• The number 40 is mentioned 146 times in Scripture.
• It symbolizes a period of testing-trial or probation
• The larger term 40 days and 40 nights according to Bible scholars is just another way of saying a really long time
• Yesterday marked the 40th day and night since Donald Trump became President
• I ask you the audience and you decide
• A period of testing—trial or probation or
• Just a really long time.
• Time does march on (no pun intended)
• We are at an important juncture in
Washington the home of many moving
mouths and now many moving parts that will
make up big policy actions for 2016 and
beyond.
• In my remarks will touch on what could happen in 2017 to.
• ACA
• MEDICARE
• MEDICAID
• AGING SERVICE PROGRAMS
• ELDER JUSTICE AND
• LONG TERM CARE/SERVICES AND SUPPORTS
Ohio/Cleveland Demos

• 2.5 million Ohioans are age 60 or older, and 1.7 million are age 65 or older, giving Ohio the seventh largest older adult population in the nation. By 2032—older adults almost 22% of pop.!

• From 2010 to 2030, Ohio’s overall population is projected to grow by two percent. ■ In the same time frame, the over-60 and over-65 population segments will grow almost 20 times faster: by 47 percent and 46 percent, respectively.
• Start with—tell you what we know—where it can be explained will try—no fake news
• ACA—been a lot of recent movement
• Since Jan 20---we have played a game of semantics on ACA
• Will it be—repealed—replaced—redone or rebuilt?
• All depends on who you ask and what you read
• Repeal is a symbolic term—the only real vote on that was a Budget resolution passed earlier which puts the mechanism in place to take up legislation that could but won't repeal

• Provisions that will stay—young adults on parents' plan until 26 and

• Protections for those with preexisting conditions against discrimination but not as strong as ACA
• New plan may return us to state run high risk pools and there will be an important caveat—the person must have continuous coverage to be protected.
• Also likely to remain— the cap on out of pocket expenses
• No imposition of annual or lifetime limits of coverage
• And the important Medicare features look like they will remain ( more later)
• So if not repeal then what—somewhere between replace and rebuild.

• Some of the biggest expected changes

• End to the individual mandate

• End to all the taxes attached to the ACA

• Replacing subsidies with tax credits which will be based more on age

• End to the ACA definition of essential health benefits—left to the states in future

• End to Medicaid expansion in 2019 with no further expansion within expansion (more on that later)

• End to practice of not having insurers engage in age rating. ACA had a 3 to 1 ratio could move to 5 to one
• Timetable on when ACA work is completed anyone’s guess.
• Deadlines have been missed already
• President’ day recess
• President’ speech of Tuesday
• White House. Vs Congress
• 4 committees working on it
• How much in reconciliation?
• Likely earliest is the fall— but there are several big recesses before that.
• Back to Medicare—
• Looks like the provisions in the ACA that bolstered medicare will hold meaning
• Expanded preventive benefits—welcome to Medicare—one screening—Senator Brown recently estimated that 885,000 Ohioans took advantage of these expanded benefits in 2015
• Closing of donut hole: once you have spent total of $3700 on drugs (in 2017), you pay up to 40% of price for brand name and 51% of price for generic. Then, once you spend a total of $4950, you have catastrophic coverage and only pay a small amount the rest of the year
• Delivery system reforms---value based purchasing---ACO’s—which in totality according to Medicare trustees have extended Medicare solvency by 9 or more years and if allowed to continue will do more
• Lowering hospital readmissions—and at least starting care transition programs
• If Medicare escapes unscathed from ACA votes is there anything else that could happen
• Got some indication this week in early budget leaks and even state of the union
• Trump aiming to keep his promise to protect and preserve Medicare while others
• Offer major changes such as premium support
• Remove government guarantee and replace with ??
• Not a real groundswell at moment for this radical a change
  No member wants to take a vote like this
• Trump holds firm not likely in 2017 but if there is a second year of Trump then look out.
Medicaid Issues

• Medicaid the larger concern and more immediate issue.
• 74 million in program
• More is being spent on HCBS than institutional care for the first time in Medicaid history
• Medicaid has been expanded in two critical ways:
  – 50-64: traditional Medicaid expansion: 11 million gained coverage
  – 65+ and disabled: waivers supporting spending for HCBS
• Changes to Medicaid (block grant or per capita caps) could end these important expansions
Medicaid Issues

- Plans such as Ryan/others’ “block grant” proposal which would give a fixed amount to states for Medicaid to spend as they chose
- Per capita caps mean set amount to states per person
- This means that if a state’s costs exceed the amount of the block grant or per capita caps, it will have to use its own funds to make up the difference
- Once a block grant amount is set it is generally not increased even if need grows
- This is very dangerous for low-income seniors who depend on Medicaid as well as for seniors who depend on Medicaid for long term care and home and community based services
Impact on Other Aging Programs

• Focus on those under ACL
• Immediate test comes with FY 17 funding
• Funding only through April 28 at current levels
• Then...?
• Options are full year CR or an omnibus bill
• Discussions have started
## FY17 Proposed Funding

<table>
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<tr>
<th>Program</th>
<th>FY16 Final</th>
<th>FY17 Pres</th>
<th>FY17 House</th>
<th>FY17 Senate</th>
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<td>SSBG</td>
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<td>$1.7 billion</td>
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</table>
Committee Changes

• There have been two big changes on the House and Senate Appropriations Committees
• New House Chair: Rep. Rodney Frelinghuysen (R-NJ)
• New top Democrat in Senate: Sen. Patrick Leahy (VT)
• David Joyce, Tim Ryan and Marcy Kaptur are on House Approps
• Must work for best outcome before…
FY18 Budget

• The FY18 budget (Trump’s first) is unveiled
• Rumors are flying about what might be in it
• $54 billion in cuts, hikes for defense and law enforcement
• Program eliminations: NEA, NEH, CNCS
• Need to be ready to respond
• Focus on three arguments:
  – Government only one that can do this
  – Value
  – Jobs
Who Runs ACL?

• Beyond funding other question before ACL and its programs is who runs the agency
• Earlier this month it was announced that Edwin Walker who was Acting ACL Administrator and Acting Asst. Secretary for Aging would be replaced by Dan Berger
• What follows is the question, and with that, does ACL stay as is?
• Appointment of ACL Administrator not Senate confirmed but AOA Asst. Secretary is
Elder Justice

• 8.3% of adults ages 65+ experience some form of consumer fraud according to the FTC
• Victims are four times more likely to go into nursing homes
• 1 in 10 nationwide
• Ohio
  – 7th largest state
  – More than 15,000 incidents are reported statewide in Ohio each year. Estimates of actual incidents range from 75,000 to more than 214,000
  – 39 of Ohio’s 88 counties lacked a full-time staff person devoted to Adult Protective Services in 2014
  – $500,000 state budget; estimated that it would cost between $12 and $30 million to provide adequate APS service in Ohio
• Where we are now
• EJA as part of ACA but likely not impacted
• Needs to move on separate track and work being done through the Elder Justice Coalition
• Don’t know track record of Admin in elder justice (Sessions, Price)
• All about education
Priorities for 2017

• New HHS, ACL appointments: determine where they stand on elder justice and hold them to a high standard.
• FY2017 Appropriations: obtain highest funding levels possible for remainder of FY2017 after CR expires in April.
• FY2018 Appropriations: preparing for release of budget and responding; advocating for highest funding levels possible.
• Fight to maintain funding for SSBG, Medicaid, DoJ (VOCA, VAWA).
• Determine the status of Elder Justice Act reauthorization under the ACA repeal/replace issue; if needed to be replaced/reauthorized, work toward this goal.
• Work to pass other elder justice legislation.
Farm Bill

- Reauthorization happening next year
- Programs for/including older adults:
  - SNAP (4 million seniors—but only 42% of those eligible are participating)
  - Commodity Supplemental Food Program (600,000 seniors)
  - Senior Farmers Market Nutrition Program (800,000 seniors)
  - Child and Adult Care Food Program (120,000 seniors)
- Concern about funding
- Growing problem of malnutrition and older adults
Potential Opportunities

• Also need to look at opportunities that might occur in
• Tax reform: caregiver tax credit
• Infrastructure: other investments such as nutrition, HCBS, workforce
Top line recommendations:
- Increasing the availability and affordability of private long-term care insurance to extend existing resources
- Expanding options at home and in the community for older Americans and individuals with disabilities under Medicaid
- Pursuing a public insurance program for people with catastrophic needs
LTC Financing Collaborative

- Addresses home equity – only one of the three to do so
- Top-line:
  - Universal catastrophic insurance program
  - Public-private LTCI for non-catastrophic, incl. savings, home equity
  - Modernize Medicaid LTSS
  - Support family caregivers
Top line:

Mandatory, universal insurance approach that covers catastrophic events

Other models should be studied to address younger people with disabilities, cost, eligibility, gaps in coverage, and financing design

Also support innovations in the private long-term care insurance market

LeadingAge
LTSS

• Prospects for action on LTC/LTSS in 2017
• On its own not likely.
• Needs linkage to something
• Medicaid reform—not immediately evident
• Tax reform—LTCI or caregiver tax credit
• Retirement security—
• Real longshot ASA repeal etc—CLASS 2?