

REDUCING SENIOR POVERTY AND HUNGER: THE ROLE OF THE OLDER AMERICANS ACT

HEARING

BEFORE THE

SUBCOMMITTEE ON PRIMARY HEALTH AND AGING

OF THE

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

UNITED STATES SENATE

ONE HUNDRED THIRTEENTH CONGRESS

FIRST SESSION

ON

EXAMINING REDUCING SENIOR POVERTY AND HUNGER, INCLUDING
S. 1028, TO REAUTHORIZE AND IMPROVE THE OLDER AMERICANS ACT
OF 1965

JUNE 19, 2013

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REDUCING SENIOR POVERTY AND HUNGER: THE ROLE OF THE OLDER AMERICANS ACT

WEDNESDAY, JUNE 19, 2013

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

The subcommittee met, pursuant to notice, at 10:03 a.m., in room SD-430, Dirksen Senate Office Building, Hon. Bernard Sanders, chairman of the subcommittee, presiding.

Present: Senators Sanders, Franken, Baldwin, Murphy, Warren, and Burr.

OPENING STATEMENT OF SENATOR SANDERS

Senator SANDERS. We've got an important hearing, and I'm delighted by the turnout. I thank our panelists very much for being with us today to discuss an issue that, frankly, does not get enough discussion.

In my view, if a nation is to be judged by how it cares for the weakest, the most vulnerable people amongst us, the United States would not get particularly high marks. That's true with regard to how we deal with children, but today we're focusing on the needs of elderly people.

Elderly people, by definition, are folks who have lived their whole lives. Many of them have worked their whole lives. Many of them have raised kids. Many of them don't have a lot of money, never had a lot of money. They reach the end of their lives, when they are no longer able to go out and earn a living, and they are plagued by what happens to people who get old with many, many illnesses and frailties and weaknesses. They are vulnerable.

I think both from a moral point of view—and we're going to touch on the other aspect—from an economic point of view, we just cannot turn our backs on the millions and millions of seniors who are hurting in this country who need help today. I know there's a bit of mythology out there pushed by folks who represent moneyed interests who seem to think that all seniors are doing just great. They're just great. They're all vacationing in Florida and so forth and so on. And they have not looked at the reality of what is life for many, many seniors. We have a panel today that is going to get into that to some degree.

In America today, half of all seniors are unable to afford even basic living expenses or are living right on the edge. Four million seniors live on less than \$11,000 a year. Let me repeat that. Four

million seniors live on less than \$11,000 a year. Frankly, I don't know how anybody lives on \$11,000 a year.

Even before the economic downturn, the number of seniors who are dealing with hunger more than doubled from 2001 to 2009. So when we talk about the recession, the economic downturn, too often we forget about the impact of that recession on seniors, but hunger has gone up.

One of the most effective programs ever designed to address the needs of vulnerable seniors is the Older Americans Act. It was signed into law by President Lyndon Johnson in 1965, the same year as Medicare and Medicaid programs were signed. They, of course, are much better known than the Older Americans Act.

The Older Americans Act provides Federal funding for many essential services for seniors, including job training, caregiver support, transportation, health promotion, benefits enrollment, and protections from abuse. Significantly, more than 40 percent of the Older Americans Act funding is used to provide meals to millions of frail and isolated seniors through programs like Meals on Wheels and through congregate meal programs at senior centers.

So when you talk about the Older Americans Act, 40 percent of the funding is going to nutrition programs for seniors who need that help. Now, these meal programs not only work to ease isolation, but anybody who has any understanding of the Meals on Wheels program knows that its importance is not just the actual nutrition and the meals that isolated seniors get, but also the fact that somebody is knocking on their door to see how they are, to chat with them for a few minutes, which can mean an enormous amount to somebody who's living alone and who doesn't communicate much with the world.

One of the additional benefits of the Older Americans Act is that it brings huge numbers of volunteers from all over this country into the community to help seniors. But it is not just the help that seniors get directly through the meals program and the other programs that's important. When we invest in these programs, we save money, and sometimes some of my friends don't fully get that.

But common sense and many, many studies tell us that if you are not providing nutrition to seniors, if seniors are malnourished, what happens to those seniors? It doesn't take a genius to figure it out. If you're malnourished, by definition, you're going to get sick more often than you should. If you're old and you're sick, where do you end up? You may end up in the emergency room, a great expense to Medicaid or the healthcare system. If you're malnourished and you're weak and you fall and you break your hip, which happens, you end up in the hospital at an expense of tens and tens of thousands of dollars.

The simple truth is that it makes a lot more sense to provide adequate nutrition to frail seniors than to spend money on preventable hospital costs. The simple truth is that we can feed a senior for an entire year for the cost of 1 day in a hospital—feed a senior for an entire year for the cost of 1 day in a hospital, and we're cutting back on feeding seniors.

Providing adequate nutrition reduces the need for nursing home care, for which the average cost is about \$80,000 per year. Many, many seniors would much prefer to stay at home. We can do that.

It saves the system money and keeps seniors in contact with their friends and their family. But to do that, we have to make sure that their basic needs are taken care of.

Despite the success of the Older Americans Act in keeping seniors healthy, independent, and out of hospitals and nursing homes, its vitally important programs have been inadequately funded for years, even before sequestration, which cut \$40 million from senior meals programs. Just think about that, what priorities we have as a nation when we are cutting \$40 million from senior meals programs.

Despite all of that, despite sequestration, only a small portion of the seniors who needed the services provided by the Older Americans Act were actually receiving them. And now sequestration means as many as 19 million fewer meals will be served. These cuts have resulted in wait lists from one end of the country to the other and have resulted in some programs simply closing their doors. Imagine that. Imagine that.

In the year 2013 in the United States of America, our seniors should not be worried about where they will get their next meal. They should not be forced to decide whether they pay their utility bills or buy the prescription drugs they need. That is not rhetoric. That is reality, and I suspect every person sitting up here has met seniors who are experiencing that choice—can't afford to pay for my electricity, can't afford my phone bill, can't afford my prescription drugs, can't afford to eat, so what choice do I make? We should not be having that situation in America in 2013.

The choice is ours. This committee will play an important role in that debate. Either we waste billions of dollars on emergency room visits and unnecessary hospital stays, or we provide older Americans the resources they need to live healthier, more secure, and more dignified lives.

The good news is the Older Americans Act is an important part of the solution. The congressional authorization for the Older Americans Act expired in 2011. And while it has been extended with stopgap measures, it deserves not only to be fully reauthorized, but to be expanded in order to address the current crisis and the growing needs.

The Older Americans Act Reauthorization bill, S.1028, which I put forth with 17 co-sponsors, strengthens and modernizes the core programs of the act, such as the meals program, and States that it is the sense of the Senate to do more than maintain the status quo, that funding for the act should increase by at least 12 percent over fiscal year 2010 levels.

The bill also updates the definition of greatest economic and social need, increases the focus of economic security in the act, supports the modernization of senior centers, and strengthens the important provisions to protect seniors, especially the most vulnerable among us, including those living in nursing homes, from abuse and exploitation.

The HELP Committee will be doing a markup on this legislation next month. This markup is long overdue. And, in my opinion, I have not the slightest doubt that the vast majority of the American people support these programs. They want these programs expanded, and they want us to get our priorities right.

I want to thank, again, all of our panelists for being here. And let me give the mike over to the Ranking Member, Senator Burr.

OPENING STATEMENT OF SENATOR BURR

Senator BURR. Mr. Chairman, thank you. Thank you for holding this hearing today on the Older Americans Act and how that legislation might better solve the issues of hunger and poverty for our seniors.

Let me say to our witnesses thank you for being here to instill with us your knowledge on this issue.

Nearly 48 years ago, President Lyndon Johnson signed this act into law with a very simple goal, providing limited Federal funding and guidance to a network of State and local communities committed to caring for our older, more vulnerable Americans. He stated then, "The grants under this law will be modest in dollars but will be far reaching in results."

As a general matter, I agree with this original goal. We believe that the Older Americans Act can be an example of how the Federal Government leverages our limited funds for greater coordination and involvement at a local level. I've seen the OAA's impact throughout my home State on the dignity and independence seniors are afforded by our local Area Agencies on Aging and the caring folks in each community who believe treating that generation, the generation that came before them, with respect and care, is our responsibility.

In 1992, North Carolina took a step forward in simplifying the sources of funding for these programs by creating the Home and Community Care Block Grant. Prior to the block grant's creation, North Carolina was stuck in a maze of various sources of funding from the Federal Government and the State, each with a further maze of requirements and reporting that diverted attention from basic program administration.

Now, North Carolina's practitioners are able to focus on caring for seniors rather than complying with a confusing set of requirements. Although I continue to hear of existing inefficiencies, this flexibility has ultimately improved the care seniors in our State receive.

Appropriations for the Older Americans Act remain small as a relative item of our Federal budget. But that remains in keeping with the original intent President Johnson outlined in 1965. It is also unlikely to change until Congress gets the Federal Government's budget deficit and overall debt in order.

For that reason, it's even more important that any authorization of this law own up to some basic inequities in how title III funds are allocated to States and by examining the needs of seniors in each State and allowing States the flexibility to better target funds accordingly. I continue to believe that the current OAA formula is an impediment to directing funds where they're most needed.

In addition, greater programmatic funding and transfer flexibility, elimination of unnecessary reporting requirements, and removal of legislation that fosters fragmentation of organizations and agencies on the local level are all concerns I've heard from North Carolinians under current program administration. Any reauthor-

ization that intends to make this program better must acknowledge these realities and fix them.

Finally, there's no greater challenge to the Federal Government's purse than the number of Americans preparing to retire and enter the later years of their lives. Our entitlement programs will face a considerable strain as a result of increased enrollments of our Nation's seniors. Many challenges will arise as a result of how we finance these unprecedented expansions.

OAA should remain as easy as possible for local Areas on Aging to administer so that these programs are easy to maximize to the maximum extent possible the weight that will be placed on Medicare, Social Security, and other programs from a growing population of seniors. In short, the Older Americans Act reauthorization should remain true to President Johnson's original intent, minimal Federal funding and direction with maximum reliance on the State and local creativity through administration.

I thank you, Senator Sanders, and my colleagues. And I again thank the witnesses.

Senator SANDERS. Thank you, Senator Burr.

Senator Baldwin.

STATEMENT OF SENATOR BALDWIN

Senator BALDWIN. Thank you, Mr. Chairman. I appreciate the fact that you're holding this hearing today, and I appreciate your leadership in strengthening economic security for our Nation's seniors.

The Older Americans Act has been a nearly 50-year promise enacted in the same year that we created Medicare. This 50-year-old promise is made so that seniors in our country may live in dignity with independence and, hopefully, in the comfort of their own homes.

The Older Americans Act programs often serve as a lifeline to seniors. However, their importance is too often forgotten by lawmakers. Today, rather than tell you about being raised by my grandparents or my own personal support for the Older Americans Act or even to detail my work with our chairman to reauthorize and strengthen this law, I thought I'd let Wisconsin seniors tell you about their own experience with Older Americans Act nutrition programs.

Last month, the La Crosse Aging Unit in La Crosse, WI, sent me 40 paper plates with handwritten messages on each one from seniors who value their Older Americans Act meal programs. Powerful special interests always get a say in Washington, but today I want to make sure that some of these seniors' voices are heard.

Gladys writes,

"A large number of seniors are alone or disabled and do not do well for themselves nutritionally or socially. The nutrition sites and senior centers provide both a social life and a balanced meal at least once a day. These sites are needed now, and the need will increase. Please keep funding."

Father Bob writes,

"When I found the La Crosse Aging Unit and the mealtime lunch service, they made such a huge and tremendous relief

and change in my life. I'm quite sure if I had not found this service of Meals on Wheels, many days I would not have the energy or the willingness to even try to make a sandwich. I am so glad that I found this service."

Mary writes,

"Please make it one of your priorities to restore full funding to Meals on Wheels and other programs that meet vital needs in our community and across the U.S. As one undergoing new treatments, the meals are a wonderful service at this time in my life."

And Donna writes,

"I enjoy having meals at the nutrition site as they are good and good for me, and I use them as my main meal. We have a wonderful time playing cribbage before, and wherever there is cribbage, you will find me."

I will be submitting the plate messages as well as about 30 others that I received for the record, and I look forward to hearing from our panel. I stand ready to work with my colleagues on a bipartisan basis to reauthorize the Older Americans Act.

[The information referred to can be found in Additional Material.]

Senator SANDERS. Thank you, Senator Baldwin.

Senator Warren.

STATEMENT OF SENATOR WARREN

Senator WARREN. Thank you, Mr. Chairman, and thank you, Ranking Member Burr, for holding this meeting today.

We're going to talk about a lot of different things that happen to seniors economically. But since we're talking about the Meals on Wheels program, I really do want to come back to this, because what strikes me about this is there is such a profound economic issue here, that however else you've thought about this thing, for every dollar spent on the Meals on Wheels program, we save \$50 in Medicare costs. I don't know many places where you can get a 50 to 1 return on an investment.

Spending \$25 a year on meals for seniors across the State will result—every \$25—in a 1 percent reduction in the number of seniors who are in low-skill nursing homes. So this is a profound economic issue. These are investments we make. If we are concerned about the rising cost of Medicare, we have right in front of us an open door on a way to help bring down those costs.

So count me in as one of the strong supporters here and one of the people who will be active on this. But I do want to say a second part of this. This is also a profound moral question, a question about helping people retain their independence and how we treat people who have worked and supported themselves all their lives, supported us as children, and supported their parents when it was their turn. But most of all, what is our measurement of who we are as a people other than how we treat those who are more vulnerable?

I see this whole question. While Meals on Wheels is specific and it's a way to focus in on it, this is a place where good economics emerges with the decisions that are right for us as a country, as

human beings. So I want to do everything I can to support the work of this committee, to support your work, so that when you're out there on the front lines, you've got a good partner here in Washington. I think that should be our goal.

Thank you, Mr. Chairman.

Senator SANDERS. Thank you, Senator Warren.

Senator Murphy.

STATEMENT OF SENATOR MURPHY

Senator MURPHY. Thank you, Mr. Chairman, and welcome to our guests today.

Senator Baldwin, I think this will be the first time that paper plates have been submitted for the congressional records. So congratulations on that milestone.

Let me just briefly add this because I think we're eager to hear your testimony. There are a number of stunning statistics out there today about how little people are able to save for retirement. As defined benefit plans vanish and wages remain stagnant and the under-employment rate continues to grow, more and more Americans just can't put money away like they used to for retirement.

One of the most amazing statistics is that nearly half of people in their fifties today don't have anything more than \$25,000 saved for retirement. You couple that with conversations that we're having here right now, today, with members of the Senate and the House who want to further diminish retirement savings by cutting Medicare and Social Security benefits, and you are on the verge of an absolute crisis. Eight million Americans today, senior Americans, struggling with hunger may be a paltry number compared to what we face 10 or 20 years from now.

So it just underscores how important the Older Americans Act is, given the retirement savings crisis that we are currently living in today and I think that we are going to be even deeper into, especially if we make bad policy choices here in the Congress 10 years from now. And so that's why this debate is so important.

I'll add one more piece to this. One of the most important things that the Area Agencies on Aging do in Connecticut and, I imagine, around the country is they try to help seniors manage some of the difficult choices that they have to make today, especially with regard to healthcare.

We're talking about proposals in the House to effectively create more and more private sector choice in Medicare, something that I don't think is a great idea, but we do that today in Medicare Part D. And the only way that a lot of seniors are able to negotiate the myriad of choices that they have within that program is through the help that the Area Agencies on Aging give them.

So it's not just about the direct support from nutrition programs. It's also about all of the counseling services that come through the Older Americans Act and come through these agencies, which are helping seniors today and may provide enormous help for them in the future.

Mr. Chairman, I'm so glad to be having this hearing today. I look forward to working with you on a strong reauthorization of this act.

Senator SANDERS. Thank you very much, Senator Murphy.

We have a wonderful panel, and let me begin by introducing Nancy Altman. Nancy has a 35-year background in the area of Social Security and private pensions. She serves as the co-director of Social Security Works and chairman of the board of directors of the Pension Rights Center.

She is also the co-chair of the Strengthen Social Security Campaign, a coalition of over 300 national and State organizations representing over 50 million Americans. So we are delighted that Nancy is with us.

Ms. Altman, why don't you begin.

STATEMENT OF NANCY J. ALTMAN, CO-DIRECTOR OF SOCIAL SECURITY WORKS AND CHAIRMAN OF THE BOARD OF DIRECTORS OF THE PENSION RIGHTS CENTER, WASHINGTON, DC

Ms. ALTMAN. Thank you, Mr. Chairman.

In the nearly half century since the Older Americans Act was first signed into law, it has more than proven its value. To fully understand its vital role, it's imperative that Members of Congress understand just how vulnerable the overwhelming majority of seniors are.

Policymakers must examine the facts and reject pervasive but false stereotypes. Many hear that the percentage of seniors living in poverty has declined and that life expectancies have increased, and they jump to the wrong conclusion. They assume that most seniors are well off. As Chairman Sanders said, a picture is sometimes conjured up of hoards of affluent self-centered retirees, driving luxury cars and enjoying endless rounds of golf. Nothing could be further from the truth.

Almost one out of two Americans aged 65 or older are either already unable to meet basic needs of food, shelter, and clothing, or are one serious economic setback away from poverty. For groups that have been disadvantaged during their working years—African-Americans, Hispanics, and women—the percentages are even higher, and all those percentages increase with age.

The overwhelming majority of other seniors are only slightly better off. Despite the stereotype of wealthy seniors living in gated communities, only the rare outlier has income that even would constitute upper middle class, much less wealthy. Nor do most seniors have substantial savings, stocks, or other liquid assets.

Ignoring home equity, which, of course, is illiquid, half of those 65 and over have a total net worth of less than \$28,000. Half of unmarried women age 65 or older have a total net worth of less than \$8,000, again, aside from home equity.

These figures should not be a surprise. The economic vulnerability of people as they age is not new. Destitute senior citizens are a byproduct of industrialization and urbanization. As people age, physical and mental decline often preclude work. Even for those capable of work, there is age discrimination. Though it's no longer legal, it still exists.

And although the distinction is not frequently made in current policy discussions, wage insurance, not savings, is what's needed to prepare for the loss of wages as a result of old age. Social Security's mandatory universal wage insurance has reduced poverty dramati-

cally, but its benefits are modest. No one is getting rich from Social Security.

Moreover, as important as Social Security is, seniors remain economically vulnerable as long as they are one serious illness away from bankruptcy. That recognition led to the enactment of Medicare.

Past Congresses also understood that as important as Social Security and Medicare are, more is needed to promote the well-being of older Americans. Over 40 percent of those age 65 or older report difficulty or even inability doing such things as walking, shopping, or preparing meals. Again, it is the rare senior with sufficient affluence to hire cooks, chauffeurs, and other caregivers. That recognition led to the enactment of the Older Americans Act.

S. 1028, the Older Americans Act Amendments of 2013, reauthorizes and improves in a variety of ways this vital and time-tested statute. Among other important provisions, it directs the Bureau of Labor Statistics to develop a more robust version of its consumer price index for the elderly. This has the potential for substantially improving the economic security of all older Americans, but particularly America's veterans, as well as the oldest of the old, the poorest of the poor, and those disabled at young ages.

I see that I am just about out of time. But I discuss at some length in my written statement this provision and also the very valuable pension counseling projects which S. 1028 reauthorizes.

In conclusion, wage insurance in the form of Social Security and health insurance in the form of Medicare are essential to the economic well-being of the Nation's elderly. Both programs should be expanded. In addition, Congress should enact S. 1028 and adequately fund the Older Americans Act.

Older Americans have contributed enormously to our Nation's commonwealth. Older veterans have served the Nation by jeopardizing life and limb, protecting the rest of us. Reauthorizing, improving, and fully funding the Older Americans Act is the least that a grateful nation can do to repay these sacrifices.

Thank you, Mr. Chairman.

[The prepared statement of Ms. Altman follows:]

PREPARED STATEMENT OF NANCY J. ALTMAN

Chairman Sanders, Ranking Member Burr, and members of the subcommittee, thank you for holding today's hearing on reducing senior poverty and hunger. Together with Social Security and Medicare, the Older Americans Act is vital to the national goal of ensuring that Americans age with security, independence, and dignity after a lifetime of work.

As co-director of Social Security Works, I co-chair the Strengthen Social Security Campaign, a broad-based coalition of over 300 national and State organizations representing 50 million Americans, including seniors, workers, women, people with disabilities, veterans, children, young adults, people of low-income, the LGBT community, people of color, communities of faith, and others. I also chair the board of directors of the Pension Rights Center, and serve on the board of directors of the National Academy of Social Insurance.

In 1982, I had the privilege to serve as the top assistant to Alan Greenspan in his capacity as the chairman of the so-called Greenspan commission, whose recommendations formed the basis for the Social Security Amendments of 1983. Prior to that, I was fortunate to serve as a legislative assistant to Senator John C. Danforth (R-MO).

THE TRUTH ABOUT THE ECONOMIC VULNERABILITY OF AMERICA'S SENIORS

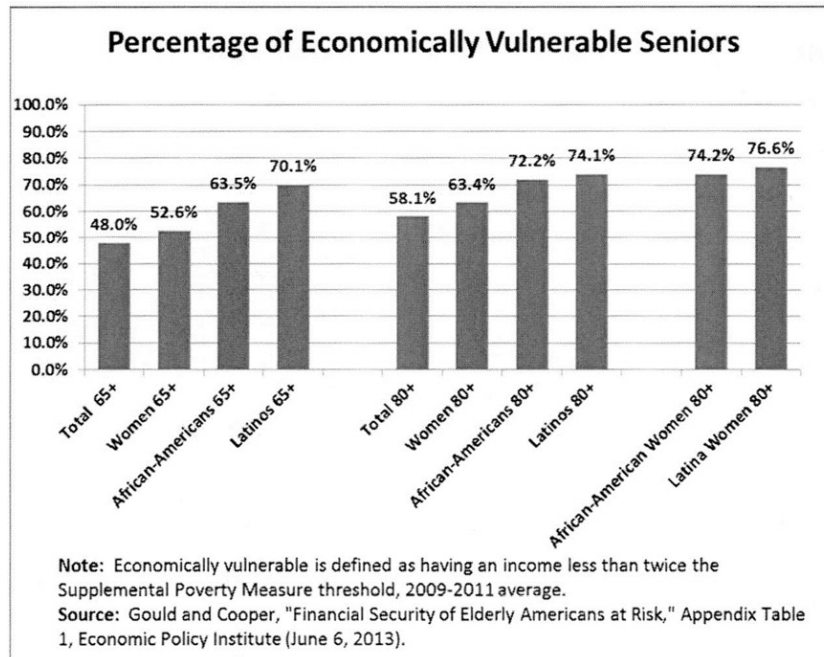
The Older Americans Act plays a crucial and integral role, with Social Security and Medicare, in reducing poverty and hunger in this country. To fully understand that vital role, it is essential to see clearly the economic and health status of America's older population.

It is imperative that policymakers examine the facts and reject pervasive but false stereotypes about older Americans. One particularly pernicious but widely held myth is that most seniors are affluent self-centered retirees, driving luxury cars, enjoying endless rounds of golf, and routinely dining out. Former Senator Alan Simpson (R-WY), for example, has described the overwhelming number of seniors who object to his proposals to cut Social Security as "greedy geezers" and "these old cats 70 and 80 years old . . . who live in gated communities and drive their Lexus to the Perkins restaurant to get the AARP discount." Instead of correcting this false and pejorative stereotype, many seem to accept it as true. In an op ed column in the *Washington Post*, writer Dana Milbank, for example, applauded Senator Simpson's comments for "being colorful, provocative and *honest* in an arena that discourages all three." (Emphasis added.)

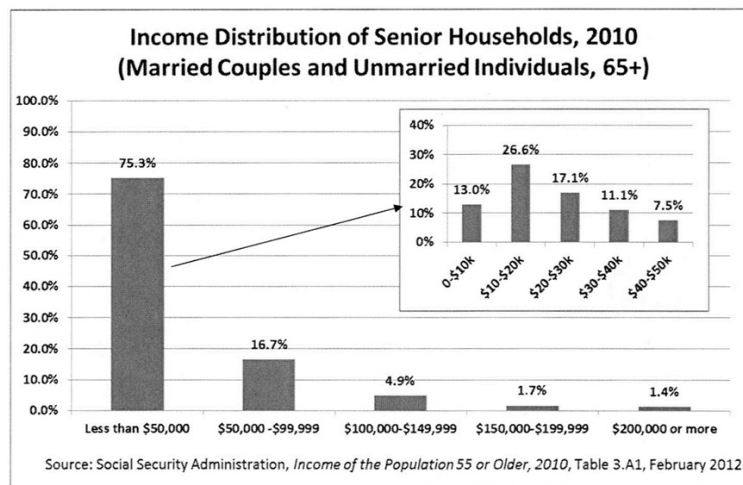
Despite Milbank's claim of the accuracy of this stereotype, it is false. In truth, almost one out of two Americans aged 65 or older—48 percent—are either already unable to meet basic needs of food, clothing, and shelter, or are one serious economic setback away from not being able to meet those most basic subsistence needs.¹ The percentage of women in this category is even higher. More than one out of two—52.6 percent—are poor or economically vulnerable and at risk. For African-Americans over age 65, the percentage is higher still—63.5 percent. For Hispanics, the percentage is 70.1 percent.

Moreover, this economic vulnerability increases with age, as the chart below shows. For those aged 80 or over, the percentage of those who are poor or one economic shock away from becoming poor is 58.1 percent. For women age 80 or over, the percentage is 63.4 percent. For African-Americans, it is 72.2 percent. For Hispanics, the percentage of those aged 80 or over who are poor or at risk is 74.1 percent. For those who fall into multiple categories of disadvantaged groups, the percentages are even higher. For example, more than three out of four—76.6 percent—of Hispanic women, aged 80 or over, are poor or economically vulnerable.

¹ Defined as incomes less than twice the U.S. Census Bureau's Supplemental Poverty Measure (SPM) threshold. The SPM is a more refined and comprehensive measure of poverty than the Federal Poverty Level (FPL). Developed 50 years ago, the FPL equals three times the cost of a 1963 minimal food diet, adjusted for inflation, and simply counts before-tax cash income. In contrast, the Supplemental Poverty Measure equals the 33d percentile of expenditures on food, clothing, shelter, and utilities, and in determining incomes takes into account government benefits and a range of expenses, such as taxes, out-of-pocket medical costs, and work expenses. Twice the poverty line is a measure of economic deprivation used routinely by researchers and government programs. It is the measure used in the Older Americans Act Amendments of 2013 to determine the income level at which contributions for services are encouraged.



The overwhelming majority of seniors who do not fall into the category of economic vulnerability are only slightly better off. Despite the stereotype of seniors wealthy enough to drive luxury cars and live in gated communities, only the rare outlier has income that would even constitute upper middle class, much less wealthy, as the following chart reveals.



Half of senior households have total incomes at or below \$25,757. Three out of four senior households have total incomes, from all sources, of less than \$50,000. More than 9 out of 10—92 percent—have incomes, from all sources, of less than \$100,000.

Unmarried seniors—widowed, divorced, or never married—have, on average, even lower total incomes. Half have total incomes at or below \$17,261. Almost nine out of ten unmarried seniors—89 percent—have incomes less than \$50,000. Nearly all—

97 percent—have total incomes from all sources of less than \$100,000. Only 0.3 percent of unmarried seniors have incomes of \$200,000 or more.

Nor do most seniors have assets on which to fall back. Half of those 65 and over have total net worth, excluding equity in their own homes, equal to or less than \$27,322. Half of unmarried women aged 65 or older have total net worth, excluding equity in their own homes, equal to or less than \$7,754.

THE REASONS BEHIND THE ECONOMIC VULNERABILITY OF AMERICA'S SENIORS

These figures should not be a surprise. The economic vulnerability of people as they age is not a new phenomenon. Prior to industrialization and urbanization, most workers lived on farms with extended families that could care for them as they aged. With industrialization and urbanization, workers often moved away from extended families and found themselves dependent on wage incomes.

The underlying conditions affecting the economic status of seniors were not so different from today. As people aged, ill health or ordinary physical and mental decline often precluded work. Even those capable of work generally found themselves unable to keep or find work. As a writer in 1912 explained, "The young, the vigorous, the adaptable, the supple of limb, the alert of mind are in demand." It should be noted that the Age Discrimination in Employment Act was not enacted until 1967. Prior to that, employers could and did discriminate against older workers openly and legally. Want ads would routinely include age restrictions.

Through no fault of their own, unemployed seniors rarely had sufficient assets to maintain their standards of living until death. Despite today's policy proposals directed at encouraging or mandating retirement savings, the vast majority of workers cannot accumulate sufficient savings during working years to last, for an average life expectancy or beyond, until death.²

Although the distinction is not frequently made in current policy discussions, wage insurance, not savings, is what is needed to prepare for the loss of wages as the result of old age. Insurance is called for when financial loss is predictable for a group but unpredictable for individuals. People need life insurance, not savings, to guard dependents in the event of the policy holder's death. Similarly, because workers do not know how long they will live, they need life annuities or, if married, joint and survivor annuities, not private savings, for protection against a destitute old age. To manage the risk of lost income as the result of death, old age, or permanent and serious disability, wage insurance—like the life insurance, joint and survivor annuities, and disability insurance provided by Social Security—is what is called for.

Prior to the enactment of Social Security, universal, mandatory wage insurance did not exist. As people aged and found that they were no longer able to work, they routinely moved in with their children. Those who had no children or whose children were unable or unwilling to support them typically wound up in the poorhouse. The poorhouse was not some Dickensian invention; it was an all-too-real means of subsistence for the elderly in the world immediately preceding the enactment of Social Security.

When Social Security became law, every State but New Mexico had poorhouses (sometimes called almshouses or poor farms). The vast majority of the residents were elderly. Most of the "inmates," as they were often labeled, entered the poorhouse late in life, having been independent wage earners until that point. A Massachusetts Commission reporting in 1910 found, for example, that only 1 percent of the residents had entered the almshouse before the age of 40; 92 percent entered after age 60. These were the only "gated communities" in which most of America's elderly have ever resided.

A second 1912 commentator vividly described the dreadful fate awaiting workers as they aged:

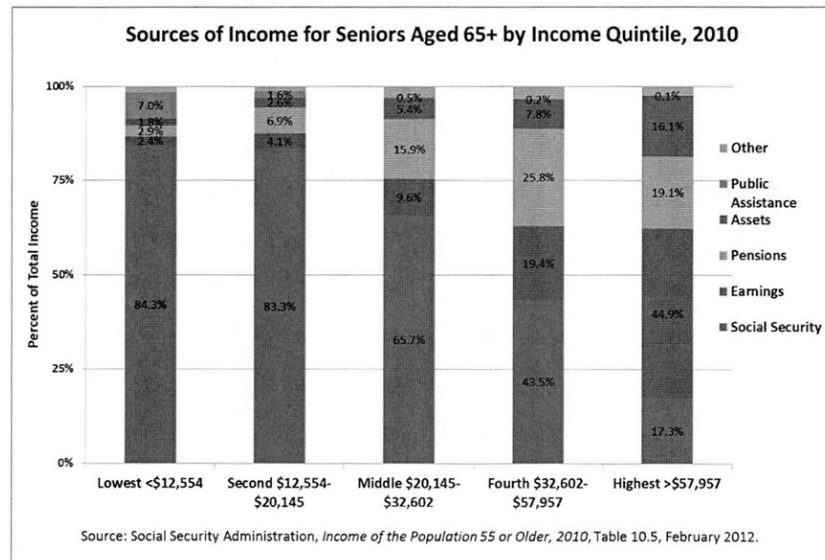
"After the age of 60 has been reached, the transition from non-dependence to dependence is an easy stage—property gone, friends passed away or removed, relatives become few, ambition collapsed, only a few short years left to live, with death a final and welcome end to it all—such conclusions inevitably sweep the wage-earners from the class of hopeful independent citizens into that of the helpless poor."

²For a detailed analysis of why this is true, see Altman, "The Striking Superiority of Social Security in the Provision of Wage Insurance," 50 *Harvard Law School Journal on Legislation* 109 (2013), available at <http://www.harvardjol.com/archive/volume-50-number-1/>.

THE ESSENTIAL ROLES OF SOCIAL SECURITY AND MEDICARE IN PROVIDING ECONOMIC SECURITY

Destitute senior citizens were a byproduct of industrialization. Social Security's mandatory, universal wage insurance changed that. Prior to the enactment of Social Security, no national figures on poverty existed, but the States that surveyed their residents found that nearly half of those 65 years of age and over had less than subsistence income. It is no coincidence that when Social Security's modest but vital benefits are disregarded, around one out of two seniors today has income below subsistence, as well.

The importance of Social Security is revealed in the following chart, which shows the sources of income for those aged 65 or older. As the chart displays, the bottom three-fifths of the income scale receive most of their incomes from Social Security. It is important to note that the chart is a snapshot in time, revealing the income in a single year. Many of those in the top two quintiles are still working. They are still receiving a large proportion of their incomes from earnings and have often not yet begun drawing down assets. Once they retire, however, their earnings will disappear and their savings will likely shrink. They are apt to join the ranks of the lower quintiles.



Although the chart does not disaggregate by race or gender, Social Security benefits are particularly important to women and minorities. Around half of all African-Americans, Hispanics, and unmarried women, aged 65 and older, receive 90 percent or more of their income from Social Security.

The reliance on Social Security is even greater as people age and exhaust other sources of support. For those aged 80 and over, three out of four rely on Social Security for half or more of their income. For almost one out of two—45 percent—Social Security constitutes 90 percent or more of their income. For widowed, divorced, or never-married women and for people of color, the percentages are even higher at those ages.

As important as Social Security is in its role of providing some measure of economic security to American workers and their families as they age, policymakers have understood that seniors would remain economically vulnerable as long as they were one serious illness away from bankruptcy. That recognition led to the enactment of Medicare. As vital as Social Security and Medicare are, past policymakers understood that these programs are necessary but not sufficient to ensure old age security.

THE INDISPENSABLE ROLE OF THE OLDER AMERICANS ACT IN IMPROVING THE LIVES OF SENIORS

More than modest cash income in the form of Social Security and health insurance in the form of Medicare is needed to promote the well-being of older Americans. As people age, their ability to drive and perform other activities of daily living are reduced by loss of balance, strength, flexibility, vision, hearing, and by other limitations. Over 40 percent of those aged 65 or older have difficulty, or even inability, in performing one or more daily tasks of living, such as walking, shopping, cooking, getting in and out of chairs, and light cleaning.

Very few seniors, even those with incomes and assets above the median income figures, have sufficient affluence to hire chauffeurs, cooks and other caregivers. That recognition led to the enactment of the Older Americans Act in 1965, the same year that Medicare was enacted.

In the nearly half century since the Older Americans Act was signed into law, it has more than proven its value. It has been reauthorized and improved under both Republican and Democratic administrations. It has worked synergistically with Social Security and Medicare to dramatically improve the security of seniors. The Older Americans Act Amendments of 2013 (S.1028) continues that long tradition of extending and improving this important statutory achievement.

IMPROVING ECONOMIC SECURITY

The foundation of a secure old age is income. For those unemployed older Americans who can and want to work, S. 1028 reauthorizes the job-based training program known as the Senior Community Service Employment Program.

In addition, S. 1028 directs the Secretary of Labor, through the Bureau of Labor Statistics, to improve the Consumer Price Index for the Elderly (CPI-E), and report about it to Congress within 2 years. This is an extremely important proposal. It has the potential for substantially improving the economic security of older Americans.

Consumer Price Index for the Elderly

As described above, Social Security benefits are vitally important. They are adjusted automatically every January when there has been inflation in the preceding year. Some describe these annual adjustments as "increases," but they are not. They are intended to prevent erosion in the purchasing power of Social Security's modest benefits, which averaged just \$1,267.55 in May 2013, or \$15,210.60 a year, for retired workers and just \$1,157.25 in May 2013, or \$13,887 a year, for all beneficiaries.

President Richard Nixon, who championed these automatic adjustments, explained their importance when he signed them into law on July 1, 1972:

"One important feature of this legislation which I greet with special favor is the automatic increase provision which will allow social security benefits to keep pace with the cost of living. This provision is one which I have long urged, and I am pleased that the Congress has at last fulfilled a request which I have been making since the first months of my Administration. This action constitutes a major break-through for older Americans, for it says at last that inflation-proof social security benefits are theirs as a matter of right, and not as something which must be temporarily won over and over again from each succeeding Congress."

As President Nixon recognized, this basic benefit protection is an extremely important feature of our Social Security system. Once workers retire, they no longer have salaries or wages which are capable of increasing with the increasing productivity of the Nation. A worker who earns \$40,000 and retires in 2015 at age 66, for example, will receive a Social Security benefit that replaces 39.8 percent of those earnings. That retired worker will receive no gain as the Nation becomes wealthier and more productive. Rather, that income is, in colloquial terms, "fixed." This explains why seniors on average have much lower incomes than the general population. Indeed, those aged 80 and over have median and average incomes less than half the incomes of working-age adults.

If Social Security were not adjusted to take account of inflation, Social Security benefits, which already fail to reflect national productivity gains once they begin to be paid, would slowly but inexorably erode over time in real terms as beneficiaries aged. This is no small matter. Two-thirds of seniors receive half or more of their incomes from Social Security. These earned benefits would lose value at the same time that seniors exhausted other assets and that their health care costs were increasing. It is important to note that most assets of seniors are not protected against inflation and are not guaranteed for life. Full inflation protection is virtually nonexistent under employer-sponsored pension plans.

To ensure that the value of Social Security's vital but modest benefits does not erode as people age, it is crucial that the automatic adjustment be as accurate as possible, and does not under-measure inflation. At the time of the enactment of automatic adjustments, in 1972, the Bureau of Labor Statistics produced only one measure of inflation—which today is referred to as the Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W. Ironically, the index measures the cost of living of workers, not retirees, but was the only, and so best, measure available.

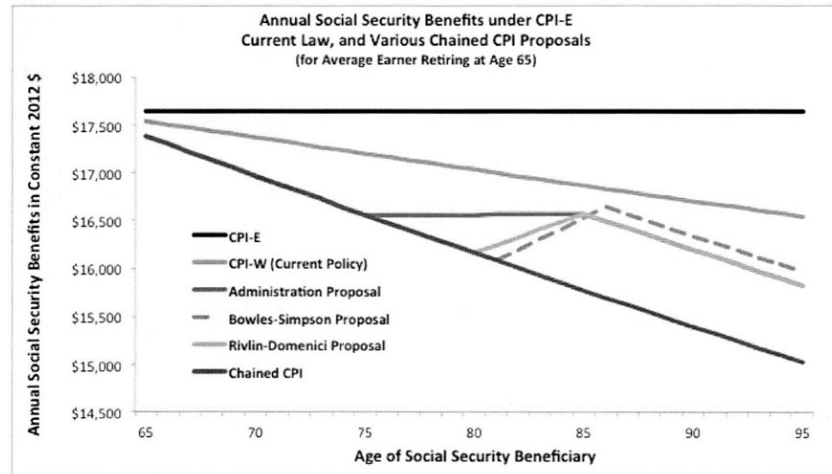
In recognition, though, that seniors have very different expenditures from those of workers or the population as a whole, the Older Americans Act of 1987, signed into law by President Ronald Reagan, included a provision directing the Secretary of Labor to develop, through the Bureau of Labor Statistics, a consumer price index for older Americans. In response, the Bureau of Labor Statistics created and continues to produce the Consumer Price Index for the Elderly, referred to by the shorthand, CPI-E.

In calculating the CPI-E, the Bureau of Labor Statistics takes the work it does in constructing the Consumer Price Index for All Urban Consumers and narrows it to capture the subset of those aged 62 and over. The Bureau has never, however, conducted surveys of expenditures and points of purchase tailored specifically to those aged 62 and older. This is important because seniors often buy different goods in different quantities and shop at different stores in different frequency than the general population. Consequently, the Bureau has labeled the CPI-E, “experimental.” S. 1028 would require the Bureau of Labor Statistics to undertake those various surveys, so that the CPI-E would no longer be “experimental.”

The current CPI-E has historically reported higher rates of inflation than the consumer price indices measuring the inflation experienced by workers or the general population. This is unsurprising. On average, seniors spend a higher percentage of their incomes on health care than workers or the general population, and health care costs have grown, and are projected to continue to grow, at a faster rate than other goods and services. On average, seniors spend a lower percentage of their incomes on apparel, transportation, and recreation than workers or the general population, and those goods and services have not experienced as rapid inflation. If a more robust CPI-E were produced, as S. 1028 mandates, the differential in inflation between what seniors experience and what workers and the general population experience could be even greater.

As the existing CPI-E reveals, the current measure of inflation used to automatically adjust Social Security benefits under-measures the inflation experienced, on average, by Social Security beneficiaries. Despite that fact, some prominent policymakers have proposed switching to a less accurate, stingier inflation adjustment for seniors than the already inadequate current-law measure. Notwithstanding rhetoric to the contrary, those policymakers implicitly acknowledge that the shift to the even less accurate measure, the so-called chained CPI, for Social Security and other programs that serve the elderly and those with serious and permanent disabilities is nothing more than a benefit cut masquerading as a technical adjustment. Three leading proposals to shift to the chained CPI—the proposal of former Senator Alan Simpson and Erskine Bowles, the proposal of the Debt Reduction Task Force chaired by former Senator Pete Domenici and Alice Rivlin, and the proposal contained in the Administration's current budget—all call for measures to ameliorate, to a small extent, the impact of the chained CPI, as the graph below shows.³

³Social Security Works created the graph from calculations based on estimates of the Social Security Office of the Actuary, Social Security Administration. “Average Earner” is a worker with career average earnings of \$40,728.



These proposals are poorly targeted benefit cuts. As the graph reveals, the largest cuts fall on the oldest old, because the cut compounds over time. The increasingly large cut occurs as other resources are exhausted and health costs are increasing, on average. In addition, the benefit cut in the form of the chained CPI creates a substantial burden on the poorest in society.⁴

In 2012, around 9.6 million veterans received Social Security. That represents 21 percent of all adult beneficiaries. In addition, a number of veteran-specific programs are adjusted for inflation in the same way as Social Security. Because of the number of programs that would be subject to the chained CPI, veterans could receive double, triple, or more cuts from the chained CPI.⁵ It is not surprising that numerous groups representing veterans, including the American Legion and the Veterans of Foreign Wars, oppose the chained CPI—not just for narrowly defined veterans programs, but also for Social Security and other programs crucially important to those who have served our Nation in uniform.

In addition to improving the economic security of seniors in general, particularly the oldest of the old and the poorest, switching to the more appropriate CPI-E would help veterans. Those who have served our Nation in the military deserve not only our immense gratitude. They deserve the most secure old age the Nation can provide. They certainly deserve an accurate cost of living adjustment for the benefits they have earned. S. 1028 would move the Nation an important step further toward that goal.⁶

⁴The Administration's budget proposes to exempt means-tested programs from the switch to the chained CPI, but this still leaves many poor and near-poor unprotected. The Supplemental Security Income program ("SSI") is a program for the aged, blind, and disabled who have extremely limited income and assets. If an individual receives Social Security, because he or she worked a sufficient number of quarters to qualify, the SSI benefit is reduced dollar for dollar after disregarding the first \$20. There are 2.8 million people who receive income from both Social Security and SSI—the so-called dual eligibles—so part of their income will still be subject to the benefit cut. Moreover, because the SSI income and asset limits are so meager, there are at least 9.4 million poor or near-poor who receive only Social Security, and so would be subject to the cut imposed by the chained CPI. (Near poor is defined as within 125 percent of the Federal Poverty Level.)

⁵Military and veterans benefits that are indexed in the same manner as Social Security include Military Retirement pensions, for which many veterans are eligible; Veterans Pension benefits; Veterans Disability Compensation; and Dependency and Indemnity Compensation. Other Federal programs that veterans benefit from, beyond Social Security and veteran-specific programs, would be affected, as well. For a more detailed discussion of the programs affected, see Alison Shelton, "Inflation Indexation in Major Federal Benefit Programs: Impact of the Chained CPI," AARP Public Policy Institute, March 2013, available at <http://www.aarp.org/work/social-security/info-03-2013/major-federal-benefit-programs-impact-of-chained-cpi-AARP-ppi-econ-sec.html>.

⁶As a general point, it is a great improvement to the Older Americans Act that veterans, as well as LGBT, Holocaust survivors, and Alzheimer's, are explicitly named as a category deserving to benefit from additional outreach. It is also an important improvement that S. 1028 adds an objective regarding services that are culturally and linguistically responsive to seniors and their caregivers. On a related note, the Strengthen Social Security Coalition recently released

Pension Counseling and Information Program

Further improving the economic security of seniors, S. 1028 reauthorizes the Pension Counseling and Information Program. Pensions and other public and private retirement plans provide important supplements to Social Security for those who have them. They are complicated legal arrangements, however. Most beneficiaries of these plans cannot afford the legal assistance they may need to obtain the retirement benefits they have earned.

The Pension Counseling and Information Program funds six regional counseling projects, which provide assistance and information to individuals in 29 States. The Program also funds one national pension assistance resource center, the Pension Rights Center, which provides consultation, technical assistance and substantive legal training to the six regional projects, as well as Area Agencies on Aging, Aging and Disability Resource Centers, legal services providers, and others. The Pension Rights Center also created and hosts PensionHelp America, a Web site for those who are outside the jurisdiction of, or simply unaware of, the regional projects.

The Program is both extremely valuable and cost effective. Since its inception in 1993, the Program has recovered more than \$175 million in benefits for 50,000 clients, a return of \$8 for every Federal dollar spent on the program. A major shortcoming, however, is that it only has sufficient funding to cover 29 States. I recommend that Congress enact S. 1028 and increase funding, as the bill recommends, of all the reauthorized programs, including this one, which would allow residents of all 50 States to have access to a regional counseling project.

IMPROVING FOOD SECURITY

Notwithstanding the great wealth of the United States and the modest economic security provided by Social Security and Medicare, hunger is a serious problem affecting seniors. In 2011, nearly 1 in 12 Americans aged 60 or older experienced "food insecurity," a phrase coined by the U.S. Department of Agriculture to describe those with uncertain or limited access to an adequate supply of food. Three hundred thousand veterans age 60 or over fell into this category. Almost one in five grandparents caring for grandchildren reported food insecurity, as well. These statistics would be worse without the Older Americans Act programs which provide meals in group settings, delivered to homes of those who cannot travel, transportation services for those who can, and other related services and programs. S. 1028 reauthorizes and improves these crucial programs. Congress should repeal sequestration and instead increase the funding for these vital programs.

CONCLUSION

Wage insurance in the form of Social Security and health insurance in the form of Medicare are vital to the economic well-being of the Nation's elderly. Both programs should be expanded. As crucial as these programs are, though, they are not sufficient. The services and programs authorized under the Older Americans Act work synergistically with Social Security and Medicare, to reduce poverty and increase economic security and to reduce hunger and increase food security. In addition, the Older Americans Act serves other vital goals, including reducing elder abuse and increasing physical security, providing support for caregivers, and facilitating, through those and other key services, the ability of seniors to continue to live at home as they age.

S. 1028, the Older Americans Act Amendments of 2013 reauthorizes and improves this vital and time-tested statute. Congress should enact it and then ensure that its provisions are adequately funded. Older Americans have contributed enormously to our Nation's common wealth. Older veterans have served the Nation by jeopardizing life and limb. Reauthorizing, improving, and fully funding the Older Americans Act is the least that a grateful nation can do to repay these sacrifices.

Senator SANDERS. Thank you very much, Ms. Altman.

Our second witness is Ellie Hollander. Ms. Hollander has over 25 years of leadership and management experience in both non-profit and for-profit organizations. She is the president and CEO of the Meals on Wheels Association of America, and I just want to con-

a transition report for the new Commissioner of the Social Security Administration. The report discusses the need to improve access for those with limited English proficiency. The report is available at <http://www.strengthensocialsecurity.org/transitionreport>.

gratulate Ms. Hollander for doing an extraordinarily good job for that vitally important program.

Ms. Hollander.

STATEMENT OF ELLIE HOLLANDER, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE MEALS ON WHEELS ASSOCIATION OF AMERICA, ALEXANDRIA, VA

Ms. HOLLANDER. Chairman Sanders, Ranking Member Burr, and Senators, thank you very much for the opportunity to be here today and to testify before you.

I'm Ellie Hollander, president and CEO of the Meals on Wheels Association of America, representing senior nutrition programs in all 50 States and territories. The majority of these programs to which I will refer today collectively as Meals on Wheels rely in some part on Federal funding authorized through the Older Americans Act.

Every day, Meals on Wheels programs provide nutritious meals and social contact, whether directly in their homes or in congregate settings, to seniors 60 years and older who are at significant risk of hunger or losing their ability to remain independent and in their own homes where they want to be. Most are over 75 and need help with daily tasks, like going outside, dressing, and bathing. Many are isolated and living alone and in poverty. They have serious health conditions and take between 6 and 26 medications.

For most of these seniors, Meals on Wheels is their lifeline, seniors like Mary. Mary is 90 years old and she lives in eastern Pennsylvania. Until about a year ago, she was preparing her own meals. But after a debilitating fall and a long-term recovery, it is no longer safe for her to cook.

Living on a very modest pension and Social Security, it's become more difficult for her to make ends meet. And, sadly, her pension check, which used to cover both her gas and electric bills, barely covers her electric bill today.

For those of you on this subcommittee who have personally delivered meals, stories like Mary's are all too familiar. But for those of you who have not yet had the privilege, I would welcome the opportunity to join you on some meal deliveries. I think you will find it sobering.

To enable us to continue to help Mary and other millions of seniors like her, legislative action is critically necessary to reauthorize and adequately fund the Older Americans Act senior nutrition programs. There are six reasons why.

No. 1, the need is severe. Nationally, there are 8.3 million seniors currently struggling with hunger. Yet we are providing nutritious meals to only 2.5 million. While the infrastructure exists to complete that gap, to fill the gap, the resources simply don't.

No. 2, the demand is increasing. The demographic swing to an aging population is already in motion. Baby boomers are turning 60 at a rate of 12,000 a day, and by 2030, the population will double to over 70 million.

No. 3, funding levels have not kept pace. Real funding levels adjusted for inflation have decreased 18 percent over the past 20 years. At the same time, the population over 60 has increased 34

percent, leaving a funding deficit of about \$514 million just to return to 1992 levels.

No. 4, there is an unrecognized and a substantial return on investment. Meals on Wheels programs enable seniors to continue to live at home, averting far more costly healthcare alternatives, such as hospitals and nursing homes. This, in turn, reduces Medicare and Medicaid expenses, potentially saving billions of dollars.

The Center for Effective Government recently found that for every \$1 invested in Meals on Wheels programs, there is up to a \$50 return in Medicaid savings alone. And we know, as Chairman Sanders referenced, that we can feed a senior meals on wheels for an entire year for the same cost for that senior to be in the hospital for 1 day or 6 days in a nursing home.

No. 5, sequester has added insult to injury, exacerbating an already horrific situation due to year-over-year declines in both Federal and State funding, increased transportation and food costs, and diminished individual contributions. The impact of the sequester has added another \$51 million in reductions to these programs between now and September 30th.

And, finally, No. 6, the impact of the sequester on seniors is real, and it must be stopped. Based on a member survey that we recently conducted, the pain is being felt. Almost 70 percent are cutting the number of meals served. Over 70 percent are establishing for the first time or adding to existing wait lists. More than half are reducing the number of seniors served. Almost 40 percent are reducing the number of days they deliver meals, and one in six programs are closing their doors altogether.

Since my start with Meals on Wheels on February 11, I've had the opportunity to experience firsthand what Meals on Wheels volunteers and staff encounter every day. I now fully understand what it means to say that we are more than just a meal, that we are, in fact, a social connection, a safety check, a friend, a member of the extended family.

Meals on Wheels programs are effective and efficient, and they are doing precisely what they were designed to do. Even if the social and moral obligation doesn't prompt immediate action to reauthorize and bolster the Older Americans Act, the business and economic cases certainly should.

Due to the urgency of this issue, I'm joined today by my entire board of directors who, along with me, wish to extend our appreciation to you, Chairman Sanders, and the members of the subcommittee for your leadership and commitment to addressing the critical issue of senior hunger in America. I sincerely thank you for the opportunity to testify.

[The prepared statement of Ms. Hollander follows:]

PREPARED STATEMENT OF ELLIE HOLLANDER

Chairman Sanders, Ranking Member Burr, and members of the subcommittee, good morning. Thank you for the opportunity to testify today at this critical hearing about the issues of hunger and poverty among our senior citizens and the pivotal role of the Older Americans Act, specifically Senior Nutrition Programs authorized under title III C.

I am Ellie Hollander, president and CEO of the Meals On Wheels Association of America, the oldest and largest national organization comprised of and representing local, community-based Senior Nutrition Programs in all 50 States and territories. Some of these programs serve meals at congregate locations like senior centers,

some deliver meals directly to the homes of seniors whose mobility is limited, and the majority of the members of our Association provide both services.

Although I have only been with the Meals On Wheels Association for a few months, I have, in that time, witnessed the efforts of this subcommittee and in particular, Mr. Chairman, your leadership and commitment to our seniors and to raising awareness about the critical, growing, and often hidden issue of senior hunger in our country. On behalf of our membership and our board of directors, who have joined me for this hearing today, I want to express our deepest gratitude.

As a national organization, the Meals On Wheels Association supports local Senior Nutrition Programs by:

- Providing education, training and professional development for Meals on Wheels staff and volunteers to equip them with the specific skills and tools they need to meet the ever-growing nutritional demands of the seniors in their communities;
- Securing financial and other resources to assist local programs in keeping their programs sustainable and advancing their mission so no senior goes hungry;
- Funding and conducting timely and relevant research on senior nutrition, best practices and the social and economic impact of Senior Nutrition Programs; and,
- Raising awareness about the issue of senior hunger and the tireless work undertaken every day by our local Meals on Wheels programs.

For more than 40 years, Older Americans Act Nutrition Programs, in communities large and small, urban and rural, have been serving our country's most vulnerable, frail and isolated seniors. What started as a demonstration project has grown into a highly effective community-based, nationwide network of more than 5,000 Senior Nutrition Programs. While not all programs receive Federal funding, for my testimony today I am referring to those that rely, in part, on Federal funding provided through the Older Americans Act. That funding is then leveraged by those programs to help raise the remaining funds needed to provide daily nutritious meals and social contact to seniors 60 years of age or older who are at significant risk of hunger and losing their ability to remain independent in their own homes. Of course, this is one of the primary purposes of the Older Americans Act, a successful, community-driven model that needs to be reauthorized and funded at far more appropriate levels that take into consideration inflation, demographic shifts, and the growth in senior hunger and poverty rates.

However, before I get into the numerous and compelling reasons why the Older Americans Act should be reauthorized, strengthened, and properly funded, we should not lose sight of the seniors for whom these programs were created to serve and for whom it is their lifeline today, as well as the millions of other seniors who need meals but are not able to receive them.

Seniors like Mary. Mary is 90 years old and lives in eastern Pennsylvania. She began receiving meals from her local Meals on Wheels program in August of last year. Up to that time, she was preparing her own meals, but after a fall that required hospitalization and weeks of therapy, it was no longer safe for her to be at the stove. Married for over 56 years, Mary and her late husband, who worked as an auto mechanic, raised two children, a daughter and a son. For 18 years she worked as a sewing machine operator in a local sewing mill. Financially, it is very difficult to make ends meet, living on a very modest pension and Social Security. Sadly, Mary's pension check used to cover the cost of both her electric and gas bills, but now it barely pays the electric bill. Mary is enjoying the meals she receives and states, "Meals on Wheels is a marvelous program. Every volunteer is tops, so concerned, always happy and asking how are you feeling when they visit to deliver my meals."

For those of you on this subcommittee who have personally delivered meals, stories like Mary's are all too familiar. For those of you who have not yet had the privilege to deliver meals in your State, I would like to personally extend an invitation to do so with me. The reality is sobering. For those seniors who are struggling with hunger, it often means choosing between paying for medications or eating, or paying the electric bill or eating. These are tradeoffs that no one should have to make, especially our most vulnerable seniors.

Of those receiving Meals on Wheels:

- The majority are women who are over 75 and live alone;
- 63 percent have between 6 to 15 serious health conditions, such as heart disease, hypertension, arthritis, and diabetes;
- 61 percent take between 6 to 26 medications; and,

- 39 percent live in poverty.¹

The profile of those seniors who are able to make it out of their home and into a congregate setting, such as a senior center, is slightly better:

- The majority are also women who are over the age of 75 and nearly 40 percent live alone;
- 40 percent have between 6 to 15 serious health conditions, such as those listed above;
- 31 percent take between 6 to 26 medications;
- 26 percent live in poverty; and,
- 72 percent need help going outside.²

For both Meals on Wheels and congregate meal recipients, an overwhelming majority need help bathing, dressing, going to the bathroom, and managing their medications. On top of these sad realities, many of the basic necessities of daily life that we take for granted every day, such as interacting with others and having access to nutritious food, are simply not options without Older Americans Act Nutrition Programs.

You probably have heard it said many times that Meals on Wheels is “more than just a meal.” That’s because in addition to a daily nutritious meal, it is a safety check, a social visit from someone who cares, who is reliable and trusted. In short, Meals on Wheels is their lifeline, enabling seniors to live at home, independently and in better health.

So now that I have described the typical profile of the seniors being served, let’s delve into the driving reasons why reauthorizing, strengthening, and providing adequate funding for the Older Americans Act is a necessity:

The need is severe. We are merely scratching the surface on meeting the needs of an exponentially increasing hungry senior population as the gaps widen between need/demand and availability/affordability. Since the onset of the recession, the number of seniors struggling with hunger has increased in 44 States, including in each of the States that members of this subcommittee represent.³ Nationally, there are 8.3 million seniors⁴ currently struggling with hunger. We are providing nutritious meals to only 2.5 million.⁵ The difference in those numbers is devastating—nearly 6 million American seniors are still in need of reliable, nutritious meals. While the infrastructure exists to fill that gap, the resources fall substantially short.

The demand is increasing. The demographic swing to an aging population is already in motion. Baby Boomers are turning 60 at a rate of 12,000 a day. By 2030, the senior population will double to over 70 million.⁶ If one in seven seniors today is struggling with hunger, it is overwhelming to imagine 10 million struggling with hunger in a mere 17 years in the greatest and most affluent country in the world.

Funding levels have not kept pace. “Real” funding levels (adjusted for inflation) for Older Americans Act Nutrition Programs have decreased 18 percent from 1992 to 2012. At the same time, the population over 60 has increased 34 percent.

Programs effectively leverage Federal funding to raise more. Older Americans Act funding provides on average about 31 percent of home delivered and 44 percent⁷ of congregate programs’ total annual budget. To bridge the funding gap, programs cultivate and leverage public-private partnerships to garner grants and donations from State and local communities, companies, private foundations, and individuals (including recipients and/or their families who may be able to pay for or contribute to the cost of their meals).

There is an unrecognized but substantial return on investment. Meals on Wheels and congregate programs, which help keep seniors independent in their communities and able to live in their own homes for as long as possible, avert far more costly alternatives such as hospital and nursing home care. This, in turn, reduces Medicare and Medicaid expenses.

¹National Survey of Older Americans Act Participants. U.S. Department of Health and Human Services, Administration on Aging. 2011. <http://www.agidnet.org>.

²Id.

³Senior Hunger Report Card. National Foundation to End Senior Hunger. May 2012. <http://bit.ly/13S6C3s>.

⁴Ziliak, James & Craig Gundersen. *Senior Hunger in America: 2010*. University of Kentucky Center and University of Illinois. May 2012. <http://bit.ly/ZVLL01>.

⁵2011 Older Americans Act State Program Reports. U.S. Department of Health and Human Services, Administration on Aging. March 2013. <http://www.agidnet.org/>.

⁶Aging Statistics. U.S. Department of Health and Human Services, Administration on Aging. http://www.oaa.gov/Aging_Statistics/.

⁷2011 Older Americans Act State Program Reports. U.S. Department of Health and Human Services, Administration on Aging. March 2013. <http://www.agidnet.org/>.

The Center for Effective Government recently found that for every \$1 invested in Meals on Wheels programs, there is up to a \$50 return in Medicaid savings alone.⁸ And we can feed a senior through Meals on Wheels for an entire year for about the same cost for that senior to be in the hospital for 1 day,⁹ or a nursing home for 6 days.¹⁰ Contributing to the business case, Brown University¹¹ conducted a recent study that found that by investing more in home-delivered meals, we can keep more seniors out of nursing homes. Specifically, the research found that for every additional \$25 a State spends on home-delivered meals each year per person over 65, the low-care nursing home population—seniors who are nursing home eligible but could remain in their homes with only a little outside support—decreases by a percentage point. In terms of Medicaid spending, 1 percentage point can translate to billions of dollars in savings.

Sequester has added insult to injury. Exacerbating an already horrific situation compounded by year-over-year declines in funding at both the Federal and State level, increased transportation and food costs, and diminished individual contributions yet to rebound from the recession, the impact of the sequester on Older Americans Act Nutrition Programs has added another \$51 million in reductions to these programs for the remainder of 2013—compressed between now and September 30.¹² There is no telling what the “run rate” impact of the sequester will impose for the subsequent years during which it is scheduled to continue, but it won’t be pretty.

The impact of the sequester on seniors is real, and it must be stopped. Based on a survey we recently conducted of our member programs that receive Federal funding through the Older Americans Act:

- Almost 70 percent are cutting the number of meals served;
- Over 70 percent are establishing for the first time or adding to existing waiting lists;
- More than half are reducing the number of seniors being served;
- 40 percent are eliminating staff positions;
- Almost 40 percent are reducing the number of days they deliver meals;
- 25 percent are reducing the number of days open for congregate sites; and,
- 1 in 6 programs are closing congregate sites or home-delivered meal programs altogether.¹³

The objectives of the Older Americans Act Nutrition Programs are to reduce hunger and food insecurity, to promote socialization and health and well-being. And services are targeted to those with the greatest economic and social need, including most at risk for nursing home placement. We know that these programs are saving lives and taxpayer dollars every day. They are efficient and effective, and they are doing precisely what they were designed to do.

Since my start with Meals On Wheels on February 11, at a time when the threat of the sequester was looming, I have traveled across the country to visit individual programs in Georgia, Indiana, Wisconsin, Kansas, Massachusetts, Texas, and South Carolina. While I have learned that each Meals on Wheels program is unique, the challenges they face are nearly uniform.

I have had the opportunity to conduct meal deliveries in nearly every State I have visited. And I have seen firsthand the full continuum of experiences—from my visit with Mrs. Gove, confined to a wheelchair from polio who volunteers as a Caller Coordinator for her church, to Mr. Hiatt, a farmer who had recently been discharged from the hospital following back surgery, to Mr. Huebschen, a distinguished military veteran who after 50 years in a loving marriage was recently widowed. I have arrived when someone was in immediate need of assistance and moments after a recipient passed away. I have been welcomed into homes and offered a seat to visit with people who had never met me before, simply because I announced I was from Meals on Wheels. Now, I fully understand what it means to say that we are more

⁸Schieder, Jessica & Lester, Patrick. Sequestering Meals on Wheels Could Cost the Nation \$489 Million per Year. The Center for Effective Government. April 2013. <http://bit.ly/16jmmRU>.

⁹Average Costs to Community Hospitals Per Patient: 1990–2009. U.S. Census Bureau, Statistical Abstract of the United States. 2012. <http://1.usa.gov/X0XIWc>.

¹⁰Market Survey of Long-Term Care Costs. MetLife Mature Market Institute. 2012. <http://bit.ly/Z6op5F>.

¹¹Thomas, Kali & Mor, Vincent. *The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents*. Brown University. December 2012. <http://bit.ly/16wl0B2>.

¹²Funding Allocations to States and Tribal Organizations. U.S. Department of Health and Human Services, Administration on Aging. May 2013. <http://1.usa.gov/16vSXSr>.

¹³Sequester Survey. Meals On Wheels Association of America. June 2013. <http://bit.ly/17rq4JQ>.

than just a meal; that we are, in fact, a social connection, a safety check, a friend, a member of their extended family. I cannot imagine how we can allow these seniors in need—who are our parents, grandparents, aunts, uncles, teachers, neighbors, veterans—to bear the brunt of our inability to work in a nonpartisan fashion to prop up this program which is, in fact, working well. Even if the moral obligation doesn't prompt action, the business and economic cases certainly should.

Thank you sincerely for the opportunity to testify before the subcommittee. I hope it has been insightful and compelling. I look forward to answering any questions you might have and to working with you to address the critical issue of senior hunger in America.

Senator SANDERS. Ms. Hollander, thank you very, very much.

Our next panelist is Howard Bedlin. Mr. Bedlin has served as an advocate for older Americans for over 30 years, including 10 years at AARP and more than 15 years in his current position as vice president for Public Policy and Advocacy at the National Council on Aging.

Mr. Bedlin, thanks for being with us.

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

Mr. BEDLIN. Thank you, Chairman Sanders, Ranking Member Burr, and members of the subcommittee. On behalf of the National Council on Aging, I appreciate the opportunity to talk with you today.

NCOA is the Nation's oldest service and advocacy organization representing seniors and those who serve them, and our particular focus is on the vulnerable and disadvantaged seniors. Since two of my colleagues are addressing hunger issues, I'll focus my remarks on the critical role the Older Americans Act plays in reducing senior poverty and economic insecurity, an area that few understand or appreciate.

We estimate there are over 23 million Americans over age 60 who are economically insecure, struggling with rising health and energy bills, growing debt, and job loss. The recession hit seniors hard. Millions have seen their retirement savings diminish. Median family wealth declined by over 15 percent among those aged 55 to 64, and by 14 percent among those 65 to 74.

For example, an Area Agency on Aging professional in Raleigh, NC, recently told us,

"I'm regularly dealing with seniors who have credit card debt that's often snowballed into thousands of dollars with no way possible to get out from under the debt and credit card payments not leaving enough income to cover basics like food and utilities."

For many seniors, the only solution is to work longer or return to work from retirement, but they face serious challenges. The unemployment rate for workers over age 65 is the highest it's been since the Great Depression, and they spend far too much time struggling in search of work.

Older Americans Act Title V, the Senior Community Service Employment Program, or SCSEP, is the only workforce program designed exclusively to maximize the contributions of vulnerable seniors. Nearly 90 percent of participants live in poverty, and more than a third are homeless or at risk of homelessness.

Beyond job training and placement, program participants provide millions of hours of community service with a value estimated at over a billion dollars. If Congress is serious about creating job opportunities for Americans in need, we should be investing more in the SCSEP program.

Seniors with income just above poverty and those with chronic illness spend more of their income out-of-pocket on healthcare than any other group. Older Americans Act Title III–B, Home and Community-Based Supportive Services, plays a modest but critical role in helping to address a growing crisis largely ignored by Congress, the fact that Americans are forced to impoverish themselves by spending down their life savings before receiving help with needed long-term care. With median nursing home costs now at \$84,000 a year, it doesn't take long to essentially go bankrupt onto Medicaid.

Title III–B also supports Multi-Purpose Senior Centers, a gateway to community services that prolong independence, improve economic well-being, and promote community engagement.

A third program, title III–D, provides health promotion and disease prevention services that reduce the need for hospitalization and emergency room visits. The aging network is uniquely positioned to provide the support and education seniors need to better care for themselves and stay healthier longer.

For example, title III–D provides modest funding for evidence-based chronic disease self-management and elder falls prevention programs. Elder falls are common—one in three seniors fall every year—expensive, projected to cost the Nation \$60 billion in 2020, and often avoidable. Research has shown that several community-based programs reduce falls and produce a positive return on investment.

A fourth program was added in the 2006 reauthorization with subsection 202(20) under title II that strengthen benefits outreach and enrollment assistance to low-income seniors, which is really important, because only about a third of low-income seniors eligible for assistance actually get it, for example, with Medicare low-income protections and SNAP. The 2006 amendments further strengthened the program's ability to promote economic security with new provisions to help prevent elder financial abuse and exploitation, which cost victims an estimated \$3 billion a year.

Going forward, the Older Americans Act works well and major structural changes are not needed. The reauthorization process, which should occur every 5 years, provides an important opportunity to reassess the Act's successes and limitations and modernize services. Particularly, in times of fiscal restraint, changes can be made by identifying and incorporating innovative best practices to improve efficiency and outcomes.

NCOA urges members of the HELP Committee to continue the tradition of bipartisan and timely reauthorization of this important statute and come together to pass a bill before the August recess. S. 1028, the Older Americans Act Amendments of 2013 introduced recently by Chairman Sanders, is an excellent starting point for serious bipartisan discussions.

NCOA supports the bill, as it incorporates several of our priorities, including defining and establishing economic security as a goal, increasing attention on seniors with the greatest economic

needs in the development of State and area plans, promoting senior center modernization, and emphasizing the delivery of evidence-based chronic disease management and falls prevention in area plans and supportive services programs.

Finally and in conclusion, I'm compelled to mention that sequestration's arbitrary reductions to OAA programs seriously fail to recognize our current age wave or account for years of flat funding that did not keep pace with inflation. If continued, this penny-wise, pound-foolish policy will increase unmet needs in mandatory program spending and harm millions of seniors and their families.

NCOA strongly urges that Congress fund OAA services at levels that protect and strengthen the program so it can meet the rapidly growing need among vulnerable seniors and their families.

Thank you.

[The prepared statement of Mr. Bedlin follows:]

PREPARED STATEMENT OF HOWARD BEDLIN

On behalf of the National Council on Aging (NCOA), I greatly appreciate the opportunity to talk with you today about the role of the Older Americans Act (OAA) in reducing senior poverty and hunger. NCOA is a nonprofit service and advocacy organization headquartered in Washington, DC. NCOA's mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged. We work with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities.

Enacted in 1965, the same year as Medicare and Medicaid, the Older Americans Act is a critical program that supports the health and economic security of older adults. Over nearly 50 years, the OAA has helped countless older adults remain healthy, out of hospitals and nursing homes, independent, active, and working longer. In doing so, the OAA has kept health care costs down. And the Act holds even greater potential to bend the future cost curve of the big three entitlement programs.

OAA programs are delivered through a national network of 56 State agencies on aging, over 600 area agencies on aging, more than 200 tribal organizations, and nearly 20,000 local providers—serving an estimated 10 million seniors. OAA services are targeted to older individuals with the greatest social or economic need, including those with low incomes, minorities, and those living in rural areas. Programs provide for basic human needs, such as food, jobs, transportation, home and community services, and health promotion/disease prevention.

Through these services, the OAA plays a critical role in reducing poverty and hunger among older Americans. NCOA believes OAA reauthorization provides the ideal opportunity to further strengthen the Act for seniors in need today and tomorrow. We support S. 1028, the Older Americans Act Amendments of 2013, introduced recently by Chairman Sanders and cosponsored by 17 colleagues, and believe it is an excellent starting point for serious bipartisan discussions.

As detailed in our statement below, the OAA plays a critical role in reducing poverty and hunger among older Americans, and we believe reauthorization provides a critical, timely opportunity to strengthen the ability to more effectively address these growing national problems.

GROWING POVERTY AND ECONOMIC INSECURITY AMONG AMERICA'S SENIORS

There are over 23 million Americans aged 60+ with incomes below 250 percent of the Federal poverty level (\$28,725 annually for a single person). These older adults struggle each day with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss. Out-of-pocket health costs for Medicare beneficiaries with incomes between 100 percent and 200 percent of poverty are estimated at about 23 percent of income—highest among all income groups. Millions of seniors teeter just above the poverty line—just one unexpected expense or other bad break away from it.

People like Frank from St. Johnsbury, VT, who shares,

"I am one paycheck away from foreclosure and bankruptcy. Struggling to make ends meet, I went back to college at age 59. Graduated at age 61, I continued

training in my career field learning new, valuable skills but find I can't seem to get ahead because I am strapped with debt."

The recession hit seniors like Frank hard. Millions of older Americans have seen their hard-earned retirement savings diminish. According to the Federal Reserve Board, median family wealth declined by 15.2 percent among those aged 55–64, and it fell by 13.9 percent among those aged 65–74. An estimated 12 percent of adults aged 55–64, and 21.5 percent of women in this age group, face retirement with negative net worth, contributing to a rise in bankruptcies that has grown at the fastest pace ever.

Baby Boomers face increased financial uncertainty due to the economic downturn, particularly due to declining home values, diminished retirement accounts, and job loss caused by the recession. Estimates suggest half of all Baby Boomers will live on incomes less than \$27,000 per year. Moreover, from 1992 to 2007, the average overall debt for 55- to 64-year-old households more than doubled to \$70,370. Many mature workers face retirement without any pension, as 44 percent of workers in their fifties have neither a defined benefit nor a defined contribution pension.

The Census Bureau has historically estimated poverty rates using an "official" poverty measure created about 50 years ago. It has serious shortcomings, however, when it comes to accurately estimating poverty among older Americans primarily because it fails to account for their relatively higher out-of-pocket medical expenses. The Census Bureau recently released an alternative measure, known as the supplemental poverty measure (SPM), which is more accurate and comprehensive since it provides a more current income standard for meeting basic needs. It accounts for regional cost-of-living variations and the impact of both non-cash benefits received and non-discretionary expenditures, including medical out-of-pocket expenses—the major source of the significant differences between these measures for persons 65 and over.

For similar reasons, NCOA believes the experimental consumer price index for the elderly (CPI-E) is a more accurate measure for determining future cost-of-living adjustments for senior benefits because it factors in the disproportionate amount seniors spend on health care. **We, therefore, support Section 209 of S. 1028, which further revises and improves this index.**

Under the supplemental poverty measure, about one in seven (15 percent) individuals ages 65 and older have incomes below the poverty level, compared to about 1 in 10 (9 percent) using the 1960s measure. Under the SPM, nearly one-half (48 percent) of older Americans (almost 20 million seniors) have incomes below 200 percent of poverty, compared to about one-third (34 percent) under the "official" measure. More than half of the seniors in 10 States have incomes below 200 percent of poverty using the SPM, including three States represented by members of the HELP Committee—Georgia with 53.8 percent (third highest), Tennessee with 52.2 percent (fourth highest), and Rhode Island with 51.8 percent (seventh highest). In addition, more than 52 percent of older women, and over 58 percent of Americans age 80 and older, have incomes below 200 percent of the SPM threshold. Conversely, only 19 percent of seniors have income above 400 percent of the SPM measure, compared with 32 percent under the 1960s measure.

As a result of our aging population and increasing economic insecurity, aging services organizations across the country are experiencing large increases in the demand for their core services, such as job training and assistance, help with applying for benefits, and subsidized meals. These organizations also find themselves stretched to try to assist clients with significant financial problems that are difficult to solve, such as threats of foreclosure or eviction, high credit card debts, and a pervasive and growing sense of economic insecurity.

An Area Agency on Aging professional in Raleigh, NC stated:

"I am regularly dealing with [seniors who have] credit card debt that has often snowballed into thousands of dollars, with no way possible to get out from under the debt, and credit card payments not leaving enough income to cover basics like food and utilities."

What struggling older adults need—and what they cannot now get in most communities—is one place where they can go to receive: (1) a comprehensive assessment of their economic situation; (2) a summary of the range of options that best meet their needs, expressed in clear and plain language; and (3) assistance with connecting to and accessing the appropriate programs and services, including employment and training.

Leveraging 21st century strategies and technology, the OAA can be strengthened and better positioned to meet the increasingly complex needs of vulnerable and disadvantaged boomers and seniors. We believe the OAA should contain: (1) a goal of economic security; (2) policy and program guidelines that ensure the improved co-

ordination of public benefits and private resources; and (3) authorization of resources that ensure the training and robust implement of a holist approach by the aging network.

In order to measure impact and best structure programming to meet the economic needs of older adults, the network first must adopt and define a measurable goal as a benchmark. The term “economic security” should be defined and stated as an objective of the OAA. Although economic security has long been an implied goal, the recent economic downturn and its negative impact on the housing, employment, and financial markets have made it an even more pressing matter for those concerned with the well-being of older adults.

NCOA greatly appreciates and supports the various provisions in S.1028 that strengthen the OAA's ability to improve economic security among older Americans, and enable the aging services network to more effectively respond to seniors' specific needs and struggles. We are particularly supportive of the provisions to include economic security as a priority in the declaration of objectives, provide a new definition of economic security, and focus increased attention on seniors with the greatest economic needs in the development of State and area plans. This addition will better enable the aging service network to meet the needs of seniors today and tomorrow.

CURRENT OLDER AMERICANS ACT PROGRAMS THAT REDUCE SENIOR POVERTY AND ECONOMIC INSECURITY

OAA Title V: The Senior Community Service Employment Program (SCSEP)—For many older Americans, the only solution to their financial insecurity is to work longer than planned or return to work from retirement. Yet, older adults face challenges to staying in the workforce. Not only has the nature of work changed, but the work opportunities are far fewer.

According to the Bureau of Labor Statistics, the unemployment rate for workers aged 65+ was 7.6 percent in May 2013, the highest it has been for this age group since the Great Depression ended, and more than double the 3.3 percent unemployed at the start of the recession in December 2007. These challenges will only worsen, as the total number of economically vulnerable seniors will increase to 30 million by 2020.

Once unemployed, older workers spend long periods of time searching for work. The average duration of looking for employment is 54.6 weeks, compared to about 9 months for younger workers. Once they have lost a job, older Americans are more likely than any other age group to remain out of work for 99 weeks or more. By January 2012, older workers displaced in 2009–11 were half as likely to have regained employment (23.5 percent) than the nationwide average (56 percent).

Many seniors simply stop looking for work and choose to draw on their Social Security benefits instead. Discouraged mature workers are not looking for work because they believe that none is available, employers will find them too old, they lack the necessary schooling/training, or they face other types of discrimination. In August 2010, discouraged mature workers represented nearly 20 percent of older persons not in the workforce.

The Senior Community Service Employment Program (SCSEP) is the Nation's only workforce development program designed exclusively to maximize the productive contributions of a rapidly growing older population. Authorized under Title V of the OAA, workers aged 55+ with incomes at or below 125 percent of the poverty line are provided part-time community service employment and training. SCSEP matches eligible older adults with eligible host agencies. They are paid minimum wage for an average of 20 hours per week while they build skills and self-confidence to help them transition into unsubsidized employment. Participants train in a variety of occupations including customer service, office and computers, food service, and health care. For most, their SCSEP experience leads to permanent employment.

Mainstream employment and training programs are not as effective in serving this population, particularly those with outdated skills who face discrimination in hiring. Significant numbers of SCSEP participants are struggling to make ends meet. Nearly 90 percent live in poverty, with incomes at or below \$10,890. More than one-third are homeless or at risk of homelessness. About two-thirds are female, and many of these older women spent the majority of their adult lives as caregivers and did not acquire the skills that would make them competitive in today's workforce.

SCSEP is administered by State agencies and 18 national sponsors, including NCOA. In fiscal year 2010, approximately 120,000 older workers were assisted by the program, dropping to 76,864 for the program year ending June 30, 2012. This year, work hours have been scaled back in most communities to 12 to 15 hours a

week. The overall decrease in the number of participants is due to attrition and lack of resources to add new seniors to the program. Wait lists for the program are approaching 100 in several of the communities that NCOA serves, and that number exceeds 600 in New York City alone.

While older workers develop skills and receive training and placement assistance in SCSEP, they also help local organizations that are struggling to meet growing needs with shrinking State, Federal, and charitable dollars—to maintain or increase their capacity to provide services to their communities, such as delivering meals to the homebound, assisting in libraries, and administering disaster relief. SCSEP participants provide millions of hours of community service, including serving other older adults, with a value to States and communities estimated at over \$1billion.

The need for SCSEP has never been greater. If Congress is serious about creating job opportunities for Americans in need of employment, we should be investing more in the SCSEP program.

OAA Title III-B: Home and Community-Based Supportive Services—Grants under this title fund a broad array of services that enable seniors to remain in their homes for as long as possible, including transportation, case management, adult day care, and in-home services such as personal care, chore, and homemaker assistance. Funding is also available to multi-purpose senior centers that coordinate and integrate services for the older adults such as congregate meals, community education, health screening, and exercise/health promotion programs. In fiscal year 2010, title III-B programs provided:

- Personal Care, Homemaker, and Chore Services—more than 35 million hours of assistance to frail seniors at risk of nursing home placement.
- Adult Day Care—over 10 million hours of services and supports for care for dependent adults in a supervised group setting.
- Transportation Services—over 27 million rides to doctor's offices, pharmacies, senior centers, meal sites, and other important activities.

These OAA programs play a modest but critical role in helping to address a growing crisis faced by millions of families that Congress has largely ignored: the institutional bias in our long-term care system, and the ongoing necessity for individuals and families to impoverish themselves by spending down their life savings before receiving the services and supports they need. With the median annual rate for a private nursing home room now costing \$84,000, it does not take long for the average American to quickly spend-down to poverty and onto Medicaid. Investments in home and community services could reduce rates of institutionalization and impoverishment among our rapidly growing senior population, particularly the rapidly growing group of those over age 85, who are at greatest risk of needing care. Medicaid long-term care services are also costing the Federal and State governments over \$150 billion a year, which could be significantly reduced with increased investments in far less expensive OAA services.

Title III-B also supports multipurpose senior centers, recognized by the OAA as community focal points, which have become one of the most widely used services among America's older adults. Today, nearly 11,000 senior centers serve 1 million older adults every day. Senior centers serve as a gateway to the Nation's aging network—connecting seniors to vital community services that: (1) prolong independence and delay institutionalization; (2) empower them to better manage and delay the onset of chronic disease; (3) improve their physical, social, mental, and economic well-being; and (4) promote active community engagement.

In seeking to appeal to and serve younger seniors, senior centers must make changes that connect them in new ways with their communities, such as upgrading their facilities and equipment. According to a February 2010 study by the Council of Senior Centers and Services in New York, many senior centers have aging physical plants and need to renovate to meet growing demands.

OAA reauthorization provides an opportunity to create authority to modernize multipurpose senior centers to foster innovation, leadership and capacity building. Senior center leaders understand that those receiving such investments would be held to a certain level of accountability, standards or accreditation. We should help the "innovators" continue to develop and test new models and provide technical assistance and training so that senior centers can better meet the needs of our growing aging population.

NCOA greatly appreciates and supports Section 403 of S. 1028, which would support and promote modernized multipurpose senior center models, build an evidence base of innovative practices to meet diverse needs, enable renovations to meet growing demands, and conduct an evaluation of the programs. We also support various provisions to improve care coordination among a broad array of health and home and community-based services.

OAA Title III-D: Evidence-Based Health Promotion and Disease Prevention—Title III-D initiates programs that help older adults prevent or manage multiple chronic disease and increase healthier lifestyles. According to the Medical Expenditure Panel Survey, over 53 percent of Medicare patients are treated for five or more chronic conditions during the year, accounting for nearly 78 percent of total Medicare expenditures. The aging network is in a unique position to give older adults the support and education they need to care for themselves and stay healthier longer.

According to the Kaiser Family Foundation, the out-of-pocket financial burden of health care is higher for seniors in poor health. Median out-of-pocket spending in 2006 was 20.6 percent for Medicare beneficiaries in poor health and 14.2 percent for those in excellent or very good health.

OAA evidence-based health promotion programs are effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. These low-cost programs empower older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management.

A study by RTI International found that title III-D programs stimulate innovation and allow community organizations to test out new approaches through partnerships that extend the reach of these services.

Two program areas funded under title III-D which are particularly effective are the Chronic Disease Self-Management Program (CDSMP) and evidence-based falls prevention programs, which were developed with initial funding under OAA Title IV (see below). CDSMP is a low-cost, evidence-based disease prevention model that has been shown through randomized control experiments to be effective at helping people with chronic conditions to adopt healthy behaviors, improve their health status, and reduce their use of hospital stays and emergency room visits.

Title III-D also provides modest funding for evidence-based falls prevention programs in some States, offering promising directions for simple, cost-effective interventions. One in three older Americans fall each year. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. About \$30 billion a year is spent treating older adults for the effects of falls and it is projected to double by 2020, costing Medicare \$32 billion.

Randomized controlled trials of several community-based programs have clearly demonstrated a reduction in falls: When compared with controls, the *Tai Chi: Moving for Better Balance* intervention reduced falls by 55 percent; the *Stepping On* program reduced falls by 30 percent; and the *Otago Exercise Program* reduced falls by 35 percent. Research has shown that all of these evidence-based interventions have positive return on investment or anticipated savings that result from implementing falls prevention programs. For example, *Tai Chi: Moving for Better Balance* demonstrated that for every \$1 invested in the program there is a \$1.60 saved in direct medical costs.

NCOA appreciates and supports provisions in S.1028 to further promote evidence-based self-care management for those with chronic conditions, and evidence-based falls prevention programs in area plans and supportive services programs.

OAA Title IV: Activities for Health, Independence, and Longevity (Program Innovations)—Title IV authorizes the Assistant Secretary for Aging to award funds for research, demonstration and evaluation projects. Many successful title III and other OAA programs trace their origin to title IV work. With systematic knowledge gathering and application, the OAA has the potential to improve program efficiency and effectiveness, better meet the needs of an increasingly diverse population, and help slow the growth of Medicare and Medicaid expenditures. As Congress and the Administration consider policy changes through reauthorization and appropriations, we urge that greater consideration be given to this significant potential under title IV.

A title IV success story is a Bush administration initiative known as *Choices for Independence* under the leadership of former Assistant Secretary Josefina Carbonell. *Choices for Independence* awarded grants to develop and evaluate evidence-based disease management and prevention programs to reduce the risk of disease, disability, and injury among seniors. This is a model for working together on a bipartisan basis to take innovations that improve efficiency and outcomes to scale, and should be replicated in other areas.

Title II, Section 202(20): OAA Provisions on Benefits Outreach, Enrollment and Counseling—Improving access to needed benefits is critical to providing economic support to low-income, vulnerable seniors. Benefits provide help paying for food, health care, home energy, and other daily needs, alleviating poverty and allowing seniors to live with dignity. Benefits are also a source of economic development in local communities by increasing consumption and spending in them.

Large percentages of vulnerable seniors and younger people with disabilities are not participating in need-based programs for which they are eligible. Many are not aware of these programs, do not believe they qualify, do not understand the value of the assistance, or need help filling out the application forms. In particular, low-income Medicare beneficiaries continue to struggle to access the health care benefits for which they are eligible. For example, approximately 2.3 million individuals eligible for the Medicare prescription drug low-income Extra Help are not enrolled. Less than a third of those eligible for assistance paying Medicare Part B premiums through a Medicare Savings Program (MSP, for beneficiaries with incomes below 135 percent of poverty) receive this help.

The 2006 OAA reauthorization added title II, section 202(20), which strengthened language on outreach and enrollment assistance to seniors in greatest need, and created the National Center for Benefits Outreach and Enrollment. Currently administered by NCOA, the Center has become the leading national resource working with community-based organizations that assist seniors in accessing the need-based benefits that help them remain healthy and independent. The Center makes widely available state-of-the-art web-based screening and enrollment tools; fosters the use of cost-effective benefits outreach and enrollment strategies by local Benefits Enrollment Centers (BECs) and service providers; provides training and technical assistance; and has developed an online information clearinghouse of cost-effective, promising practices related to benefits outreach and enrollment.

In 2008, Congress provided \$25 million in Medicare funding for the National Center, Area Agencies, State Health Insurance Assistance Programs, and Aging and Disability Resource Center to perform various outreach and enrollment activities for low-income Medicare beneficiaries. This enabled grantees to:

- Assist about 540,000 individuals in need;
- Generate \$1.8 billion in local economic activity;
- Reduce by almost 10 percent the number of low-income beneficiaries without access to needed benefits for which they were eligible;
- Target rural communities to improve access to Medicare prescription drug coverage and extra help;
- Assist thousands of beneficiaries to save money and make the competitive market work better through improved information for consumers making complex choices, fostering objective yet personalized plan selection and decisionmaking; and
- Contribute toward increasing new MSP enrollment from 192,963 in 2009 to 388,733 in 2011.

OAA provisions to reduce elder financial abuse and exploitation—One of the key elements to ensuring economic security for older adults is preventing elder financial abuse and exploitation. Financial abuse is the third most commonly substantiated type of elder abuse, following neglect and emotional/psychological abuse. While underreported, the annual economic loss by victims of elder financial abuse is estimated to be at least \$2.9 billion annually, according to a June 2011 study by the MetLife Mature Market Institute.

Examples of financial exploitation include cashing an elderly person's checks without authorization; forging an older person's signature; or misusing or stealing an older person's money or possessions. Another example is deceiving an older person into signing any contract, will, or other document.

NCOA appreciates and supports language in Section 708 of S. 1028 to further strengthen current OAA provisions to reduce elder financial abuse and exploitation. We strongly urge Congress to provide funding to support these and other similar efforts to combat various forms of elder abuse.

SENIOR HUNGER AND OAA NUTRITION PROGRAMS

Hunger is a serious and growing problem among older Americans. The prevalence of food insecurity is at a 17-year high and occurred in more than 8.4 percent of households with older adults in 2011 (2.5 million households). Eight of the top ten States with the highest rates of senior food insecurity are in the South, including North Carolina, Georgia, and South Carolina. The number of food insecure seniors is projected to increase by 50 percent in 2025.

Food insecurity leads to significant health problems that can jeopardize seniors' ability to live independently. Compared to their peers, food insecure seniors are:

- Almost twice as likely to be diabetic (19 percent vs. 2 percent).
- Far less likely to be in excellent or very good health (17 percent vs. 44 percent).
- Over five times more likely to suffer from depression (16 percent vs. 3 percent).
- Over twice as likely to have at least one limitation with an activity of daily living (52 percent vs. 21 percent).

The Congregate and Home-Delivered Nutrition Services Programs successfully reduce hunger and food insecurity, promote the health and well-being of older individuals, and delay adverse health conditions. They have been one of the core elements of our national strategy for reducing food insecurity among the elderly for over 40 years. These services are targeted to those in greatest social and economic need. A 2009 national survey found that 44 percent of home-delivered meals recipients were in poverty and 52 percent were at high nutritional risk, while 34 percent of congregate meals recipients were in poverty and 19 percent were at high nutritional risk. The survey also found that 63 percent of home-delivered meal recipients and 58 percent of congregate meals recipients relied on these services for one-half or more of their total food for the day.

Investments in these nutrition programs help to bend the Medicare and Medicaid cost curves by keeping frail seniors healthier and out of expensive nursing homes. Over 35 percent of home-delivered meal recipients have severe disabilities (with three or more impairments of activities of daily living). This measure of dependence is associated with nursing home admission, and demonstrates the extreme frailty of a significant number of persons served by the home-delivered meals program. Fully 93 percent of home-delivered meal recipients and 58 percent of congregate meals recipients report that the meals enabled them to continue living in their own homes.

THE IMPORTANCE OF REAUTHORIZING AND INVESTING IN THE OLDER AMERICANS ACT

The OAA continues to work well for older adults across the country and major structural changes are not needed. The reauthorization process, which should occur every 5 years, provides an important opportunity to modernize and improve services by supporting efficiencies and innovations, reassessing the Act's successes and limitations, and addressing its ability to effectively serve older Americans in need. It is noteworthy to recall that, during the last White House Conference on Aging in December 2005, OAA reauthorization was the No. 1 priority out of the 73 considered by the bipartisan delegation of community leaders in aging. ***NCOA urges members of the HELP Committee to continue the tradition of bipartisan and timely reauthorization of this important statute and come together to pass a bill before the August recess.***

The OAA is a living document that should change to address emerging needs and embrace new, innovative best practices. Particularly in times of fiscal restraint, improvements can be made in the efficiency and effectiveness of the OAA in its delivery of services and how it coordinates with other Federal programs.

The reauthorization of the OAA will provide an opportunity to modernize critical systems and supports designed to assist older adults experiencing economic distress. With an increasingly diverse number of Americans likely to find themselves in economic distress in old-age, now is the time to shore up strategies through the OAA to ensure all older adults have the opportunity to get on a pathway to economic security. Reauthorization of the OAA as increasing waves of Baby Boomers age is crucial to ensure that successes of the Act can be better leveraged, and innovation continues to be fostered to meet the needs of today's and future seniors.

S. 1028, the Older Americans Act Amendments of 2013, introduced recently by Chairman Sanders and cosponsored by 17 colleagues, is an excellent starting point for serious bipartisan discussions. NCOA supports the bill, as it incorporates several NCOA priorities, including explicitly establishing economic security as a goal of the Act, promoting senior center modernization, emphasizing the delivery of evidence-based chronic disease management and falls prevention, and strengthening elder justice provisions. Together, these improvements can empower seniors and improve their health and economic security, bend downward the long-term entitlements cost curve, and promote greater program efficiency and coordination.

At the same time, we cannot ignore the dire consequences facing vulnerable seniors if Congress continues to cut OAA programs. NCOA strongly urges that needed OAA funding be provided to keep older Americans healthy, independent, and productive, thereby reducing other Federal and State spending. OAA programs represent less than 0.2 percent of Federal discretionary spending, but offer a substantial return on investment by leveraging State, local, and private dollars.

Despite the program's successes and efficiencies, funding for the OAA has not kept pace with inflation or population growth for decades, and current levels are inadequate to meet this increased need. In 2009, in order for OAA funding to simply catch up with the growth in the senior population and the costs of services over the past decade, it would have had to be increased by at least 12 percent a year for several years. Since then, OAA appropriations have continued to lag behind the ris-

ing costs of fuel, commodities, and wages, while the Nation's senior population, as well as demand for OAA services, has continued to grow. Additionally, many States remain hampered by the lingering effects of the economic downturn, and Federal discretionary spending has faced a series of devastating, unprecedented cuts in the name of deficit reduction.

Sequestration's arbitrary reductions to OAA programs fails to recognize the Nation's changing demographics, or the needs of seniors and their families. Since local, State, and Federal resources are likely to be strained into the foreseeable future, adequate Federal support for the OAA through the appropriations process is all the more critical. ***NCOA strongly urges that Congress fund OAA services at levels that protect and strengthen the program, so it may meet the rapidly increasing need among vulnerable older Americans.***

With the retirement of over 78 million baby boomers ahead of us and the current, but long-lasting, implications of present economic challenges, it is time for renewed energy and innovation to make important, strategic improvements that will result in systems change and ensure that older adults are able to access the coordinated public and private resources they need to be financially secure and remain independent. NCOA believes that the Older Americans Act is a critical vehicle in this process.

Senator SANDERS. Thank you, Mr. Bedlin.

Our final witness is Paul Downey. Mr. Downey has served as president and CEO of Senior Community Centers in San Diego since 1995. He is also president of the National Association of Nutrition and Aging Services Programs and a steering committee member for the California Elder Economic Standard Initiative.

Mr. Downey, thanks for being with us.

STATEMENT OF PAUL DOWNEY, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF SENIOR COMMUNITY CENTERS, AND PRESIDENT OF THE NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS, SAN DIEGO, CA

Mr. DOWNEY. Thank you, Senator. Good morning.

Chairman Sanders, Ranking Member Burr, and members of the subcommittee, this hearing is important to our hope that Congress will reauthorize the OAA this session. Millions of seniors are able to live in their community and at home by virtue of the services OAA provides every day.

Senior Community Centers does its part by serving breakfast and lunch, 2,100 meals daily, 7 days per week, 365 days per year to seniors living on an average of \$830 a month. Put another way, 95 percent of the seniors we serve live at or below the Federal poverty level or at about half of the elder index in San Diego County, which measures income adequacy for basics, including food and housing.

The rent for single room occupancy hotels, SROs, where most of the seniors we serve live, averages \$675 a month, leaving about \$150 for everything else, including food. Virtually every senior that we serve is on the cusp of homelessness. That's why Senior Community Centers also provides a full array of services, including case management, chronic disease management, healthcare education, civic engagement, 350 units of permanent supportive housing, and 30 units of transitional housing for homeless seniors. Some of these types of services are also funded through the Older Americans Act.

But our core service and the one that is most critical remains nutrition. Nutritious food keeps seniors healthy and independent. They make fewer visits to the emergency room, spend less time in

the hospital, and if we do our job right, we can eliminate the need for long-term care.

Our average cost to Senior Community Centers to provide nutrition services for a year is about \$2,000. A single day in a nursing home in California is \$330 a day. A single day in the hospital is about \$2,600 a day. Simply put, an investment in the Older Americans Act is a win-win. Seniors are healthy, and government at all levels saves money.

Through our meal program, as noted by the chairman, we're able to get eyes on the client on a daily basis. One of my home-delivered meals drivers noted that a 63-year-old male client was frequently calling 911. He notified Dr. Pettigrew—one of our physicians. She discovered that this client is what is known as a hot-spotter, a frequent user of EMS services. In 2012, he had called paramedics 59 times at a cost of almost \$104,000 to the city of San Diego.

Dr. Pettigrew's intervention resulted in getting the client a primary care physician and a referral to a psychiatrist, because his primary problem was depression exacerbated by isolation. He now regularly gets meals and participates in activities at our flagship facility, the Gary and Mary West Senior Wellness Center, and the client has called 911 zero times in 2013. None of this would have happened without a home-delivered meal.

This illustrates why we see the OAA as not only a social and human service program, but also a preventative health program. It has strong ROI. Dollars invested in the OAA do two distinct things. They leverage other sources of funding, and they save untold millions in Medicare and Medicaid costs. These savings must start to be documented with better data collection.

Also, don't overlook the fact that the OAA is a catalyst for thousands of jobs in non-profit agencies and the for-profit vendors who supply us.

Senator Sanders, NANASP supports S.1028, and we've enjoyed working with your fine staff to help develop the bill. S.1028 keeps senior nutrition strong by maintaining separate funding for the congregate and home-delivered meals programs and keeping the system of voluntary contributions which ensures that we don't drive away those older adults who need us the most.

We also support the bill which works to better connect nutrition and transportation programs. Further, we will continue working to ensure that we fully protect nutrition dollars, especially from diversion into programs that are not related to nutrition.

Overall, your bill represents a critical opportunity to stand up for seniors and let them know that Congress has their back. There are acres of common ground that we can find to move this bill forward, and we should.

Let me raise a related issue, sequestration, which is devastating senior nutrition across the country. In California, we are losing 750,000 meals. Senior Community Centers—our share of sequester is a cut of over \$200,000, which puts 70,000 meals at risk. Please end it as soon as possible. Exempt those programs which clearly serve the most vulnerable of our society, such as the OAA nutrition programs. We have gone from being providers of meals to arbiters of who goes hungry, and that is wrong.

Thank you.

[The prepared statement of Mr. Downey follows:]

PREPARED STATEMENT OF PAUL DOWNEY

Chairman Sanders, Ranking Member Burr, members of the subcommittee, thank you for holding this hearing and inviting me to testify. I wear two hats today: president of NANASP—the National Association of Nutrition and Aging Services Programs—and president of Senior Community Centers in San Diego.

This hearing is important to our hope that Congress will reauthorize the OAA this session. Millions of seniors are able to live in the community or at home by virtue of the services the OAA provides every day.

Senior Community Centers does its part by serving breakfast and lunch—2,100 meals daily—7 days per week, 365 days per year, to seniors living on an average of \$830 per month. Put another way, 95 percent of the seniors we serve live at or below the Federal poverty level or at half the level of the Elder Index in San Diego County which measures income adequacy for basics, including food and housing.

The rent for Single Room Occupancy hotels (SROs), where most seniors we serve live, averages \$675 per month, leaving about \$150 for all other expenses, including food. Virtually every senior we serve is on the cusp of homelessness. That's why Senior Community Centers also provides a full array of services including case management, chronic disease management, healthcare education, civic engagement, 350 units of permanent supportive housing and 30 units of transitional housing for homeless seniors. Some of these types of services are also funded through the OAA.

But our core service, the one most critical, remains nutrition. Nutritious food keeps seniors healthy and independent. They make fewer visits to the emergency room, spend less time in the hospital and, if we do our job right, may not need costly long-term care. Consider that our average annual cost to provide nutrition services to a senior is just over \$2,000 a year. A single day in a nursing home in California averages \$330. A day in the hospital in California averages \$2,590. Simply put, an investment in OAA is a win-win: seniors are healthy and government at all levels saves money.

Through our meal program, we're able to get eyes on the client on a daily basis. One of my home-delivered meals drivers noted that a 63-year-old male client was frequently calling 911. He notified Dr. Pettigrew, one of our physicians. She discovered that this client was what is known as a "hot-spotter"—a frequent user of EMS services. In fact, in 2012, he had called paramedics 59 times at a cost of almost \$104,000 to the city of San Diego.

Dr. Pettigrew's intervention resulted in getting the client a primary care physician and a referral to a psychiatrist—because his primary problem was depression exacerbated by isolation. He now regularly gets meals and participates in activities at our flagship facility, the Gary and Mary West Senior Wellness Center, and the client has called 911 zero times so far in 2013. None of this would have happened without a home-delivered meal.

This illustrates why we see the OAA as not only a social and human service program but also a preventive health program. It has strong ROI. Dollars invested in the OAA do two distinct things: they leverage other sources of funding and they save untold millions in Medicare and Medicaid costs by maintaining older persons in their homes and in their communities. These savings must start to be documented with better data collection.

Also, don't overlook the fact that the OAA is a catalyst for thousands of jobs in non-profit agencies and for-profit vendors who supply the aging network.

Senator Sanders, NANASP supports your bill and we have enjoyed working with your fine staff. S. 1028 keeps senior nutrition strong by maintaining separate funding for the congregate and home-delivered meals program and by keeping the system of voluntary contributions which ensures that we don't drive away those older adults who need us the most. We also support your bill working to better connect nutrition and transportation programs. Further, we will continue working to ensure we fully protect nutrition dollars especially from diversion into programs not related to nutrition.

Overall, your bill represents a critical opportunity to stand up for seniors and let them know Congress has their back. There are many areas of common ground that we can find to move the OAA forward and we should. However, without your leadership and your bill we would be nowhere.

Let me raise a related issue: sequestration, which is devastating senior nutrition across the country. In California, we are losing 750,000 meals. At Senior Community Centers, our share of sequester is over \$200,000 which puts 70,000 meals at risk. Please end it as soon as possible. Exempt those programs which clearly serve the most vulnerable of our society, such as the OAA nutrition programs. We have

gone from being providers of meals to arbiters of who goes hungry and that is wrong.

Thank you.

Senator SANDERS. Mr. Downey, thank you very much.

I think what we have heard from the excellent testimony from all of our panelists and from what we've heard from members of the panel here are two basic issues, and I think Senator Warren touched on them. No. 1, the moral issue. Should we turn our backs on the people who raised us, the people who fought in wars, and allow them to suffer? That's the first issue.

And the second issue we have all heard is the economic issue, the insanity of wasting huge amounts of money by not providing minimal services to people so they don't end up in the hospital, they don't end up in the emergency room, they don't end up calling 911 50 times unnecessarily, et cetera, et cetera, et cetera.

So I want to start with Ms. Hollander. You raised an interesting point that the funding—forget sequestration for a moment, as humiliating and embarrassing and disastrous as that is. Go back to where we were years ago. How has funding for this extraordinarily cost-effective program not kept up with need for many years before sequestration?

Ms. Hollander and then others can comment on that, please.

Ms. HOLLANDER. I anticipated that this question might arise, that if I did indicate that the funding levels did not keep pace, someone was going to ask me, "Well, what would we need to keep pace?" So we did the math, and it is pretty extraordinary that \$514 million would be needed just to get to 1992 levels.

Senator SANDERS. Say that again. To get to where we were in 1992, we would need an additional \$514 million.

Ms. HOLLANDER. Yes, \$514 million.

Senator SANDERS. So the real funding for the Older Americans Act has significantly declined.

Ms. HOLLANDER. Correct.

Senator SANDERS. Do other people want to comment?

Mr. BEDLIN. Back in 2009, 4 years ago, a number of aging service organizations calculated that just to simply catch up with the growth in the senior population and the cost of services, the Older Americans Act would have to be increased by 12 percent per year for several years. That was, again, 4 years ago.

Since then, as has been indicated, the program has not kept pace with inflation or the increasing number of individuals in need, bearing in mind that those at greatest risk are those over age 85, and that's where we've seen the most rapid growth demographically. And, clearly, the program has not kept up, and that's why we see growing unmet needs and people not getting services that would save, frankly, State and Federal Government significant dollars.

Senator SANDERS. Mr. Downey.

Mr. DOWNEY. We see that for a program that primarily serves people in poverty, it puts an even greater strain, because for a program like Senior Community Centers with 95 percent below FPL, those seniors are not able to make much of a donation, which is what the program is predicated on. So it puts a strain on the local resources for us to be able to continue to, frankly, have to fundraise

from the rest of the community to make up the difference that the seniors would normally be providing.

The key is that when you look at some of the numbers on healthcare or access to healthcare, lower income and those in poverty tend to use healthcare at a higher rate because they're primarily using the emergency room as their primary care physician. So programs that focus on those in poverty—there's actually a more direct correlation between investing in those programs and reducing healthcare costs.

Senator SANDERS. What we are in agreement about is in terms of real dollars, the Older Americans Act has been significantly underfunded for many years, and then you have sequestration adding insult to injury. I want somebody to make the point or to discuss again the Older Americans Act as an economic investment in saving the U.S. Government money in terms of Medicare, Medicaid, local police departments, ambulance services, et cetera.

Who wants to pick up on that point?

Ms. Hollander, why don't you jump in there?

Ms. HOLLANDER. May I clarify one quick thing for the record? I want to make sure that the \$514 million figure that I gave you takes into consideration both inflation and population growth. I just want to make sure that that was clear.

Senator SANDERS. For the record, we got it.

Ms. HOLLANDER. Thank you.

Nancy. Go ahead.

Ms. ALTMAN. To respond to what you were saying, Medicare is an extremely efficient program. It spends less per capita, even though it covers the most expensive part of the population, than private insurance. And yet it would be even more effective if we prevented people from needing acute care.

As we've said, nutrition is very important. Preventing falls is very important—all of those kinds of things. As we say, a return of 1 to 50 is not something you can find even with the best financial advisors.

Senator SANDERS. Thank you very much.

Senator Burr.

Senator BURR. Mr. Downey, how effectively do you believe that title III services, particularly those for nutrition, are braided with other sources of funding for our most vulnerable populations, be it Federal, State, or local dollars? And do we create an impediment in any way from the Federal level for that happening in a more natural way?

Mr. DOWNEY. Senator Burr, I would say that when you look at how the formula operates from the Federal level down to the State down to the local, it is a maze to try to understand how funding flows on a State-by-State basis. And I'm speaking as president of NANASP when I look across the country.

So when it gets to the local level, we don't see much funding except for the Federal dollars, and the California Department of Aging, where the State, puts in its matching shares. So the only dollars that we are receiving are basically Federal dollars and a small State match. The local Area Agency on Aging puts in no local dollars. We're dependent really strictly on philanthropy to try to make up the rest of the gap.

In terms of impediments, I would say if there was a way to reduce some of the byzantine nature of the formulas, I think I would be all for seeing that so we could understand. The sequestration is a good example. When you look at the impact, some States are seeing zero impact for nutrition.

In the State of California, the best they can tell us right now is our cut is somewhere between 9 percent and 20 percent, and they can't tell us anything beyond that at this point. And that's largely due, specifically, to the nature of your question, which is how the formulas are working.

Senator BURR. Mr. Bedlin, oftentimes, the meals seniors receive from the Act—the funding covers one meal a day. There are other opportunities from Federal funding to support meals for seniors, however, SNAP, Senior Farmers Market Nutrition Program, and the Commodity Supplemental Food Program. How well-aligned are the Federal eligibility requirements for the various other Federal assistance programs that we provide from a Federal level?

Mr. BEDLIN. I can tell you that they're all targeted to a very vulnerable, lower income population in need. My colleagues may be able to talk a little bit more about the specific eligibility criteria. I think they're generally similar. I think they're relatively well aligned. I don't have the on-the-ground experience dealing with them.

I will tell you that senior participation in those programs, as with other low-income benefits programs, is problematic. In the SNAP program, for example, senior enrollment is the lowest of any age group. Again, only about a third of the seniors—

Senator BURR. But all of you would agree that these three Federal programs apply to the same population. You could comingle these three programs into your operation.

Mr. DOWNEY. Theoretically, but the challenge—

Senator BURR. Tell me the challenge.

Mr. DOWNEY [continuing]. The challenge—for instance, you mentioned SNAP, specifically, Senator. In California, seniors have to choose between SSI or SNAP. So if you are living on \$830, and you're trying to make decisions about whether to take the money, whether to take SNAP, or whether to take an Older Americans Act meal, you choose the meal and take the money to help pay for some of your other needs. So it doesn't all seamlessly flow together.

Senator BURR. How about the other two programs? Are they accessible?

Mr. DOWNEY. They're accessible. I would say that across the board, there's not enough funding—as was alluded to by my colleagues, not enough funding. As a program, I have my foot on the brake in terms of reaching out. There are more seniors in San Diego County that need the services we provide for all of the benefits that we've discussed, but I have my foot on the brake because there's not enough funding from any source, including philanthropy, to be able to meet the needs.

That's the fundamental challenge, and I would suspect my colleagues would agree. And I know, certainly, the NANASP members would agree that it's hard, with the demographic onslaught that we're going to be seeing over the next 15 or 20 years, to operate when we've got our foot firmly on the brake.

Senator BURR. Ms. Hollander, the Older Americans Act defines older Americans as age 60 and over. A recent GAO analysis found that the prevalence of seniors having at least one ADL limitation increases with age. Currently, the congregate nutrition and meals program is not tied to seniors who have one or more ADL.

In your opinion, is it important that the congregate meal services are based on an individual's ability to perform basic activities versus providing services on a first-come, first-serve basis to seniors 60 and over?

Ms. HOLLANDER. I think the spirit of the Older Americans Act with regard to all of its programs are those that are in greatest social and economic need. Generally, they are those who are low-income, could be having challenges with being able to stay in their own home.

Most of the percentage of people that get congregate meals—based on statistics that I have in front of me from the Older Americans Act, a number of them do suffer from multiple challenges, ADLs. I can give you the statistics. I can submit them for the record if you want.

Senator BURR. Would you submit it for the record?

Ms. HOLLANDER. OK.

Senator BURR. That would be great.

Thank you, Mr. Chairman.

Senator SANDERS. Let me get to Senator Baldwin.

Senator Baldwin.

Senator BALDWIN. Thank you, Mr. Chairman.

Ms. Altman, you describe a pretty stark picture of the economic vulnerability of our seniors in your testimony, and I appreciate your testimony. You highlight how Social Security, Medicare, and the Older Americans Act programs work together to improve the security of older Americans.

I agree that it's important to think about how these programs work together. You could imagine a three-legged stool. And if we don't adequately fund the Older Americans Act, we can then envision it becoming a two-legged stool. I'd like to have you talk a little bit about how our level of funding for the Older Americans Act affects the Social Security and Medicare programs and, potentially, their long-term solvency.

Ms. ALTMAN. These three programs really are synergistic, and I think past policymakers understood this. You need a basic level—and I guess the other point, which also goes to the last question, is that all three of these programs are extremely efficient and, again, they work together.

So Social Security—the understanding is that once you lose wages, you need wage insurance, which is Social Security. It replaces just a very minimal level. For a worker who retires at age 65 and was earning about \$40,000, it replaces just under 40 percent of final pay. So that's not very much to maintain a living standard, but it's a minimal amount.

On top of that, it's not enough to have health insurance. So the Medicare is there, very efficiently. But those people need services to complement both of these programs. If those services weren't there, as we've talked about, there would be more hospital stays.

There would be more falls. There would be more malnutrition and so forth.

So the Older Americans Act is really there as a support to these other two programs. The three-legged stool, I think, is a perfect analogy of how it works.

Senator BALDWIN. We've had some quantification of the leveraging impact of the Older Americans Act. Has there been any scholarship along those lines in terms of full funding, saving Medicare or Social Security or extending their solvency in a specific way that you're aware of?

Ms. ALTMAN. Well, certainly, the jobs part that Mr. Bedlin was talking about is a very important program, because some seniors are able to and want to continue to work, and then they would be contributing. That would certainly extend the life of the program, not that they'd have to work, but they would want to work. So that certainly does.

And we talk about the real issue in the Federal budget being rising healthcare costs overall, not really Medicare, because Medicare is a symptom of these other costs. If people got the preventive care through nutrition and these other services and the abuse issues and so forth, there would be fewer hospital stays. So, definitely, more funding for the Older Americans Act will improve, economically, Social Security and the finance of Social Security and Medicare and, of course, improve the value of the lives of these people as well.

Senator BALDWIN. Mr. Bedlin.

Mr. BEDLIN. Yes. Briefly, with regard to Medicaid, for example, the home and community-based services available through the Act can delay Medicaid spend-down, which, as I mentioned, can happen quite rapidly, and Medicaid is the primary payer for long-term care. On the Medicare side, the evidence-based health promotion, disease prevention programs have the potential, and some of the individual programs under title III-D have been found to reduce hospitalization rates, reduce emergency room visits.

Part of the problem, though, is the Congressional Budget Office will not look at the discretionary side for savings on the mandatory side. There have been some private estimates. The Lewin Group, for example, has looked at a number of these programs and shown some significant savings. But the CBO rules make it difficult for us to come to Congress and have scorable savings.

Mr. DOWNEY. Senator, I think your question also highlights a very important need, which is better data collection throughout the network. It's something we're committed to at my agency. We use a simple scan card so if a senior gets a meal, sees a social worker, sees a nurse, goes to a Tai Chi class, we can track it so that we can demonstrate the impact of what we're doing.

Unfortunately, throughout the aging network, and particularly in Older Americans Act programs, we're not as strong on the data. All of us here and, I suspect, many of the people behind me could tell anecdotal stories all day. But what we need to do is move toward better documentation and showing the data so that we can absolutely prove what we all believe to be absolutely the facts.

Senator SANDERS. Senator Warren.

Senator WARREN. Thank you, Mr. Chairman.

I'd like to ask about another aspect of the Older Americans Act. We started talking about Social Security, how Social Security provides a safety net to keep people out of poverty, but it's a very modest safety net. And I think we'd all agree that people need pension help to the extent they've got it. If they put any money away during their working years, they need that money in their retirement years.

But managing a pension can be complex. And part of what the Older Americans Act did was establish a pension counseling and information program, six regional projects covering 29 States, so that there's assistance for seniors who are trying to get access to their pensions.

Now, one project, in particular, that I've learned about is one out of Massachusetts. It's the New England Pension Assistance Project at the University of Massachusetts Boston, and it uses OAA funds in order to help people recover lost pensions. Lost pensions are pensions that people moved during their working years. The company has since changed names or merged with another company so that people can't find pensions that they may now be eligible for.

It's my understanding from reading your testimony, Ms. Altman, that this project, since 1993, has produced about \$175 million for about 50,000 of our seniors, and that this is another one that has great leverage. For every dollar that we've spent in costs, seniors have recovered about \$8 in pension money. But it's only available in 29 States because there's not enough funding for it now.

So the question I have is on this one. If we ended the sequester, if we expanded the program, how much money could we potentially recover for our seniors, Ms. Altman?

Ms. ALTMAN. Thank you very much for that question, because this is exactly right. This is another part, another illustration, of how the Older Americans Act works. There is Federal money that's leveraged in many ways.

First of all, there has to be private—they have to have some foundation coverage as well, so these six regional offices or counseling projects cover only 29 States, three-fifths of the country—bringing in private money, and then getting \$8 for every Federal dollar spent, as you said. Some of the States that are not covered are States with high numbers of retirees. Florida is not covered. A lot of the Northwest, Washington and Oregon, are not covered. Maryland and Virginia are not covered.

Again, I'm used to working with Social Security with the large amounts of money. The money is very modest. It's \$1.6 million to run all of these centers with all of these lawyers handling—they've gotten returns for 50,000 beneficiaries who have—it's a kind of program integrity. They've earned these benefits, and they need legal assistance in actually getting them.

I think that if the program were just increased modestly so you could cover all 50 States, we're likely to double the return. So \$275 million has been collected for beneficiaries—as I said, a kind of program integrity for the tax expenditures that are used over the course of this program. And I think you could easily double that.

Senator WARREN. Well, thank you. This is such a modest amount of money, and I just want to emphasize that this is not a subsidy.

This is money people earned, and it's just trying to help them get the money they earned. So thank you, Ms. Altman.

I want to ask one other question, if I can, about the Meals on Wheels program, Ms. Hollander. It's my understanding that—we've been talking about it—you're trying to recover to try to get us to the point where we were in the 1990s, at least, on coverage for Meals on Wheels. But today, fewer than 1 in 10 people who are eligible for Meals on Wheels are actually getting the Meals on Wheels program. Is this right?

Ms. HOLLANDER. I don't know the answer to that.

Senator WARREN. Well, this is what I have read, that the eligibility—we just aren't able to reach—you're nodding, Mr. Downey. We are not able to reach the people who are currently eligible for Meals on Wheels. And the sequester has made a bad problem worse, but it was not that we were in a good place, reaching all of the seniors who needed Meals on Wheels. Is that a fair—

Mr. DOWNEY. That is absolutely correct, Senator. Before sequester, as I noted, my foot is on the brake in terms of outreach. We don't do outreach. We have more seniors showing up on our doorstep needing meals than we have money to feed them with. So the sequester just put us—we had to slam the brake even harder in terms of what we're doing.

So the challenge is we know that they're out there. And I don't know if it's 1 in 10, but, certainly, a significant number of folks that should be receiving the services and coming to the congregate meal sites and receiving the ancillary services are not able to do so because programs like mine and the Meals on Wheels programs simply don't have the ability to meet the demand.

Senator WARREN. So if the chairman will indulge me for just 1 minute on this, could I ask the question in the other direction? If instead of spending \$800 million on the congregate meals programs, we doubled that to \$1.6 million, can you just speak very briefly to the question of both how many people would be helped and how much money we would save doing that? Whoever would like to jump in first—

Mr. DOWNEY. Sure. It's going to be significant. I mean, we all are painfully aware of the demographics. So we're going to double the number of seniors in this country between today and 2030 who would be eligible for Older Americans Act programs. So your question is very appropriate.

If we doubled it, we would simply keep at the level that we're at with that portion that we're currently serving. And in terms of the dollars, it's going to be multiple-fold. As I noted in my example with just the one home-delivered meal client, that was \$104,000 saved for the city. We don't know what the Medicare and Medicaid costs were.

The fact is that as a program, we only need to be marginally successful to save a lot of money on the other side. And I would argue that we are highly successful, but that's the point. A marginal success is going to break even or do better.

Senator WARREN. Thank you.

And I apologize for running over, Mr. Chairman, and perhaps we can do this more in questions for the record.

Senator SANDERS. Senator Franken.

STATEMENT OF SENATOR FRANKEN

Senator FRANKEN. Thank you, Mr. Chairman, and I'd like to thank the Ranking Member as well for this really important hearing. It's absolutely vital that we reauthorize the Older Americans Act.

Over the last several years, I've done listening sessions all over the State, at least 25, with hundreds of seniors, and they all say the same thing, which is, "I want to be in my home, and I want to remain independent." And the Older Americans Act allows them to do that.

So they're home, and sometimes they get Meals on Wheels. Sometimes they get other services. Someone comes—a volunteer will come and drive them to get a haircut or go to a congregate dining facility or go to a doctor or a movie. And it saves money. This has sort of been a leitmotif of this hearing. What is the return on this investment? And that's a phrase that you used, Mr. Downey, return on investment.

Mr. Bedlin, we heard from you that it's hard to get CBO to score these things exactly. So what I wonder is, in your estimation, what is the return on investment? It costs a lot more to be in a nursing home than to be at home. If you can keep people in their homes, you save money.

It doesn't sound like you have hard data. You said, Mr. Downey, we need more data. The cost of the sequester—this is a significant piece of this. As Ms. Hollander said, the funding for the program has gone down if you adjust for inflation and population.

What return on investment are we losing because of the sequester? And is it basically, again, being penny-wise and pound-foolish? Anyone can speak to that.

Mr. DOWNEY. Yes. I'm not sure it needs much more elaboration.

Senator FRANKEN. Yes. We've sort of established that the hard data isn't there. But I just hate to see us in the so-called interest of paying down our deficit and our debt actually hurting ourselves and hurting people at the same time. It's a tough bank shot.

Ms. ALTMAN. I think all four of us will agree that the return on investment of all of these programs—the rate might change, but they're all very good. The idea of saving a day of hospital care is huge throughout the budget.

And in the portion I was just talking about, the pension information, that's a \$1 to \$8—for every \$1 spent, \$8 is recovered. So when you cut back, you're losing that kind of leverage. For every dollar you cut, you lose \$50 of—it costs Medicare \$50 more. There's \$8 less of recovery.

Ms. HOLLANDER. I would just add one thing which may be slightly related to Senator Warren's question, which is if you merely took the \$51 million that's recently been cut by the Older Americans Act between now and the end of the fiscal year, and you put that back, and you multiply that by 50, that would save you \$2.5 billion, just returning that money that was just taken away based on sequester, not even talking about the previous decline that we were discussing. So if you take the \$50 times that, that would be just in terms of Medicaid savings. So that's very significant.

And, if I may, I just wanted to mention that earlier in your question, Senator Warren, you are right to say that if you did add \$1.3 million back into it, you would actually—the gap between 8.3 million that are currently hungry, and the fact that we're only serving 2.5 million now—for that investment, we would be able to meet that need.

Mr. BEDLIN. Senator Franken, two quick points. I did mention earlier some data from the Lewin Group. Back a few years ago, the National Association of Area Agencies on Aging and the National Association for States United for Aging and Disability tried to get Congress to enact legislation referred to as Project 20–20 which would have increased investments in Older Americans Act programs with regard to evidence-based health promotion, disease prevention, and home and community services and supports. And the Lewin data did find very significant Medicare and Medicaid savings, which I think we could probably share.

One very important program that we haven't really spoken about is the National Family Caregiver Support Program. The vast majority of long-term care is provided by family members who are overburdened emotionally, financially, and physically. And the longer they can continue to provide care and the more we can provide them with support—

Senator FRANKEN. Respite.

Mr. BEDLIN. Exactly. That saves dollars, and that is dramatically underfunded and, again, very much penny-wise, pound-foolish.

Senator FRANKEN. Mr. Chairman, I think you have all witnessed what can happen when you ask an open-ended question. I'm out of time.

[Laughter.]

Part of it was Ms. Hollander answering part of Senator Warren's question.

[Laughter.]

Senator SANDERS. In other words, you want another minute. You have another minute.

Senator FRANKEN. OK. One other cost that was mentioned was the cost of elder abuse. And, again, this Act helps seniors stay at home. In Minnesota, we have a Home Care Consumer Bill of Rights that I've introduced on a nationwide level.

What this bill would do is allow States to develop a Home Care Consumer Bill of Rights exactly like we have in Minnesota to protect seniors from abuse and neglect and exploitation. My bill would also encourage States to create a Home Care Ombudsman Program so seniors have a place to turn.

Mr. Bedlin, we know that seniors want to stay independent at home and doing so saves Medicaid money. How can expanding protections for seniors to choose home and community-based services do this? How can this be helped by this kind of program?

Mr. BEDLIN. The difficult question, I think, is which of the Federal programs would this most logically apply to. Most of the home and community-based services that are funded through Federal and State governments are through Medicaid, as you know.

While I do think the Older Americans Act plays a modest but critical role, Medicaid is far more involved in paying for home and community-based services, which are voluntary, and nursing home

care, which is mandatory, part of the institutional bias in our program. So I think we need to look at a variety of areas where we can promote these kinds of consumer protections.

In many cases, it may be more appropriate to do it at the State level. In some cases, it may be more logical to look at the Medicaid program and the kinds of standards that are there, although I do think the Older Americans Act has a very important role to play, but it is complex in terms of—a bit of a crazy quilt in terms of how we pay for these services. Which of these programs are the best ones, and how do they interact and complement each other in terms of, I think, a goal that we all support that you've articulated.

Senator FRANKEN. In Minnesota, we have this program and it works. And my staff will work with you if you like to make sure that we put it in the right place.

Thank you, Mr. Chairman, for your indulgence.

Senator SANDERS. Thank you, Senator Franken.

Senator FRANKEN. I have another question.

[Laughter.]

Senator SANDERS. But you're not going to ask another question.

[Laughter.]

Let me just thank the witnesses. It's been excellent testimony and very, very important testimony. And I want to thank all the members who are here this morning.

I want to summarize in this respect. What we learned this morning is that the need out there is enormous and we don't talk about it enough. I think, as Ms. Altman was saying, it's an illusion that every senior in America is doing just fine, and we know that the rates of poverty are high and getting higher.

We also know the situation is not going to get any better tomorrow because we have a significant increase in the number of seniors. Our population is aging. We understand—and this is terribly important as well in this debate—real funding, counting inflation and counting population growth, is significantly less than it was in the 1990s. And then on top of that, of course, we're dealing with the insult of sequestration.

We have learned today that every dollar we invest in this program—you don't have to be a scientist, you don't have to have a Ph.D. to figure it out. Keeping people healthy, preventing falls, keeping people out of emergency rooms, keeping people from abusing the 911 system saves money.

When we're not adequately funding this program, we're wasting money. And my friends who are worried about government waste, well, not funding this program is wasting money.

I have been criticized for actually suggesting that we should see a significant increase in funding. And in the bill that we have before us, we are recommending a 12 percent increase in funding. Between you and me, I would go a lot higher.

But, needless to say, not everybody in the U.S. Congress agrees with me, and there are those who say the best that you can do, Senator Sanders, is level funding. That's all you can do. And we understand that with inflation and everything else and population growth, level funding just continues to downward spiral.

Now, I happen to believe that if 100 million people are watching this discussion that we're having today with this panel, there

would be overwhelming support for this program and significantly increasing funding for this program. The American people understand that it's cost-effective and it is the morally right thing to do.

So I urge and ask all of you and your organizations and people all over this country to stand up for seniors right now, stand up for a cost-effective government. Let's end government waste by not having our emergency rooms inundated with people who should not be in emergency rooms or hospital care for people who should not have to be in the hospitals.

Let us work together. Let's stand with seniors. Let's pass this Older Americans Act Reauthorization bill.

Thank you all very much.

[Additional material follows.]

ADDITIONAL MATERIAL

Hand-Written Messages on Paper Plates From Seniors at the La Crosse County Aging Unit, WI on the Importance of OAA Meals and Nutrition Programs

Name	City	Message
Joyce	La Crosse ...	Companionship and cost.
Mary	La Crosse ...	I like the food and the price is reasonable and I enjoy the company.
Sue	La Crosse ...	Thank you for my meals. The food is excellent. Because of my shaking and coughing spells, it has been easier to eat in my apartment. It is not easy to get out anymore. Thank you.
Martha	La Crosse ...	I do not cook for myself. This is my main meal.
Joyce	La Crosse ...	Please keep the program going. I enjoy the food and having lunch with other people.
Jean	La Crosse ...	The cost of groceries is too high.
Gwen	La Crosse ...	Love the meals and deliveries. I would have no meals without the meal delivery.
Elaine	Onalaska ...	In some cases this meal is the only real nutritious meal they get all day. They get a visit with other seniors and it makes their day.
Henry	Onalaska ...	Meeting people and getting a good meal. Good variety of food.
Carl	La Crosse ...	I like a good meal and to socialize with others.
John	Onalaska ...	Nutritious meals, reason to get out. Keep in touch with friends. Breaks up the day. Not a lot of things for seniors other than this.
Donna	La Crosse ...	I enjoy having meals at the nutrition site as they are good and good for me, and I use them as my main meal. We have a wonderful time playing cribbage before, and wherever there is cribbage you will find me.
Ona	Onalaska ...	Fun place to go. People to talk with. Good food, keeps us in touch with everyone.
Dorothy ...	Onalaska ...	Lets us out to meet people. Very nourishing food. Inexpensive compared to restaurants. Some people are home bound and need the meals.
Mary	La Crosse ...	Please make it one of your priorities to restore full funding to Meals on Wheels and other programs that meet vital needs in our community and across the US. As one undergoing new treatments, the meals are a wonderful service at this time in my life.
Wanda	La Crosse ...	I look forward each day to the meals and the smiles from the delivery person. I would like if the meals contained more fruits and salads. Thank you!
Helen	La Crosse ...	I really enjoy the lunches.
Janet	La Crosse ...	I enjoy the fellowship with friends and the meals are good. They provide a balanced meal at a reasonable price.
Jane	La Crosse ...	I am able to have a nutritious meal for a reasonable cost and I like to come to the nutrition site to socialize with others.
Inez	La Crosse ...	Nutritious meal and a reason to get up, out and socialize.
Meg	La Crosse ...	I enjoy volunteering at the center and like watching the members have a delicious and nutritious meal. They are always so appreciative. We also get a church to participate in the meal and enjoy their company.
Marilyn	La Crosse ...	The meals are very good and nutritious. They are also very reasonable. I don't know what I would do without them.
Madonna ..	Onalaska ...	The Harry J. Olson Senior Center meal site is a vital part of the community. The meals and activities there provide a social outlet for many, plus the healthy meal is one that many would not get at home. It's time to quit cutting back on senior meals and nutrition.
Gerald	La Crosse ...	I don't like to eat alone and the price of a nutritious meal is so expensive.
Bruce	La Crosse ...	Don't have money.
Iris	La Crosse ...	Proper diet. Enjoy company of residents. Breaks up the day. The price is right. We can afford 3.25, not restaurant prices.
Gladys	Onalaska ...	A large number of seniors are alone or disabled and do not do well for themselves nutritionally or socially. The nutrition sites and senior centers provide both social life and a balanced meal at least once a day. These sites are needed now and the need will increase. Please keep funding!!!
C.	La Crosse ...	I don't get out. And now I get to meet people.
Arlene	Onalaska ...	I enjoy volunteers. Also we have a nutritious meal. It helps the people to get a good meal. Enjoy the people. All good company.
Millicent ...	Onalaska ...	The nutrition program provides a wonderful noon meal at a reasonable price. I enjoy sharing friendship with other seniors.
Andrew	La Crosse ...	I receive a good balanced meal at a reasonable price. The staff and volunteers are polite and courteous. This is a positive thing for seniors.
Dolores	La Crosse ...	I'm 91 years old. Your noon meals mean so much to me. They are so good. On the weekends I probably have a peanut butter sandwich, juice, candy, and other sweets. Thanks.
Bernice ...	La Crosse ...	I like to volunteer and meet the people and a lot don't have a place to go. Always a good meal.
Phyllis	La Crosse ...	I enjoy coming to the Harry Olson center for lunch and playing cards. And for all the other people who enjoy it too.

Hand-Written Messages on Paper Plates From Seniors at the La Crosse County Aging Unit, WI
on the Importance of OAA Meals and Nutrition Programs—Continued

Name	City	Message
Waldo	La Crosse ...	Get out and see people. Keep going.
Lydia	La Crosse ...	This is a good opportunity to tell you that I really appreciate Meals on Wheels. I've had them for a long time and I don't tire of them. Thank you Bernice and all your assistants. I was very active reaching back to the seventies first as a volunteer and later as an employee.
Dave	La Crosse ...	Please my mom needs Meals on Wheels sent to the house! 95 years old and lives at home alone!
Sally	La Crosse ...	I love to cook but I had cancer surgery in December, then a stroke and found out I was the lowest in iron. No strength. So I can't stand up long and I'm one who's used to go-go-go! I'm on Social Security and can't afford a whole lot. I enjoy a noon meal so thank you. Love the cakes and fish especially.
Fr. Bob	La Crosse ...	When I found the La Crosse Aging Unit and the mealtime lunch service, they made such a huge tremendous relief and change. I am quite sure if I had not found this service of "meals on wheels", many days I would not have the energy or the willingness to even try to make a sandwich . . . I am so glad that I found this service, the kind of service they do, and how much they serve the other people who needed their service.

[Whereupon, at 11:25 a.m., the hearing was adjourned.]

