that plan and coordinate senior services and monitor service providers according to strict quality assurance standards and standards of fiscal accountability. Among the providers are the 400-plus senior centers, many operating as well-known focal points for seniors and families.

Each AAA is governed by a community board and all AAAs are accountable to the Centers for Medicare and Medicaid, the Administration on Aging, and the state

Medicaid agency through the Ohio Department of Aging, which provides fiscal monitoring, guidance and oversight. AAAs work with local providers for all transportation, wellness, nutrition and home care services funded by the Older Americans Act, as well as state-funded community-based support services and two Medicaid waiver programs that provide in-home care services for more than 24,000 seniors who could otherwise reside in nursing homes.

It amazes me what has arisen as a result of this single act of good government. A burgeoning network of services has been built upon the foundation of the Older Americans Act, funded by state, federal and local dollars, and augmented by charitable contributions and those of individuals and families served. For every dollar appropriated by The Act, another ten are added through other means. In Ohio last year, Older Americans Act funding totaled \$54 million. What is astounding is the additional \$330 million in state and federal funds devoted to senior services and another \$90 million generated by 59 of Ohio's 88 counties that have local senior service levies and the \$7.5 million in consumer contributions. Few investments have such a bountiful return.

It is true that fortunes among the elderly in America have changed. However, for many, this is a distinction without a difference. While the statistics say just over eight percent of Ohioans age 60 and older today live in poverty, the high cost of healthcare, particularly prescription drugs and long-term care, impacts great numbers of seniors. While not counted among the poor, some struggle with the high cost of staying alive—sometimes faced with choosing between healthcare and meals.

Ultimately, many reach a level of care or need that eliminates their personal savings and assets and leaves them with incomes that limit their choices to what is available through Medicaid. And in Ohio, due to an imbalance in funding that favors the most expensive alternative nursing homes, the default choice is, ironically, the least attractive to the individual and the most expensive to society. Even though poverty among the country's elderly has decreased, the enormity of long-term care costs and the consequences of longer and longer lives have made the challenge of maintaining independence far greater than ever imagined.

What does this mean to your committee? It means that we must return to the guiding principles and objectives set forth in the Older Americans Act. We need to build upon tried and true, ongoing programs that help people remain as independent as possible as long as possible, and we need to develop others to be piloted, proven and replicated.

I thank Congress for enacting the National Family Caregiver Support Program (NFCSP) in the 2000 reauthorization as an example of creative and sensible program expansion. It is the single most important addition to the Older Americans Act in years. Because 80 percent of long-term care is provided by family members at no cost to government, we must do all that is possible to support and strengthen the informal caregiver.

Last year in Ohio, the NFCSP served 57,000 caregivers through information and referrals, in support groups and by a variety of educational resources and respite services. In a recent Ohio survey of the program's impact, 94.2 percent of participants responding said the OAA services helped make them better caregivers and 87.7 percent said it helped them care longer than they could otherwise. More than ninety percent rated services as good to excellent.

In Ohio's aging network, caregiver funding has accomplished the primary objective of supporting caregivers, but it has had an important side benefit as well. Outreach efforts conducted on behalf of the program have raised awareness of all aging network services. This secondary benefit is critical because an informed and empowered consumer is essential in service delivery and in building the long-term care system of the future.

That is why we need to reach out to consumers through initiatives like the Aging and Disability Resource Centers already proposed. I believe consumers themselves will help build this system through the choices they desire and will come to demand. We must listen to both the consumer and our customers, the taxpayers, to develop choices attractive to each. More and more, policymakers and practitioners are measuring positive outcomes for people and making information more available. We are doing that in partnership with the Administration on Aging (AOA) through the Performance Outcomes Measure Project, which measures important outcomes for selected OAA-funded programs—and we're getting high marks! We're targeting and serving those most in need, giving them services and supports they need and they are very satisfied with what they're receiving.

Thanks to the efforts of Chairman Tiberi, Ohio developed the innovative Long-Term Care Consumer Guide, an Internet-based tool that has helped thousands of seniors and their families quickly and thoroughly examine nursing homes before selecting the one most suitable. Again, information is power, and informed, empow-

ered consumers will be the best architects of system change. We must listen, and learn from them, and measuring the quality and volume of their voices is of utmost importance.

I believe it is important to note here that our State Long-Term Care Ombudsman operates this program, and our budget request for the coming biennium includes assisted living facilities in the resource guide. I mention this because in Ohio, as in many other states, the ombudsman resides within the state unit on aging. Ohio's Long-Term Care Ombudsman is independent of the Ohio Department of Aging, but I am certain she would make a strong case here that the home care ombudsman under discussion in your committee should be incorporated within the existing network of long-term care ombudsman programs. The Ohio Long-Term Care Ombudsman already advocates for quality of care and quality of life in all long-term care settings—including home care.

Further, she would submit to this committee the importance of funding for legal services development under Title VII of the Older Americans Act. The State Long-Term Care Ombudsman Programs need adequate funding to respond to increasing emphasis on transformational change in facility-based long-term care. The ombudsman's emphasis on quality of life makes the program a key player in culture change.

In Ohio today, we are fighting to balance the state's system of long-term care so that real choice is within reach of those who need it. In Ohio and in the nation, we must bring balance to our system to meet the growing demand of consumers who will reject the system as it is today, and to meet the needs of tomorrow's taxpayers who cannot afford an expensive system that so misses the mark of consumer need.

The intent of the Older Americans Act was clearly to offer supports for people who, without them, would surely become more dependent upon government than necessary.

Congress took a tremendous step forward creating the Medicare Modernization Act of 2004, and the burden of expensive prescription drugs will soon be lifted from seniors' shoulders. The Older Americans Act, in combination with Social Security, Medicare, Medicaid and other social programs have provided a great safety net for seniors for the past 40 years. The Act was visionary, necessary and great public policy. It provided help to our most vulnerable citizens. It continues to evolve today as a foundation of funding and fundamental ideas that are built upon through programs funded by federal agencies, state and local governments, and private nonprofit agencies and resources from individuals paying at least a part of the costs.

Because of the linkages among federal programs that share beneficiaries and missions, it is imperative that the Centers for Medicare and Medicaid (CMS) and the Administration on Aging work together very closely. Cooperative ventures like Real Choice Systems Change Grants and others already in place will encourage the synergy vital to efficient and effective service to our aging population and disability communities as well.

We must do everything possible to enable citizens to exercise choices that fit their needs and our government budgets, encouraging individual responsibility to pay as ability permits. We must do all of this to preserve the very programs created to serve those least able. If we do not build a sustainable system of long-term care with enough choices to meet—and not exceed—individual need, we run the very real risk of destroying the very programs we built to serve those most in need.

I recommend that Congress empower the states, through the Older Americans Act Reauthorization now and in the future to expand funding for innovative programs that offer seniors greater opportunities for community-based supports. Further, I would like to see funding increased for education and awareness programs that lead older citizens and their families to the source of information that will help seniors maintain their most treasured rights to life, liberty and the pursuit of happiness.

Thank you.

Chairman TIBERI. That is unusual that someone finishes before the 5 minutes. Thank you, Director Lawrence. And thank you for the plug on the long-term care consumer guide. Thank you for your leadership in keeping it alive, because I know with budget cuts everything is—

Ms. LAWRENCE. And we think it is going to stay in the budget, too.

Chairman TIBERI. That is great. Thanks for your leadership.
Mr. O'Donnell.

**STATEMENT OF MICHAEL O'DONNELL, EXECUTIVE DIRECTOR,
EAST CENTRAL ILLINOIS AAA, NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING, BLOOMINGTON, IL**

Mr. O'DONNELL. Good morning, Mr. Chairman, Members of the Committee, thank you very much for this opportunity.

Since Director Lawrence has set the pace, I will follow her lead.

N4A—National Association of Area Agencies on Aging—represents our Nation's 655 area Agencies on Aging, and is the champion in Washington for the interests of 240 Title VI Native American aging programs. Together we are serving over 8 million older persons and their caregivers each year. Nationwide AAAs and Title VI programs are working to build a society that values and supports Americans as they age.

Well, in the interest of time, I will focus my oral remarks on n4a's principles for reauthorization.

In 2006, the first wave of the boomers will turn 60 and be eligible for Older Americans Act services. Now is the time for individuals, families, communities and the Nation as a whole to plan and prepare for the coming demographic explosion. The reauthorization of the act provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of older adults and their caregivers now and in the future.

We are recommending the following: No. 1, to increase authorization levels to enhance home- and community-based services; No. 2, to prepare communities to meet demographic challenges; No. 3, strengthen the Aging Network as a single point of entry; No. 4, enhance the Aging Network's role in health promotion and disease prevention; and five, build on the capacity of the network to meet the challenges and opportunities of the future.

To compensate for inflation and the rising costs of provider services, n4a urges Congress to raise the authorized funding levels of all the titles of the act by at least 25 percent above 2005 appropriated levels, except for Title III-E, which should be reauthorized at 250 million. This level of increase is required to ensure that our Nation has the necessary resources to adequately serve the projected number of older adults. This is particularly true for the older ranks of those 85 and older who comprise the fastest-growing segment of the aging population, and who are most at risk and in the greatest need for aging supportive services.

Like AAA's Title VI agencies across the Nation, the cost to my agency to provide Older Americans Act services has risen tremendously. Just to give you an example, a rural public transportation program that we interviewed prior to our hearing, we were asking them about their cost increases. They serve a five-rural-county area. The cost of a one-way trip 5 years ago was \$13.33 per one-way trip; today it is \$26.42 due to a doubling of insurance costs and fuel costs.

In your own area, Mr. Chairman, the central Ohio AAA has reported significant cost increases in the provision of Older Americans Act services over the past 5 years. From 2000 through 2004, this area agency reported the cost of providing home-delivered meals has increased by over 60 percent; the cost of transportation has grown by more than 24 percent; and the cost per ride by almost 65 percent, from \$6.97 per ride to \$11.50.

Additional funding is needed to meet the needs of the population we currently serve and is essential to meet the needs of the Nation's baby boomers. Now is the time to include authorization levels in the act that will enable Congress to allocate the funding needed to provide the range of services that the Older Americans Act envisioned.

Over the course of the next three decades, the aging of the boomers will have a direct and dramatic impact on the social, physical and fiscal fabric of our Nation's cities and counties. The aging of our Nation's population will not only impact traditional aging services, but also every aspect of local government programs, policies and services in the areas of health, human services, land use, housing, transportation, public safety, workforce development, economic development, recreation, education, life-long learning, volunteerism and civic engagement.

Despite the demographic forecast, few communities have begun to prepare for an aging population. Given their existing mandated role to create multiyear, comprehensive, community-based services for older adults, AAA and Title VI agencies are uniquely positioned to serve as a liaison to local agencies to help them prepare to address the challenges and opportunities posed by the aging population. For this reason, n4a is urging Congress to add a new title to the Older Americans Act to support area agencies and Title VI agencies in assisting county and city governments to proactively prepare their communities for the aging of the boomers.

The clock is ticking. Now is the time to help our Nation's communities prepare to address the needs of their growing older population. By doing so, we can create livable communities for all ages; not only good places to grow up, but also good places to grow old. Thank you.

Chairman TIBERI. Thank you.

[The prepared statement of Mr. O'Donnell follows:]

Statement of Michael O'Donnell, Executive Director, East Central Illinois AAA, National Association of Area Agencies on Aging, Bloomington, IL

Mr. Chairman and distinguished members of the Subcommittee, my name is Michael O'Donnell. I am the Executive Director of the East Central Illinois Area Agency on Aging, and I also serve as the Second Vice President of the National Association of Area Agencies on Aging (n4a). n4a represents our nation's 655 Area Agencies on Aging (AAAs) and is the champion in Washington, DC, for the interests of 240 Title VI Native American aging programs. Nationwide, Area Agencies on Aging and Title VI programs are working to build a society that values and supports Americans as they age.

I want to thank the Subcommittee for inviting me here today to testify on the upcoming reauthorization of the Older Americans Act.

The Older Americans Act: Its Strengths and Challenges

Since it was enacted in 1965, the OAA has served as the legislative vehicle and the guiding force behind efforts to help Americans age with maximum dignity and independence in their homes and communities for as long as possible. The OAA established the national Aging Network which has effectively and efficiently served as the infrastructure for aging service delivery at the federal, state and local level for the past 40 years.

The Strength of the Aging Network

The infrastructure established by the Older Americans Act created a strong, effective and efficient system to provide access to a continuum of supportive services to older adults and their caregivers in every community in the nation. Last year alone, Older Americans Act services touched and improved the lives of over eight million Americans.

At the local level, AAAs and Title VI Native American aging programs provide the supportive structure for planning, service coordination, oversight, and advocacy to address the needs of our nation's older adults and their caregivers. AAAs help older adults and caregivers access home and community-based services, including congregate and home-delivered meals, in-home services for frail older adults such as personal care and chore services, elder abuse prevention and protections, nursing home ombudsman, senior center activities and programs, adult day care, transportation, consumer information, education and counseling and senior employment.

Many AAAs manage a variety of funding 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 and Title VI agencies have demonstrated an extraordinary record of achievement in leveraging these funds with millions of non-federal and state dollars from local governments, foundations, the private sector, and other contributions to help millions of older people avoid costly nursing home placement and remain independent in the community. The OAA is a prime example of a federal, state, and local partnership that works.

In 2000, a new and important program, the National Family Caregiver Support Program (NFCSP) was added to the Older American Act which strengthened the Aging Network's ability to assist the caregivers of older adults. The creation of this program by Congress came none too soon. A 2004 survey conducted by AARP and the National Alliance for Caregiving found that 34 million adults provide unpaid help to individuals 50 and older. NFCSP provides funds to help communities assist caregivers who often struggle to care for their older loved ones who are ill or who have disabilities.

The NFCSP has enabled local communities to connect families with information on caregiver resources and local services, provide counseling, training and peer support for caregivers, and provide services needed by older adults and their families, such as respite care, in-home services and adult day care. Through this program, the Aging Network has also responded to the needs of the millions of grandparents in this nation who are caregivers of grandchildren and other older individuals who are kinship caregivers of children under the age of eighteen.

The NFCSP has truly made a difference in the lives of our nation's unsung heroes—its caregivers. My own agency, the East Central Illinois AAA, has designated and funded nine Family Caregiver Resource Centers serving a 16-county area. Last year, The Resource Centers Family Caregiver Advisors served over 2,500 caregivers of older adults and grandparents raising grandchildren.

Challenges Facing the Aging Network

The major challenges facing the Aging Network revolve around the resource capacity to meet the needs of current and future older Americans. Because of the Network's position at the federal, state and local level, it is currently seen as and will be looked to even more so in the future as the front line resource to meet the growing needs and demands of an aging population. Although the Network is well positioned to address these needs, with the rising cost of service delivery and the rapid increase in the numbers of older Americans, in the absence of adequate resources, the Network will not be able to meet these needs in the future.

How the Older Americans Act has Evolved to Meet Changing Needs

Over the years, the OAA has evolved to meet changing needs and expectations and now is the time for the Act to evolve yet again. Since its inception, the OAA has expanded its legislative scope from a focus solely on addressing and supporting the needs of older adults themselves, to an expansion of the Act's mission with the 2000 Amendments to address and support the needs of the caregivers of older adults, and now with the current reauthorization of the Act, we are advocating that we need to expand its mission yet again to further support the role of the Aging Network as the focal point for aging services and to assist our nation's communities prepare to meet the challenges and opportunities of the coming "age wave".

n4a's Principles for the 2005 OAA Reauthorization

In 2006, the first wave of the baby boom generation will turn 60 and be eligible for OAA services. Now is the time for individuals, families, communities and the nation as a whole to plan and prepare for the coming demographic explosion.

The reauthorization of the Older Americans Act provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and their caregivers. In order to do so, n4a believes the reauthorization should embrace the following recommendations:

- 1) Increase Authorization Levels to Enhance Home and Community-Based Services;

- 2) Prepare Communities to Meet Demographic Challenges;
- 3) Strengthen the Aging Network as a Single Point of Entry;
- 4) Enhance the Aging Network's Role in Health Promotion and Disease Prevention; and,
- 5) Build on the Capacity of the Aging Network to Meet the Challenges and Opportunities of the Future.

Increase Authorization Levels to Enhance Home and Community-Based Services

To compensate for inflation and the rising costs of providing services, n4a urges Congress to raise the authorized funding levels of all the titles of the OAA by at least 25 percent above the fiscal year 2005 appropriated funding level except for Title III-E which should be authorized at \$250 million. This level of increase may seem high, but such an increase is required to ensure that this nation has the necessary resources to adequately serve the projected growth in the numbers of older adults. This is particularly true for the growing ranks of the 85 and older population who comprise the fastest growing segment of the aging population and who are typically frail and in the greatest need for aging supportive services.

Like AAAs and Title VI agencies across the nation, the cost in my agency to provide Older Americans Act services has risen tremendously. A cost comparison over the last five years for my agency's assisted transportation program SHOW BUS (Seniors and Handicapped on Wheels Bus to Urban Services,) funded through a grant from OAA Title III-B funds, indicate that the cost of providing this service has doubled due primarily to escalating insurance and gas prices. In fiscal year 2000, the cost of a one-way trip was \$13.33; today the cost of that same trip has nearly doubled in cost to \$26.42. During this period, the cost to insure the program's fleet of vehicles increased from \$36,789 to \$78,672, and while the cost of gas increased from 14 cents to 27 .

In your own area, Mr. Chairman, the Central Ohio AAA has reported significant cost increases in the provision of OAA services over the five years. From fiscal year 2000 to fiscal year 2004, this AAA reported that the cost of providing home delivered meals has increased by over 60% from \$616,032 to \$997,168. The cost of transportation services has grown more than 24% from \$270,698 to \$336,599, and the cost per ride by almost 65% from \$6.97 to \$11.50.

Additional funding is needed to meet the needs of the population we currently serve and is essential to meet the needs of the nation's aging baby boomers. Now is the time to include authorization levels in the Act that will enable Congress to allocate the funding that is needed to provide the range of aging services that the Older American Act envisioned to promote a good quality of life for all of our older citizens.

Community Preparedness to Meet Demographic Challenges

Over the course of the next three decades, the aging of the baby boomers will have a direct and dramatic impact on the social, physical and fiscal fabric of our nation's cities and counties. The aging of our nation's population will not only impact traditional aging services, it will also affect every aspect of local government programs, policies and services in the areas of health, human services, land use, housing, transportation, public safety, workforce development, economic development, recreation, education/lifelong learning, and volunteerism/civic engagement.

Despite the demographic forecast, few communities have begun to prepare for an aging population. Given their existing mandated role under the OAA to create multi-year plans for the development of comprehensive, community-based services for older adults, AAAs and Title VI Native American aging programs are uniquely positioned to serve as a liaison to local agencies to help them prepare to address the challenges and opportunities posed by aging population.

For this reason, n4a is urging Congress to add a new title to the OAA to support AAAs and Title VI agencies in assisting county and city governments proactively prepare their communities for the aging of the baby boomers. The clock is ticking. Now is the time to help our nation's communities prepare to address the needs of their growing older population. By doing so, we can make America's communities livable communities for all ages- not only good places to grow up but also good places to grow old.

Strengthen the Aging Network as a Single Point of Entry

n4a also urges Congress to add a new title to the OAA to permanently establish authorized Aging and Disability Resource Center (ADRCs) within every service area in the nation, with AAAs given the right of first refusal to be designated as the ADRC. The ADRCs program, part of the President's New Freedom Initiative and spearheaded through the U.S. Administration on Aging and Centers for Medicare

and Medicaid Services, has helped states integrate their long-term support programs for the elderly and people with disabilities into a single coordinated system.

Since 2003, 24 States have received ADRC grants on a competitive basis to assist them in developing and implementing coordinated access to information and counseling services for consumers on a range of long term care issues and assistance programs. The Aging Network has played an integral role in these efforts with approximately 90% of the grants being administered by State Units on Aging and piloted by AAAs. Given the success of these efforts, now is the time to take the ADRC initiative nationwide by including it as a core element of the Older Americans Act.

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 urges Congress to authorize \$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.

Title III-D of the OAA provides funding for disease prevention and health promotion services. This program has become increasingly valuable 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 delaying and, in some cases, eliminating the onset of chronic diseases and their related care costs. Now is the time to invest in health promotion and disease prevention for the growing ranks of older adults. These investments will not only reap huge benefits in terms of improving the health and well being of this growing population but will also reap huge health care savings for individuals and the government as costs for acute or chronic diseases for this population will be reduced over time.

Build on the Capacity of the Aging Network to Meet the Challenges and Opportunities of the Future

Over the next 10 years the Aging Network is forecasted to lose over a third of its local leaders as a result of retirement, attrition and other factors. Many of these leaders have been involved with the OAA since its inception. With their departure, the Network will lose a wealth of institutional knowledge and experience in providing aging services. Given the increased demographic demands on aging services in the next 10 to 20 years, it is crucial that a pool of highly trained, effective leaders be trained to continue the critical work of AAAs and the local aging network.

For this reason, n4a urges Congress to support the development of a national education and leadership training program for AAA and Title VI Directors and senior staff under Title IV that would reinforce and broaden the capacity of Aging Network leaders. Now is the time to invest in the people who will be the leaders and champions to serve the largest cohort of older Americans in our nation's history.

Thank you, Mr. Chairman, for the opportunity to speak today about n4a's recommendations for the reauthorization of the OAA. Now is the time to seize the opportunity that this reauthorization provides to make new and bold changes to the Older Americans Act. Doing so will ensure that our nation is ready to address the challenges and opportunities posed by our rapidly rising numbers of aging baby boomers.

The aging of the baby boomers is upon us. The time to act is now.

Chairman TIBERI. Ms. Metzger.

STATEMENT OF JANE METZGER, PRESIDENT ELECT, MEALS ON WHEELS ASSOCIATION OF AMERICA, TOPEKA, KS

Ms. METZGER. Mr. Chairman and Members of the Subcommittee, I am Jane Metzger, president-elect of the Meals on Wheels Association of America, or MOWAA, as we call it. MOWAA is the oldest and largest national organization representing both home-delivered and congregate senior meal programs. I am also a local meal provider.

Since 1990, I have been the executive director of Meals on Wheels in Shawnee and Jefferson Counties in Topeka, Kansas. Last year my program served 230,000 meals, and our oldest client was 103.

The reauthorization of the Older Americans Act in 2005 is a priority for MOWAA. We are honored to have the opportunity to suggest modifications that we believe will improve and strengthen the act that remains the foundation on which a strong and vital system of home- and community-based services has been built and continues to evolve.

We believe that of the services funded through the act, senior nutrition programs are the most important and universally recognized. In fact, the OAA nutrition program is the largest program administered by the Administration on Aging, and last year funding for senior nutrition programs accounted for approximately 46 percent of the total agency budget. That kind of Federal commitment is good news for the frail elderly who rely on senior meal programs. But the funds that Congress provides are seriously inadequate to meet present, much less future, needs. You may be thinking that is a matter for the Appropriations Committee, but the issue I am raising is an authorization issue.

Nutrition programs were originally conceived to be public/private partnerships, with the Federal share providing seed money to leverage other sources. Such partnerships have strengthened and enhanced our programs. We want partnerships to continue, and, in fact, we seek to expand them. For example, my program receives funds through the Older Americans Act, Shawnee County, Jefferson County, city of Topeka, United Way of Greater Topeka, client contributions, and through aggressive fundraising.

Only 60 percent of our home-delivered clients are funded under the Older Americans Act; the other 40 percent are fee-for-service clients for whom we utilize a sliding scale. But because the Older Americans Act prohibits us from instituting cost-sharing, we must set up a separate and distinct program for those individuals. I am forced to operate two programs side by side in the same community, using the same caterer, delivering the same meals. We have made such an arrangement work in Topeka, but it is illogical and inefficient. Not all my colleagues across the country have the resources to establish two programs to meet the same needs.

In order to expand services and ensure that more seniors receive the meals they need, MOWAA believes that all senior meal programs should be given the option of incorporating cost sharing for those clients who have the ability to pay. The act needs to be amended to allow for this. I stress the word "allow" because we are suggesting language that is permissive; programs themselves would make the decision whether or not to implement it.

The cost-sharing provision is only one of the legislative changes that MOWAA is seeking. Earlier I mentioned that senior nutrition funding made up 46 percent of the AOA budget. I should have said that as appropriated it made up 46 percent of the budget. The act allows States to transfer up to 30 percent of the total line item amount between Title III-B, supportive services, and Title III-C, nutrition services.

MOWAA has supported allowing flexibility and will continue to do so, but with a strong caveat. Transfer should not be made between Titles III-B and III-C so long as there remain unmet needs in the category for which the allocations were explicitly made. That is, there should be no transfer between Title III-C to Title III-B for

non-nutrition-related supportive services while seniors remain on waiting lists for nutrition services.

We also request that the act be amended to ensure that the 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 costs associated with managing Title III-B services.

In closing, Mr. Chairman, I thank you again for bringing the important issue of reauthorization of the Older Americans Act to the attention of your colleagues in this Older Americans Month. MOWAA looks forward to working with you and your staff to craft a bill that not only meets the needs of today's seniors, but also furnishes service providers the tools they need to improve and expand the home- and community-based system to build capacity for tomorrow's seniors.

I would be delighted to answer any questions that you might have.

Chairman TIBERI. Thank you.

[The prepared statement of Ms. Metzger follows:]

Statement of Jane Metzger, President Elect, Meals On Wheels Association of America, Topeka, KS

Mr. Chairman and Members of the Subcommittee on Select Education, I am Jane Metzger, President-Elect of the Meals On Wheels Association of America, or MOWAA as we call our organization. MOWAA is the oldest and largest national organization representing senior meal programs—both home-delivered and congregate. I am pleased to represent MOWAA, on whose behalf I am testifying today. But I also speak from the perspective nutritious meals they need and that the Older Americans Act helps to ensure that they receive. Since 1990 I have been the Executive Director of Meals On Wheels of Shawnee and Jefferson Counties, in Topeka, Kansas. Ours is both an urban and rural program, and in 2004, we served 139,471 home-delivered meals and 99,680 congregate meals. Our oldest client is 103. While she is not our typical recipient, it is no longer unusual for meal programs across the country to have centenarians for clients. And that fact points vividly to a demographic trend that must be taken into consideration: the client population that we serve is growing and changing. Not only will the first Baby Boomers be eligible to receive Older Americans Act services next year (2006), but the so-called old-old—those individuals aged 85 and older—continue to comprise a greater and greater percentage of the elderly population in America. We must prepare for significant growth at both ends of the senior spectrum. We must prepare for the diversity of needs, wants, expectations, and the like that accompany that diversity.

That being the case, the work this Subcommittee is doing today is of critical importance, and MOWAA commends you for holding this hearing. The reauthorization of the Older Americans Act (OAA) in 2005 is a priority for MOWAA. We are honored to be among the first to declare our support for reauthorization and to suggest modifications that we believe will improve and strengthen the Act that remains the foundation on which a strong and vital system of home and community-based services has been built and continues to evolve.

The basic principles on which the Act was established and which are clearly articulated in its "Declaration of Objectives for Older Americans" in the Act itself remain as relevant today as they were 40 years ago. While the objectives and principles are timeless, the means by which we address and implement them is and must be dynamic. A case in point is the particular service my Association represents. Although the Act is celebrating its 40th birthday, Older Americans Act senior nutrition programs are only 33 years old. Not until the Act was reauthorized in 1972 were senior nutrition programs made a permanent part of the Act. Today we believe that the nutrition programs are the most universally recognized service under the Act; and, it should come as a surprise to no one, we would also suggest that they are the most critical. No one can survive without adequate nutrition and the direct link between nutrition and health continues to be emphasized by the scientific and health communities. Congress and the Administration acknowledge the importance of our programs. In fact, the OAA nutrition program is the largest pro-

gram administered by the Administration on Aging (AoA) and 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 kind of federal commitment, of course, is good news for the frail, elderly citizens in every community of this country who rely on senior meal programs to provide them nutrition, sometimes the only food they get during the day. But the fact is, Mr. Chairman, that the funds that Congress provides are seriously inadequate to meet present, much less future needs. You may be thinking that is a matter for the Appropriations Committee and not authorizers to take up. While we would certainly appreciate an increase in funding levels, we are realists; we know that federal funds cannot—and we would even argue should not—ever be sufficient to meet the need. The issue that I am raising is an “authorization” issue. Our programs were originally conceived to be public-private partnerships, with the federal share providing seed money to leverage other sources. They remain that way today, and such partnerships have actually strengthened and enhanced our programs. We want partnerships to continue; and, in fact, we seek to expand them.

If I may digress just a moment I’d like to describe how the program I run operates and from where it gets its funding. We receive funds through the Older Americans Act, Shawnee County, Jefferson County, City of Topeka, United Way of Greater Topeka, client contributions and through aggressive agency fundraising. Only 60 percent of our home-delivered clients are funded under the Older Americans Act. Only 60 percent. The other 40 percent are fee-for-service clients, for whom we utilize a sliding scale, supplemented by our United Way funding. But because the Older Americans Act prohibits us from instituting cost-sharing, as it is called when it is allowed for other services under that Act, we must set up a separate and distinct program for those individuals. In other words, I am forced to operate two programs side-by-side in the same community, using the same caterer, delivering the same meals. We have made such an arrangement work in Topeka, but it is illogical and inefficient. And not all my colleagues across the country have the resources to establish two programs to meet the same needs. It is MOWAA’s position that senior meal programs, all senior meal programs, should be given the option of incorporating cost-sharing or fee-for-service for those clients who have the ability to pay for the purpose of expanding services and ensuring that more, not fewer, seniors receive the meals they need. The Act needs to be amended to allow for this.

Let me be very clear about this proposal. MOWAA is not suggesting that meal programs, or any service under the Act, be means-tested. In fact, we oppose that absolutely. But we do not regard the current cost-sharing arrangement for other OAA services, such as homemaker services, as means-testing. Neither do we propose to make cost-sharing mandatory for any program. We are simply seeking a legislative fix that would grant flexibility for programs, who know their own clients, to make decisions about whether, how and in what circumstances to institute cost-sharing. It has been my program’s experience that many of the elderly or their family members desire to become partners with us in this way. This is true of today’s 60 plus population, and MOWAA believes this will increasingly become the case as the Baby Boomers seek services.

Your predecessor Committee in the 104th Congress proposed a similar change in the Act, and MOWAA supported the change at the time. The Committee Report (104–539) described the Committee proposal in this way: “For the first time since enactment of the Older Americans Act the Committee bill will permit States and local providers to require cost-sharing for those services they feel are most appropriate. The bill does not require cost-sharing for any service and it prohibits providers for denying services to participants based on their inability to pay. It is not the intent of the Committee, however, that States taking this option add additional paperwork burdens on local providers and require extensive applications.” The report continued, “By allowing States and local providers to require cost sharing for specific services, the Committee expects that additional participants will be able to benefit from services under this Act.”

As the Subcommittee is aware, that particular reauthorization bill did not pass. But the provision discussed above represented right and innovative thinking. MOWAA continues to agree with it in principal and we believe the time for allowing programs such flexibility—for the express purpose articulated in that report language—has come. We would be delighted to work together with the Committee to develop a specific provision that explicitly protects individuals from denial of services while at the same time provides programs an additional revenue source. I can speak from experience and tell you that results will not be denial of services but expansion of services and provision of meals to seniors who otherwise would have to be placed on waiting lists.

The cost-sharing provision is one of two specific legislative changes that MOWAA is seeking. The other has not, to our knowledge, been proposed to or considered by Congress in the past. It is also designed to ensure that frail seniors receive the life-supporting, health-promoting nutrition services they need and deserve. Earlier I mentioned that OAA senior nutrition funding made up 46 percent of AoA's budget. I should have said that, as appropriated, funding for senior nutrition programs made up 46 percent of the budget. As you are aware, 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. Transfers can also be made from III-C1 to III-C2 and vice versa. MOWAA has supported allowing flexibility to States to shift some funds to meet specific State and local needs. We continue to support flexibility but with a strong caveat. Transfers should not be made between Titles III-B and III-C so long as there remain 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 seniors remain on waiting lists for Nutrition Services. Consistent with this proposal to establish line item integrity, we also request that the Act be amended to ensure 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.

In closing I would like to make the Subcommittee aware of a federally-funded grant project entitled "Community Connections: Moving Seniors Toward Wellness," which is a cooperative agreement between MOWAA and the Administration on Aging. The project focuses on a cohort of the eligible senior population who in many communities go largely unserved. These are individuals being discharged from hospitals after institutionalization for primarily short-term acute conditions. Because in most communities the social services and health care systems work independently, there is no existing mechanism for communication and integration of services between the two. Patients being discharged from hospitals are not routinely "connected" to senior meal programs, so many fail to receive the needed services. Under the grant demonstration projects in six states are working to transform the current systems into an integrated continuum of care, where patients who qualify for and need services will be referred to meal programs immediately on discharge. More projects in more states will be added during the grant period, as well. Although we have not yet completed the collection of data, we firmly believe that our project ultimately will demonstrate that such arrangements improve the nutritional and health status of elderly patients and may eliminate or postpone rehospitalizations. That, of course, is good for people. We also believe it will make good fiscal sense, because the reduction of hospitalizations or postponement of institutionalizations should produce savings on the Medicare and Medicaid sides of the federal ledger.

One consequence that we can expect from a transformed care system that makes these appropriate connections between hospitals and senior meal programs is an increase in the number of clients seeking our services. This, of course, means that meal programs will need additional financial resources to meet these needs. We can expect that many of these clients will themselves be short-term participants of our program; and they may well have the financial resources to pay for the nutrition services that they critically need in order to return to health and their level of prehospitalization life within the community.

In closing, Mr. Chairman, I thank you again for bringing the important issue of Reauthorization of the Older Americans Act to the attention of your colleagues in this, Older American Month. MOWAA looks forward to working with you and your staff to craft a bill that not only meets the needs of today's seniors but which furnishes service providers the tools they need to improve and expand the home and community-based system to build capacity for tomorrow's seniors. I would be delighted to answer any questions that you or other members of the Subcommittee may have.

Meals on Wheels Association of America Statement of Principles on the Reauthorization of the Older Americans Act:

Adopted by the MOWAA Board of Directors—September 2004

MOWAA continues its strong support of the "Declaration of Objectives for Older Americans" that have been a part of the Act historically.

Any amendments to the Act should preserve and strengthen those principles on which the Act was developed.

While preserving these longstanding principles the Act should recognize that changes have occurred in both (a) the characteristics and preferences of the populations served and those eligible to receive services and (b) in the systems/programs

that serve them. The Act should be updated to reflect these changes and to allow for capacity-building.

A strong federal commitment to the Act must be maintained through increased financial support to meet growing needs.

The Act should recognize that programs (not just SUAs and AAAs) need flexibility to address the unique needs of their client populations and to leverage the additional resources necessary to serve individuals within their communities.

Given limited public funds to support SNP programs, SNPs should be permitted the option of utilizing cost-sharing as a means of raising funds to provide services. Decisions concerning the amount and nature of cost-sharing should be made at the program level.

While MOWAA has and does support the flexibility afforded by allowing transfers within Title III (among B, C1 and C2), MOWAA believes that the reauthorized Act should establish "line item integrity" which would include the following provisions:

(1) General and Administrative dollars must be taken from the line item/category in which the services are performed (i.e., Title III C dollars cannot be used to pay IIIB admin costs)

(2) Transfer from one line to another cannot take place while an unmet need still exists in the category for which dollars are designated (i.e., not transfer from IIIC to IIIB while there are still waiting lists for services, etc.) without at the very least some verification why the transfer is necessary and justified.

Chairman TIBERI. Mr. Leos.

STATEMENT OF JESSE LEOS, NATIONAL DIRECTOR OF THE SCSEP PROGRAM, SER-JOBS FOR PROGRESS, INC., IRVING, TX

Mr. LEOS. Good morning. It is truly an honor to be asked to testify before this distinguished panel this morning.

Again, my name is Jesse Leos. I am the National SCSEP director for SER-Jobs For Progress National, Inc. SER is one of 13 national SCSEP grantees operating under the direction of the Department of Labor.

As is widely known, the American workforce is in the midst of a great transformation. This transformation will impact our Nation's ability to compete in the global economy. This transformation is twofold. At one end of the spectrum is our Nation's youth, and at the other is our Nation's older population. Indeed, the American workforce is getting younger and older at the same time; that is to say our population growth is impacted by two forces, one, a solely largely immigrant young population, and second, an older segment that is living longer, more productive lives.

While American youth have unique challenges entering the workforce, I am here this morning to share SER's experiences in working with the older American workforce.

Our experience in working with older Americans is that more and more older Americans want to work, need to work and can work. The SCSEP program offers thousands of older Americans the opportunity to continue to be productive and share a wealth of knowledge and experiences with younger workers. SER presently serves more than 3,000 older Americans, and we are posed to double that number.

Americans are living longer, healthier lives. Unfortunately, many of our older Americans are in older economic situations, and as such need to continue to work. The SCSEP program offers these individuals the ability to acquire valuable skills to obtain employment.

American employers are already utilizing the need to hire older workers. SER is in partnership with the Home Depot and CVS Pharmacy to train and place SCSEP participants into their stores. These participants gain firsthand experience of these employers' business functions prior to being hired for both part-time and full-time employment. SER partnerships with the Home Depot and CVS Pharmacy are just two examples of how the SCSEP prepares older workers to enter and to succeed in the workplace.

Some valuable lessons learned from our endeavors are that more focused training needs to be directed toward the development of technological skills. The great majority of SCSEP participants are not computer literate, yet the great majority of our country's employers utilize computer technology in the workplace. I believe that more time and funding needs to be funded or focused to computer training prior to placement in the community service component.

Another area which needs to be considered is to have built-in support services into the program, especially transportation assistance. This is vital to both urban and rural America. This would not only eliminate the barrier of difficulty getting back and forth to the training site, but would also assist in the recruitment of program participants.

Still another enhancement to solidify the relationship between the SCSEP program and the one-stop system is—I am sorry. Still another enhancement is to solidify the relationship between the SCSEP program and the one-stop system. SER is currently actively working on placing our staff into the one-stops in order to operate the SCSEP program. By doing this, SCSEP participants can gain greater access to the wide array of services which the one-stop system offers.

And finally, more incentives should be afforded to American employers to hire older Americans. The bottom line is critical to the success of any employer; consequently, the less cost of the employer to train the employee, the more receptive the employer will be to hiring the SCSEP participant.

I urge this distinguished panel to continue to assist our older Americans in preparing themselves to gain valuable workforce skills to stay competitive in the workplace.

On behalf of SER and the thousands of SCSEP participants, thank you very much, Mr. Chairman, for your time and for the privilege of being asked to address you this morning.

[The prepared statement of Mr. Leos follows:]

Statement of Jesse Leos, National Director of the SCSEP Program, SER—Jobs for Progress, Inc., Irving, TX

Mr. Chairman and Members of the Subcommittee:

I am pleased to have the opportunity to testify before you today and represent SER—Jobs for Progress National, Inc. My name is Jesse Leos, and I am the National Director of the SCSEP program for SER National.

SER is a national non-profit organization with headquarters in Irving, Texas. We were founded by LULAC, which is the League of United Latin American Citizens, and the American GI Forum. We are governed by a volunteer Board of Directors, made up of a majority of representatives from Fortune 500 companies.

The SER Network consists of 42 affiliates operating in more than 200 offices in 19 states, Puerto Rico and the District of Columbia. Since its founding in 1965, SER has served millions of mostly Hispanic low-income residents with a full spectrum of services, in the areas of education, employment, and housing. Our foremost mission has been to prepare a stronger, skilled, and knowledgeable workforce.

For the last four decades, SER has endeavored to improve the lives of Hispanics and all underserved populations to achieve economic self-sufficiency. SER operates very diverse programs throughout the country from charter schools in Mission, Edinburg and McAllen, Texas, to Head Start programs in 41 centers in and around San Juan, Puerto Rico. In Cleveland, Ohio we provide medical training in hospitals and have a new innovative partnership with Home Depot that will be expanded to serve the entire state of Ohio. In the District of Columbia the award-winning Bell Multicultural High School in the District of Columbia is building a new \$70 million facility across the street from their school.

Our expanding SER program in Las Vegas, Nevada just installed a SBC/LULAC computer lab worth \$50,000 and will help serve older adults with literacy programs. In Chicago, SER National has a growing partnership with CVS pharmacy. Numerous seniors have just starting a second career working at a new CVS store on North Michigan Avenue in downtown Chicago.

We are also very proud of SERCO, our for-profit side of our business. SERCO combines the best of community-based approaches with the efficiency of the best business principles and offers our SER partners an opportunity to manage and operate one-stops. SER Metro–Detroit Jobs for Progress is the flagship program among SER partners, operating the largest one-stop career center in America—the 562,000 square foot Samaritan Center, just east of downtown Detroit. It is a model for replication and is truly seamless in meeting the training and employment needs for citizens of all ages.

SERCO operates 66 One–Stop Career Centers across the country. In Texas alone, we serve 648,000 customers in our one stop centers and throughout the country. Added to the total number programs our partners operate nation-wide, SER serves well over a million people.

I am here today to talk about the Senior Community Service Employment Program. SER is proud to be one of 13 national SCSEP grantees. SER is currently in its second year of providing services to the senior population. We administer our program from our national headquarters in Texas and we work with sub grantees in 16 states from the East to the West coast. The majority of our 26 sub grantees are our SER affiliates who have operated programs for disadvantaged individuals for the last four decades.

We all know that the country is experiencing unprecedented changes in demographics, including growth in the number of seniors in the population. With 76 million baby boomers retiring this decade and the next, only 45 million Generation Xers are in the pipeline to take their place. The U.S. Department of Labor estimates that as early as 2006, there will be 15.1 million jobs available and merely 14 million people in the workforce pool.

Employers and seniors alike are now compelled to view “retirement” in a new way; many seniors will work well into their seventies and eighties for both economic and social reasons. These changing demographics make it clear that we can no longer afford to leave any individual behind as we develop the workforce’s skills. All citizens will need to meet the increasing demands of employers for strong knowledge-based foundation skills in such areas as applied math, reading, critical thinking, communication, teamwork and problem solving. They will also need technical computer skills that must be updated regularly.

By working together, we can continue to design and improve programs to meet the diverse needs of workers within the context of the workforce’s changing demographics. To ensure that the nation can be competitive in the global economy, it is incumbent upon us to include older Americans as a valuable source of productive workers. We must actively promote lifelong learning, retooling and upgrading of the workforce. The Senior Community Service Employment Program can meet those needs especially with its current focus on the achievement of economic self-sufficiency through unsubsidized employment.

SCSEP plays an important role in helping older workers obtain the necessary skills and access to opportunities that will enable them to continue working. However, more needs to be done. SER believes that our American society must vastly strengthen the capacity of the workforce system to provide comprehensive skills training and professional development for the senior population.

SER sub grantees work closely with the One Stop Career Centers. In many areas like SER–Metro Detroit, the services are seamless and seniors receive the help they need to obtain employment. Our sub grantees are developing memorandums of understanding to facilitate the one-stop services needed by seniors, such as job search skills, resume writing, and computer skills training. In the future, as these partnerships are strengthened, additional unsubsidized employment must be generated, which is the common goal of SCSEP and the one-stop system.

One typical success story took place in Vancouver, Washington where Mabel Westerfield discovered an entirely new career at age 80. Ms. Westerfield was a real estate agent but found the demands of the job too physically demanding to continue working. But after being unemployed for six months, she realized that she needed additional income to supplement social security. She visited the local one-stop career center hoping to update her computer skills, and they referred her to SCSEP. After meeting with a counselor from SCSEP, she enrolled in computer classes and is now enjoying unsubsidized employment as the administrative assistant for the Clark County SCSEP program. But she is doing more than office work; she actually created a database that was adopted by the county and she is happy to be back in the mainstream of life.

One SCSEP sub grantee serves 26 counties in the state of Washington through the Seattle-King County Workforce Development Council. SER's SCSEP in that state is endorsed by the Washington Workforce Association comprising all of the workforce councils in the state. And because of that relationship, the integration of the programs with the one-stop centers throughout the state is seamless and the programs are meeting their job placement goals.

Historically, SER National has had strong corporate support that has resulted in job placement opportunities. Many of the corporations partnering with SER are interested in placing Hispanics in jobs. In our SCSEP program, one third of our participants are Hispanic and that percentage is growing rapidly.

We are finding that corporate America is coming to the realization that the senior population can benefit the economy. In a study of the turnover rate for employees 50 and older, it was determined that the rate of turnover was one-tenth that of employees under 30, saving employers millions of dollars. Seniors bring dependability and loyalty to the workplace, customer service skills, the ability to mentor younger employees and a willingness to work flexible schedules.

SER is currently training SCSEP participants for designated jobs with two private sector employers who have realized the benefits of hiring the senior worker through a Section 502(e) grant to provide training in high growth industries. CVS Pharmacy, in fact, began preparing for the shortage of workers over ten years ago. After studying its older workers, they made surprising discoveries. The older worker was much less likely to call in sick than their younger colleagues and the myths about diminishing physical and mental capacities were just that—myths. Today, CVS has more than doubled its over 55 workforce, which now represents over 16% of the company's staff.

After discussions with CVS, SER has put together classroom training programs to provide our participants with the skills they need to obtain employment in CVS stores in Texas, Florida and Chicago. Updating computer skills is a necessity to successfully fill out online applications and to be capable of working on a register once they are hired. SER is also working with the National Retail Federation to provide customer service certification.

Our SCSEP participants enter an on-the-job training program with CVS that pays the company 50% of their wages for 12 weeks. SER is also using a Work Experience training mode that allows SCSEP participants who have been out of the workforce for many years an opportunity to try out a job to see if it is a good fit.

A second private sector employer is Home Depot, another company that has realized the benefits of hiring the older worker. SER will begin a training program this summer for participants in Home Depot markets across the country. These training resources have been invaluable as we address individual needs of our SCSEP enrollees.

In conclusion, SER National has had many successes in its SCSEP program. We are proud of the achievements of our SCSEP participants. These seniors are very grateful for the opportunities they have had to return to the workforce and contribute to the nation's economy. We agree that changes are needed to streamline the program and to make it easier to administer. SER will work with DOL leaders to provide input in those areas. SER thanks you for the opportunity to speak to you today, and we thank you for your efforts to make this program accessible to the growing number of low income senior Americans.

Chairman TIBERI. Thank you all. I am going to yield to my colleague from Texas 5 minutes for some questions.

Mr. HINOJOSA. Thank you, Mr. Chairman. I would like to ask my first question of Mr. Leos.

I was born and raised in south Texas, south of San Antonio in a region that is 80 percent Hispanic, and many of the comments

that you made in your statement are of great interest to me. I am happy to learn that you have a partnership with the CVS Pharmacy Corporation. As you described your efforts in Texas, Florida and Illinois to upgrade computer skills for seniors, I am curious as to the current skills of those program participants. Many of the senior citizens in the workforce are not generally computer-trained. So could you elaborate on these particular programs and the results so far?

Mr. LEOS. Yes. We have actually first started our first partnership with CVS, this was about a year ago, both in the Dallas area, and then we put it out to the rest of the country in four other areas, Miami; Chicago; Austin, Texas; and Fort Worth, Texas. And what we learned basically again that unfortunately the bulk of the participants are not very computer literate, and that was the main thing that we basically had adjusted in our partnership with the Home Depot.

The fact remains that our participants are very, very experienced as far as working with other individuals, as far as what they bring to the table, but technology, unfortunately, has passed them by, and this is critical in the workplace, in any—virtually any workplace. So they are really at a disadvantage in competing with other individuals, and this is what really employers are looking for.

So what we did with CVS, or our experiences because of CVS, we have basically gone back and provided additional up-front training for participants coming into the Home Depot endeavor as well, and with new classes or new groups coming into the CVS partnership as well.

Mr. HINOJOSA. The capacity of the workforce system certainly does need to be strengthened, but what are some of the more specific ideas that SER as an organization has that will help the senior population throughout the country?

Mr. LEOS. Well, again, like I said earlier, Americans are living longer, healthier, productive lives, and the majority of these individuals want to work. But we need to make it easy for them to get into the workforce system by giving them additional resources, additional tools. Computer technology, obviously, is one, but other skills come into play as well.

A lot of these individuals have really been out of work for quite a while as well, so their skills need to be brought up in general in working with—in learning how to work with other employees as well.

And I think in the long run, younger employees would also benefit from what they have to offer.

Mr. HINOJOSA. Thank you for your response.

Mr. O'Donnell, we have heard much information on the performance of the Title VI Native American aging programs. Since your organization represents about 240 of these grantees, won't you please give us a brief status overview, and do your reauthorizing recommendations include this group?

Mr. O'DONNELL. Yes, Mr. Hinojosa, our proposals on reauthorization do very much include our Title VI Native American organizations. They are a vital part of our national organization.

I think based on the input that we have received from our members, that our Native American agencies are working very closely

with the National Indian Health Service. And in order for them to integrate their services for older adults and their families, they have to be able to be very versatile in drawing upon a number of different Federal and State and local resources in order to meet the needs of their population.

For example, we have heard the need for greater flexibility among Native American organizations under Title III of the Older Americans Act for our nutrition programs. Because there are one set of rules for Title VI and one set of rules for Title III, they would like greater flexibility to be able to pool their resources under—especially for the congregate and home-delivered meal program, from those two sources.

Transportation obviously is a large challenge in most rural areas, and on many of our Native American territories they really require a number of Federal and State and tribal organizations to draw the resources necessary to bring their members to healthcare facilities.

I think the intergenerational aspect of the tribal organizations is also very strong. In order to support families who are caring for their aging family members, their programs have to be strengthened and expanded.

So I think in the areas of greater flexibility on nutrition; more resources, especially to provide access to healthcare, and that includes transportation; and last, building the capacity of American Indian families to care for one another, those are the three areas where they would like to see improvement and growth.

Mr. HINOJOSA. Thank you for informing our Committee. We appreciate your response.

With that, Mr. Chairman, I yield back.

Chairman TIBERI. Thank you, Mr. Hinojosa.

Director Lawrence, one of the key issues that we in Congress face is the changing demographics of our Nation that has been mentioned as we work toward reauthorization.

You mention in your testimony that Ohio is targeting those that are most in need. With respect to long-term care, you have been a leader in trying to change the focus. Can you explain how you, in Ohio, have used that philosophy in changing the way that you all approach long-term care in meeting seniors needs?

Ms. LAWRENCE. Yes, Mr. Chairman. We are really excited about what is happening right now in Ohio because we have observed, after having our home- and community-based waiver for 20 years—in about the last 14 it has been statewide—that the number of people who are staying home and out of nursing homes, out of other institutional care, is growing. It is growing daily actually. And the number of people on Medicaid in nursing homes is decreasing, and the two lines are crossing, and that is the way it should be.

Originally under PASSPORT, about half of the people ended up going to a nursing home after spending several years in the program. Now that number is down to 40 percent, and the number of people who are aging at home in place and dying while they are still at home has increased from 30 percent to close to—going over 40 percent.

So we really are shifting the paradigm. The nursing homes notice it. They, too, have changed. Nursing homes are much more rehab centers now than they are long—there are—the number of people

who are in long-term care until they die is decreasing. And more people are either accessing assisted living or staying at home, and we are helping to make that possible.

We hope to do a much better job starting in the next fiscal year of July of accessing people to give them even more information sooner before the family decides we need to send Mom to a nursing home, because there are other alternatives that turn out to be something they prefer, and they save the State and the Federal Government a lot of money.

Chairman TIBERI. That is great. Thank you.

You also recommend that Congress, through reauthorization, empower States to expand funding for innovative programs that offer seniors greater opportunities for community-based support. Are there barriers in the current law to allow you to have some flexibility to do innovative things in the current Older Americans Act?

Ms. LAWRENCE. Mr. Chairman, repeat the first part of what you said.

Chairman TIBERI. You—through your written testimony you recommend that we in Congress, when we reauthorize this, empower States to expand funding for innovative programs that offer seniors greater opportunity to community-based services. And my question would be is there a prevention, are you prevented from doing that today under the current act?

Ms. LAWRENCE. Mr. Chairman, thank you for repeating that.

The thing that prevents us is probably funding more than anything else. I believe the recommendation would be that the Secretary—Assistant Secretary of the Administration on Aging be given some flexible funding that she can use to grant funds upon application from the State units on aging to try different things, because that is the way you learn what really works.

I really have to compliment both CMS and the Administration on Aging for their joint funding. It is a unique project. They put their money together to create the Aging and Disability Resource Center Grants. Twenty-four States have them now as pilots. They are working. I think it is the wave of the future—you heard references to it a couple of different ways. I hope Ohio will get one in the next go-round. I think we will.

But I think it will be in every area agency, and that is the kind of innovation that the Secretary is looking for. So—and who knows what else there is out there. You have to give States the opportunity to develop new ideas. If we are going to grow from—in Ohio this year we have 180,000 people over 85; by 2045 we are going to have a million people over 85. And no matter how healthy and better off they are, there is still going to be a lot more people in need of help, so we need all the innovation we can get.

Chairman TIBERI. Good points, thank you.

Mr. O'Donnell, given that large budget increases, per your testimony, would be difficult in our current situation, what other changes, in your mind, to the Older Americans Act should we take up that could improve services to seniors?

Mr. O'DONNELL. Mr. Chairman, I think efficiency, cost savings in the areas of healthcare are absolutely essential. If we look at the value of prevention and assisting older adults in managing chronic illness and disability, the Aging and Disability Resource Centers

are a wonderful example of how we can integrate housing, healthcare and supportive services both for older adults and younger persons with disabilities offering one-stop shopping to access those benefits.

The second area I think that we should take a close look at, because we all know that the rising expenditures under our Medicaid program is probably one of the fastest-growing portions of every State budget. How we can look at further investments in the Older Americans Act at \$1.37 billion—my last estimate of what that represents in terms of total Federal spending for older adults is less than 1 percent. But what an impressive return on investment the Nation receives for increasing dollars for prevention, both in terms of nutrition, access to healthcare, and, as we put more and more prescription drugs in the hands of older adults, helping them to manage those drugs effectively in the treatment of chronic healthcare conditions.

My belief is that in the next 20 years our biggest challenge in terms of our healthcare system is empowering older adults and their families to manage multiple chronic conditions. And one very effective program that we have seen in our own area is medication management. In Decatur, Illinois, for example, through our Macon County Health Department, which is also our case management agency—and soon to open an ADRC on July 1st of this year—they have been operating a one-county medication management program with two-and-a-half full-time equivalent nurses. They are serving 81 clients at the present time. They are helping those individuals manage diabetes and other chronic healthcare conditions, getting rave reviews from physicians, and enabling the individual to remain at home and effectively manage their chronic healthcare condition.

That is my belief, that if we can invest in expanding those kinds of programs, which are only in 1 of my 16 counties, if we could build on the base of local health departments case coordination units and ADRCs, we will be able to help them manage those chronic conditions at a much lower cost than inappropriate use of hospital ERs and unnecessary placement in long-term care facilities.

Chairman TIBERI. Well, I hope you are right. I voted for the Medicare prescription drug benefit based upon what you just said. In talking to physicians in central Ohio who primarily work with the elderly about the future cost savings by this thought of prevention, and obviously for someone like Director Lawrence who deals with Medicaid dollars, it is going to have an impact on reducing the Medicaid dollars as well. We haven't gotten any credit for that yet, but hopefully once this program gets unveiled and the real results begin to occur, what you are saying is truly going to happen. Thank you for your comments.

Ms. Metzger, you mention both in your written testimony and in your verbal testimony the issue of cost sharing, if it were permissive. If it were permissive, how many more seniors do you think could participate in the program without increasing the Federal portion of the investment, if that makes sense? If we permitted cost sharing, how many more seniors could participate without increasing the Federal share?

Ms. METZGER. I think a large number would.

Our participants are proud people, and they want to pay for what they receive, and cost sharing helps them. I mean, I can't tell you the number of times that we go out and customers say, well, how much does this cost, tell me how much I should contribute, what should I do, and we can't tell them. We can give them a suggested contribution level, but they want to pay their fair share, as do their children.

I think we are reaching an age where—I would support my mother's nutrition needs in a flash if she needed that, and certainly I suspect you would as well, but cost sharing is a sliding scale. It allows us the flexibility as a program to actually make more dollars.

Chairman TIBERI. What are the biggest barriers to cost sharing, and who is opposed to it?

Ms. METZGER. I beg your pardon?

Chairman TIBERI. What are the biggest barriers to cost sharing, and who is opposed to it?

Ms. METZGER. I think a misunderstanding of what cost sharing is—cost sharing sounds like, well, if you can't do it, you can't have it. But that is not what we are talking about. What we are talking about is a sliding scale where a person could come in and say, I want to pay for my meals, how much should I pay; and we can say, this is where you slide out.

This is not unlike other programs in the act, and I believe that it is something that seniors would desire. I mean, as evidenced in my own program, 40 percent of our customers are on a cost-sharing basis.

Chairman TIBERI. Thank you.

Those bells mean that we have a vote, so I am going to have to leave here in a little bit. And we are going to go ahead and, after the final questions, adjourn our Committee today. I want to assure everybody that there are a number of things going on, so all 11 Members couldn't be here today, but your testimony is very important to this process, as well as this question-and-answer session, which I will wrap up here with a question about Home Depot.

In your written testimony you mention the Home Depot program coming to the full State of Ohio. Yesterday Home Depot announced a new store that was going to open about a mile from my home. How can we—first of all, can you talk a little bit about the partnership and what it means to older Americans, and how can we encourage other private-sector employers to do what Home Depot and CVS have done, in your mind?

Mr. LEOS. I think that, first of all, the employers need to, first of all, be educated on the wealth of knowledge, experience that these individuals bring to the workplace. The Home Depot, CVS and others, actually, have already realized that this is a valuable group that will lend value to their organizations. And the market is getting so competitive in the sense that this group needs to contribute, and rightly so can contribute.

But to specifically answer your question, I think it is more of an educational experience that we have to put out there and realize—and make the employers realize the value of these individuals and their contributions. And again, at the other side, also the bottom

line is very important to employers, so consequently we should do everything with it that we can to make it easier for the employer to hire this particular population.

Chairman TIBERI. Well, I compliment you for being involved in this. And thanks to all of you—yes, Director.

Ms. LAWRENCE. I just wanted to tell you, Mr. Chairman, in Ohio AARP is using—Home Depot is cooperating. I will be happy to check to be sure that they are covering the one in—

Chairman TIBERI. All right.

Ms. LAWRENCE. Or wherever it is.

Chairman TIBERI. Great. Thank you. Thank you all for coming to Washington. This is a process that we are just beginning. We look forward to working with you and all the stakeholders, both me and Mr. Hinojosa and Chairman Boehner, as we go down the road of reauthorizing the Older Americans Act. And thank you for your service. My aunt is a Meals on Wheels volunteer, and I think she gets more out of it than what the senior gets because she just is inspired by the program. So thank you for what you do, and thank you all for, again, what you have contributed to this process as we begin.

So with that, I thank you officially for your time and participation. And if there is no further business, this Subcommittee stands adjourned.

[Whereupon, at 10:57 a.m., the Subcommittee was adjourned.]

