

113th Congress Legislative and Oversight Activities Report



United States Senate Special Committee on Aging

Sen. Bill Nelson (D-FL), Chairman
Sen. Susan M. Collins (R-ME), Ranking Member

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Medicare

Hearing: Strengthening Medicare for Today and the Future

February 27, 2013. This hearing looked at ways to strengthen the quality and improve the sustainability of Medicare, focusing particularly on delivery system reform topics.

Witnesses (4 total):

- Juliette Cubanski, PhD, Associate Director, Medicare Policy Project, Henry J. Kaiser Family Foundation
- David Goodman, MD, Director, Dartmouth Institute for Health Policy and Clinical Practice and Co-Principal Investigator, Dartmouth Atlas of Health Care
- Kenneth Thorpe, PhD, Robert W. Woodruff Professor and Chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University
- David Blumenthal, MD, President, The Commonwealth Fund

In the context of the greater budget debate and at a time when Congress was divided over ways to shore up the federal health insurance that covers 48 million seniors and disabled Americans, the Committee examined ways to strengthen and protect Medicare without reducing benefits or shifting costs to seniors. This hearing refocused the debate on who the Medicare senior is, and what policy options are available that will strengthen Medicare without cutting benefits.

Medicare Home Health Aides Database

March 29, 2013. The Chairman requested that the HHS OIG review background check requirements for home health aides being reimbursed by Medicare. Review is in progress, and the Committee expects it to be completed in late 2014.

Field Hearing: Medicare Advantage: Changing Networks and Effects on Consumers

January 22, 2014. Senator Blumenthal chaired a field hearing held in Hartford, Connecticut, to address the changing Medicare Advantage provider networks and the issues that have impacted seniors. Sens. Whitehouse and Murphy also attended the hearing.

Witnesses (5):

Panel One:

- Stephanie Kanwit, Former Special Counsel, America's Health Insurance Plans
- Brian Biles, Professor, George Washington University
- Judith Stein, Executive Director, Center for Medicare Advocacy
- Michael Saffir, MD, Psychiatrist and President, Connecticut State Medical Society
- Raymond Welch, MD, Dermatologist, Rhode Island Dermatology and Laser Medicine

Panel Two:

- Robert Buccieri, Medicare Beneficiary, Norwalk, CT

The discussion centered on UnitedHealthcare's decision to drop doctors from its Medicare Advantage provider networks, which greatly impacted Connecticut and Rhode Island, and the need for better notice to beneficiaries of such network changes.

Medicare Advantage Advanced Notice of Change

February 6, 2014. Chairman Nelson and Sens. Blumenthal, Whitehouse, and Reed sent a letter to CMS Administrator Tavenner as a result of the discussion at the January 22, 2014, field hearing. The Senators urged CMS to address the issue of consumer confusion and uncertainty resulting from Medicare Advantage (MA) network changes and suggested that this may be best addressed

in the Advance Notice of Change (ANOC) that insurance companies issue annually on September 30th. The ANOC currently focuses on changes to premiums, co-pays, and formularies (where applicable). Though these letters already include blanket statements on network changes, the Senators advocated that CMS require insurers to include specific information about physician network changes in ANOC so as to eliminate the widespread confusion experienced in 2013 from network changes among beneficiaries.

Improved Notification for Beneficiaries Regarding Changes in Medicare Advantage Plan Networks

February 21, 2014. The Centers for Medicare and Medicaid Services (CMS) released Advance Notice and draft Call Letter that outlines the 2015 payment and policy updates for Medicare Health and Drug Plans. As a direct result of the January 22, 2014, field hearing and the February 6, 2014, letter, CMS included as a best practice greater notification to enrollees regarding any changes to provider networks. In addition, the guidance indicates CMS's intention to consider rulemaking that would broaden its authority to limit plan network changes to certain times during the year.

CMS Proposed Rule on Emergency Preparedness

April 25, 2014. Chairman Nelson wrote CMS on a proposed rule on the emergency preparedness requirements as part of Medicare's conditions of participation. Natural disasters cause not only devastation, but also place heavy burdens on doctors, hospitals, and other health care resources. The letter requests CMS to apply requirements for supplies and planning on providers fairly and uniformly, regularly update the rule and its requirements, and continue to work with providers to develop strategies for ensuring that supplies are available to them during times of disaster.

Roundtable and Report: Improving Audits: How We Can Strengthen the Medicare Program for Future Generations

July 9, 2014. The Senate Aging Committee released a bipartisan [report](#) that summarized the findings of an investigation in to the Medicare program's audit process and payment review mechanisms. In conjunction with the report, Chairman Nelson and Ranking Member Collins convened a roundtable to discuss the report and focus on reducing Medicare's improper payment rate. The roundtable participants were:

- Mindy Hatton, Senior Vice President and General Counsel, American Hospital Association
- Chad Janak, Vice President, Audit Operations, Connolly Healthcare
- Kathleen King, Director, Healthcare, Government Accountability Office
- Margaret Hambleton, Vice President and Corporate Compliance Officer, Dignity Health
- Diana Haramboure, Senior Vice President and Chief Administrative Officer, First Coast Service Options
- Jessica Meeske, DDS, Pediatric Dental Specialists of Greater Nebraska and American Dental Association
- Walter Gorski, Principal, Gorski Healthcare Group, LLC (representing the Medical Equipment Suppliers Association)
- Steve Stang, National Partner-in-Charge, Health Care Assurance Services, Clifton Larson Allen, LLP
- Moderator: Alan Weil, Editor-in-Chief, *Health Affairs*

Improper payments are payments made on a claim that should not have been paid under Medicare's payment policies. In FY 2013, Medicare's improper payment rate was reportedly \$50 billion, and more than one in ten payments made by Medicare should not have been paid. The report summarized the findings of an investigation in to the Medicare program's audit process and payment review mechanisms. The report found that CMS failed to target audits to where the problems were, had inconsistent payment rules and processes, and did not have a good way to prevent audit duplication. It also found a system that pays contractors based on the number of improper payments they identify rather than rewarding them for reducing the overall improper payment rate. As a result, the report recommends a number of steps CMS should take to reduce improper payments, including:

- Targeting audits to providers known to have high improper payment rates;
- Compensating auditors based on their ability to prevent improper payments;
- Better educating providers about improper payments; and,
- Eliminating duplicative audits by better tracking which claims have already been audited.

Hearing: Admitted or Not? The Impact of Medicare Observation Status on Seniors

July 30, 2014. This hearing examined the use of observation stays for Medicare patients and its impact on beneficiaries' access to skilled nursing care.

Witnesses (5 total):

- Sylvia Engler, Medicare Beneficiary
 - Accompanied by: Toby Edelman, Senior Policy Attorney, Center for Medicare Advocacy
- Marna Parke Borgstrom, Chief Executive Officer, Yale-New Haven Hospital, and President and CEO, Yale New Haven Health System
- Bob Armstrong, Vice President, Elder Care Services, St. Mary's Health System, Lewiston, Maine
- Ann Sheehy, MD, Member, Public Policy Committee, Society of Hospital Medicine, and Chief, Division of Hospital Medicine, University of Wisconsin School of Medicine and Public Health

In recent years, the use of observation status has increased significantly as the Centers for Medicare and Medicaid Services has raised concerns with hospitals about short inpatient stays, citing that many stays were improper because the services should have been provided in the outpatient setting. As hospitals seek to err on the "safe" side as a protection from Medicare audits, hospital physicians may decide to classify patients as observation. Often, beneficiaries can be caught in the middle and forced to be higher out of pocket for their stay. These financial consequences are particularly acute for patients who need rehabilitation care at a nursing home or facility after their hospitalization. Medicare will not cover rehabilitation care unless a patient is a hospital inpatient three full days prior to moving to a nursing facility.

Medicare Part D

Medicare Part D GAO Study

April 29, 2013. Chairman Nelson and Ranking Member Collins requested that GAO study the accuracy of information on plans and drug pricing provided to beneficiaries on the Part D Plan Finder.

January 10, 2014. GAO released its report on the Medicare Part D Plan finder, entitled “CMS Has Implemented Process to Oversee Plan Finder Pricing Accuracy and Improve Website Usability.” The report found that CMS uses data checks and quality measures to oversee the accuracy of Part D plan pricing information. CMS requires Part D plan sponsors to submit drug pricing information for their plans, which the Plan Finder in turn uses to estimate beneficiaries’ cost-sharing amounts and expected annual drug costs. GAO did not make any recommendations in conjunction with its findings.

Hearing: 10 Years Later: A Look at the Medicare Prescription Drug Program

May 22, 2013. This hearing examined issues surrounding seniors’ access to prescription drugs ten years after Congress passed the Medicare Modernization Act.

Witnesses (4 total):

- Margaret Woerner, Medicare Beneficiary and Helpline Volunteer, Medicare Rights Center
- Jack Hoadley, PhD, Research Professor, Health Policy Institute, Georgetown University
- Richard Smith, Executive Vice President for Policy and Research, Pharmaceutical Research and Manufacturers of America
- Robert G. Romasco, President, AARP

Though the panel applauded the program’s benefits for seniors, issues of pricing misinformation, denial of coverage, and lack of customer service were also addressed.

IG Request for Updated Drug Prices

July 10, 2013. As a result of the May 2013 hearing on the Part D Prescription Drug Program, the Chairman requested an update to the August 2011 report, “Higher Rebates for Brand-Name Drugs Resulted in Lower Drug Costs for Medicaid Compared to Medicare Part D.” Though the report was published in 2011, the data it was based on was from 2009. The Chairman requested an updated data set surveying the top brand and generic drugs to compare the Part D Program’s drug costs with Medicaid’s. The Committee expects these updates by July 2014.

Part D Beneficiary Appeals Fairness Act

July 25, 2013. Chairman Nelson and Ranking Member Collins introduced the *Part D Beneficiary Appeals Fairness Act* (S. 1365) as a direct follow up to the May 22, 2013, hearing, “10 Years Later: A Look at the Medicare Prescription Drug Program.” This bill would give beneficiaries the right to appeal for a lower copayment for drugs on the specialty tier – the only area where beneficiaries have no appeals rights currently in the program. Beneficiaries can request a tiering exception on every tier in their plan except for drugs on the specialty tier, where the highest-cost, single source drugs are located. Companion legislation was introduced by Rep. Hank Johnson (D-GA) and Rep. Walter Jones (R-NC) in the House (H.R. 2827). A number of groups endorsed the legislation, including: AARP, MapRx, Center for Medicare Advocacy, Alzheimer’s Foundation, and the National Council on Aging, among others.

IG Request for Examination of Generic Drug Access

October 17, 2013. Chairman Nelson requested that the HHS OIG examine Medicare Part D beneficiaries’ ability to access generic drugs through their Part D plans’ drug formularies. Medicare Part D beneficiaries’ use of generic drugs has accounted for significant savings to beneficiaries individually and the Medicare program as a whole. It is important that all

beneficiaries, including low-income subsidy beneficiaries, have robust access to generic drugs through their Part D plans.

Difficulty with Beneficiary Appeals

March 10, 2014. Chairman Nelson, Ranking Member Collins, as well as Reps. Johnson, Schakowsky, McKinley, and Ellison, sent a letter to CMS Administrator Tavenner to express ongoing concerns regarding beneficiary appeals for denials of prescription drugs. The letter enumerated several requests to CMS to improve access to needed medications, including asking for a meaningful analysis of updated plan-level appeals data for the most recent year available, a re-categorization of requests for a tiering exception, improved beneficiary notification of non-coverage across federal health programs, and revised methodology for the specialty tier threshold in the final 2015 Medicare Part C and Part D call letter.

Financial Fraud

Hearing: 876-SCAM: Jamaican Phone Fraud Targeting Seniors

March 13, 2013. This hearing examined Jamaican scams targeting elderly Americans with promises of false lottery winnings and pressed the Department of Justice to increase efforts to extradite the perpetrators.

Witnesses (8 total):

Panel 1:

- Kim Nichols, Daughter of Jamaican Phone Scam Victim
- Sonia Ellis, Daughter of Jamaican Phone Scam Victim
- William L. King Jr., Chief Deputy Sheriff, York County, Maine Sheriff's Department
- Robert G. Romasco, President, AARP
 - Accompanied by Doug Shadel, PhD, Washington State Director

Panel 2:

- Shawn S. Tiller, Deputy Chief Inspector, U.S. Postal Inspection Service
- Vance R. Callender, Operations Chief for Mexico & Canada, U.S. Immigration and Customs Enforcement Homeland Security Investigations, Department of Homeland Security
- Phil Hopkins, Vice President of Global Security, The Western Union Company

Committee members vowed to actively work to stop Jamaican phone scammers who have taken advantage of the most vulnerable elderly citizens.

On March 15, 2013, Chairman Nelson and Ranking Member Collins wrote a letter to U.S. Attorney General Eric Holder expressing concern for the agency's general "lack of attention" to the Jamaican lottery scams problem and urging the Department of Justice to extradite lottery scammers from Jamaica.

On August 13, 2013, Oneike Mickhale Barnett was arrested in Orlando. The Jamaican native was indicted in 2012 by a federal grand jury on charges that he ran a lottery scam targeting elderly South Florida victims. Barnett and his accomplices started the scam in October 2008. In addition to conspiracy, Barnett was charged with 37 counts of wire fraud. In April 2014, Mr. Barnett was sentenced to five years in prison.

In May 2014, a Jamaican was detained in Helena, Montana, after flying to the state and posing as an IRS agent in order to collect taxes on lottery winnings. While he pled not guilty in court, it was reported that an undercover wire was used by the victim at the time the defendant accepted what he thought was \$10,000 in cash. Upon entering a guilty plea, he waived extradition to Nevada, where he is facing similar charges.

Also in May, another Jamaican was arrested in Miami for his role in bilking money from elderly U.S. citizens. The Jamaican, a popular radio disc jockey, was recently transferred from South Florida to North Dakota and will go on trial in September.

In June, a U.S. citizen from Atlanta pled guilty for his role in the scam. The individual acted as a middleman who received money from victims, kept a portion for himself, and sent the remaining money to Jamaica.

In addition to these law enforcement actions domestically, as of February 6, 2014, more than 100 arrests have been made under the anti-lottery scamming law since it was passed in Jamaica last year. To date, four individuals have been sent to prison with sentences ranging from two to four years. Three individuals received suspended sentences and were ordered to pay a fine ranging from JMD\$300,000-JMD\$600,000, equivalent to only USD\$2,745-USD\$5,490. One individual was given probation, while the final two will be sentenced shortly. However, only two individuals have been sentenced. Committee staff intends to follow up with the Jamaican Embassy on the sentencing status of those who were arrested.

Despite the progress in cracking down on criminals in the U.S., the Justice Department has yet to seek the extradition of Jamaicans living in Jamaica for prosecution.

Deposit Advance Products

May 21, 2013. Chairman Nelson and Sen. Warren wrote to the Office of the Comptroller of the Currency (OCC) and the Federal Deposit Insurance Corporation (FDIC) in support of the proposed guidance to restrict deposit advance products. These products are similar to traditional payday loans, except that they are issued by banks, which structure repayments differently than traditional payday lenders. The letter emphasized the need for strong underwriting standards and consumer protections.

On November 21, 2013, the FDIC and OCC announced final guidelines that impose consumer safeguards on payday loan-like deposit advances, as recommended by Chairman Nelson and Sen. Warren. The guidance directs banks to examine customers' income and expenses to make sure that they can actually afford to pay off the loan and associated charges and includes a cooling-off period for borrowers, who would need to wait at least a month between paying off one deposit-advance loan and taking out another. After examining the impact of payday loans and other short-term high-cost lending products during the July 24, 2013, hearing, Chairman Nelson and Sen. Warren issued a statement on the final guidelines: "This is welcome news for consumers. Banks should be more responsible when offering products that could trap people in a cycle of debt."

As of early 2014, all six national banks that had been offering deposit advance products announced plans to discontinue those products.

Payday Loans

July 24, 2013. This hearing examined payday loans and related short-term lending products, and the effects they have on seniors. Committee members pressed regulators to enhance consumer protections for seniors who use these products.

Witnesses (7 total):

Panel One:

- David Silberman, Associate Director, Research, Markets, and Regulations, Consumer Financial Protection Bureau (CFPB)
- Mark Pearce, Director Division of Depositor and Consumer Protection, Federal Deposit Insurance Corporation (FDIC)
- Eric Wright, Staff Attorney, Maine Bureau of Consumer Credit Protection

Panel Two:

- Annette Smith, Deposit Advance Consumer/Social Security Beneficiary
- Rebecca Borné, Senior Policy Counsel, Center for Responsible Lending
- Dennis Shaul, CEO, Community Financial Services Association of America
- Richard Hunt, President and CEO, Consumer Bankers Association

As a result of the hearing, Committee members continue to pressure and encourage regulators, such as the CFPB, FDIC, and Office of the Comptroller of the Currency (OCC) to move forward with pending regulations that would significantly increase protection of consumers from these predatory practices.

Finally, nine members of the Committee (Chairman Nelson and Sens. Wyden, Blumenthal, Donnelly, Warren, Gillibrand, Baldwin, Whitehouse, McCaskill) joined on to a letter to the Department of Defense about expanding the coverage of the Military Lending Act of 2007 to newer products, including bank payday loans, which have emerged in the years since the bill was signed into law. The original bill set a cap of 36% APR on certain payday loans made to active duty service members and their dependents.

Nursing Home Trust Funds

October 21, 2013. In reaction to a *USA Today* investigation, “Trust Fund Raiders,” published on October 16, 2013, Chairman Nelson wrote to the HHS Inspector General (IG) to investigate the regulations and oversight of nursing home trust funds. Federal and state regulations require that nursing homes maintain trust funds on behalf of residents or patients who request the nursing facility to do so. These trust funds are designed to operate like other conventional bank accounts that accrue interest and produce regular written statements. The investigation revealed an alarming number of cases of nursing home employees who siphoned, forged, and swindled millions of dollars from these accounts. Chairman Nelson’s letter requests an examination of the management and oversight of nursing home trust funds.

On December 13, 2013, the HHS IG replied to the October 21 letter stating that the IG is “not able to undertake the work at this time” due to a shortage of resources and other pending requests from the Committee. The letter also noted that the IG had referred the matter to the Florida Medicaid Fraud Control Unit.

On December 17, 2013, Chairman Nelson wrote to Administrator Tavenner to make her aware of the IG's inability to examine the request. In addition, Chairman Nelson asked that CMS require contracts with state agencies or in guidance to states that surveyors be provided with the training they need to detect improper expenditures from nursing home residents' trust funds. As part of this enhanced oversight, Chairman Nelson requested that the withdrawals from trust funds be routinely reviewed as part of the existing survey and certification process. Without the IG's assistance, this letter seeks to address part of the problem outlined in *USA Today's* investigation in order to protect nursing home residents' funds that many worked for a lifetime to accumulate.

On January 10, 2014, Administrator Tavenner replied to Chairman Nelson's concerns on oversight of care and services rendered to long-term care residents. Tavenner outlined several regulatory requirements that protect against the misappropriation of resident funds, including limitations regarding what can be charged to a resident's personal funds account, requirement for purchase of a surety bond to ensure the financial security of the personal funds, and stipulations on the personal funds upon the death of a resident. In addition, CMS notes that they will work with their partners and stakeholders to identify opportunities to increase surveyor understanding of resident personal funds review, acceptable bookkeeping practices, and identification of concerns.

Publishers Clearing House

October 21, 2013. The Committee started investigating Publishers Clearing House (PCH), a sweepstakes company popular among seniors. PCH entered into settlements with state Attorneys General in 2001 and 2010, but the Committee's work thus far suggests the company is violating these agreements. Committee investigators believe PCH may still be leading consumers, especially the elderly, to think they are about to win a big prize and must place additional orders to increase their odds. These practices are explicitly prohibited in the settlements.

PCH entered into settlements with state Attorneys General in 2000, 2001, and 2010, but the Committee's review of hundreds of PCH mailings raised serious questions regarding PCH's current compliance with these settlements. PCH may still be sending misleading messages that a consumer is close to winning a prize and that placing orders from PCH will increase these odds—practices that are specifically prohibited by PCH's settlements. The Committee may refer the findings of this investigation to state Attorneys General for their review.

On April 8, 2014, the Committee issued a poll to members of the Committee for their support of the Committee's investigative report, "Pushing the Envelope: Publishers Clearing House in the New Era of Direct Marketing."

On April 15, 2014, the Committee released its [report](#) on PCH sweepstakes solicitations after receiving the polling votes of all members of the Committee. The comprehensive report detailed PCH solicitations that Committee staff identified as potentially misleading to consumers, particularly seniors. Among these include:

- Solicitations that incorporated maps of the recipient's neighborhood, along with a statement that a prize is "approved for delivery."
- Letters accompanied by "Stay Rich Tips for New Winners" inserts which tell recipient to "buy and spend smart" and to "contact a reputable accountable or financial advisor."

- Envelopes used for mailing in sweepstakes entries that include detachable notices that read: “OOPS! Did you forget to place an order?”
- Various warnings that appear when a consumer is entering a sweepstakes online, including “Order History Review: No Order Ever Placed” and “Wait! We See That You Are Not Placing an Order!”

In 1999, the Deceptive Mail Prevention and Enforcement Act was introduced by Senator Collins, the Aging Committee’s Ranking Member. Though this law has been very successful in protecting consumers against deceptive mailing practices, the shift in recent years to electronic and online communications may merit updated legislation to address the ongoing problems identified in the Committee’s report.

CFTC Probe into Fees Charged by Managed Futures Funds

December 19, 2013. Chairman Nelson and Sen. Warren wrote a letter to Chairman Gary Gensler of the Commodity Futures Trading Commission (CFTC) in response to an alarming article in *Bloomberg Markets*, entitled “Fleeced By Fees.” The story detailed the proliferation of managed-futures funds and the disturbing fees and commissions associated with these financial vehicles. One CFTC Commissioner admitted in the article that “the fees are so outlandish, they can actually wipe out all of the profits.” Chairman Nelson and Senator Warren noted their particular concern for senior investors’ retirement security. As a result, the CFTC launched an investigation into these high fees charged to investors in the \$337 billion managed futures market.

Installment Loans

February 18, 2014. Chairman Nelson and Sen. Wyden sent a letter to various installment lenders to learn about how their products impact seniors. A May 2013 *Pro Publica* investigation found that some customers end up paying in excess of a 200% APR on their loan because some lenders are using add-on insurance products and aggressive loan renewal tactics to capture more money in fees.

Exploring the Perils of the Precious Metals Market

April 30, 2014. After a year-long investigation into the precious metals industry, the Committee released a [Summary of the Committee Staff Investigation](#) and held a hearing to spotlight the troublesome practices within the industry that has led many Americans to lose nearly all of their life savings. The Committee’s investigation uncovered that over 10,000 Americans have lost more than \$300 million from precious metal scams.

Retail precious metal sales often involve several firms in unison to extract as much money from a customer as possible. One firm acts as a telemarketing entity, soliciting retail investors through high-pressure sales tactics. Once the customer decides (or is pressured) to invest in the precious metal, personal information is passed on to an additional entity known as the wholesale dealer. These dealers are often fraudulent, using deceptive and fictitious claims to downplay the risk associated with the precious metals market, charging fees for fictitious services like storage fees, and applying fees and charges that were not initially disclosed. Elderly Americans are particularly attractive targets because of their accumulated assets.

Witnesses (4 total):

- Joe Melomo, Victim of Precious Metal Fraud
- Dama Brown, Director, Southwest Region, Federal Trade Commission
- Rosemary Hollinger, Regional Administrator and Deputy Director, Division of Enforcement for the Central Region, Commodity Futures Trading Commission
- Karl Spicer, Former Precious Metals Telemarketer

During the hearing, witnesses discussed how the scams were executed, why people fall for the schemes, how consumers can protect themselves, and what Federal regulators are doing to address the rising occurrence of this particular scam. After the hearing, Chairman Nelson met with CFTC nominee, Timothy Massad, to discuss the Committee's insistence that he will support aggressive action against these schemes. The Committee intends to continue speaking with the CFTC, FTC, and CFPB to look for new ways to improve consumer protection and enhance safeguards to protect seniors from these devastating financial scams.

In June 2014, as a direct result of pressure from the Senate Aging Committee through several investigations and hearings, including this one, the FTC developed a new consumer education initiative. The new initiative, called Pass It On, is directly marketed to seniors and specially designed to resonate within the aging community. The FTC is seeking private and public partners to work with to distribute materials to the public, particularly to locations within the community seniors frequent. The Committee's investigations found that the FTC relied mostly on internet-based resources to provide consumer education, but failed to reach older Americans who are less likely to seek out scam warnings and other information online.

Hanging Up on Phone Scams: Progress and Potential Solutions to this Scourge

July 16, 2014. This hearing examined phone scams, generally, and in particular, the "grandparent" scam, wherein a scammer calls a senior claiming to be a grandchild or relative who is in jail, in the hospital, or stuck in a foreign country, and needs money to get out of the predicament. Chairman Nelson called this an incredibly despicable type of fraud that preys on the senior's or grandparent's willingness to help a family member in trouble.

Witnesses (4 total):

- Mr. W., Grandparent Scam Victim
- Kevin Rupy, Vice President, Law and Policy, United States Telecom Association
- Lois Greisman, Associate Director, Division of Marketing Practices, Federal Trade Commission
- Joseph Campbell, Assistant Director, Criminal Investigative Division, Federal Bureau of Investigation

The story of "Mr. W.," a grandfather from Ohio who lost \$7,000 in one of these scams, illustrated how devastating these scams can be for retirees on fixed incomes. As a result of his experience, Mr. W. did not want to disclose his full name, fearing that scammers would come after him again.

The hearing focused on the role of the federal government (specifically, the FTC and FBI) in combating these scams. In addition to hearing from the victim of one of these scams, a representative from the U.S. Telecom Association discussed efforts to authenticate calls, thereby ensuring one way to curb these calls: the accuracy of caller ID. At the hearing, Chairman Nelson

announced that Green Dot would be discontinuing their MoneyPak product from store shelves nationwide. MoneyPak is the prepaid card of choice for scammers, and a product that the Committee examined closely in association with the Jamaican lottery scam. Chairman Nelson also called on private industry retailers who offer services to send money and the companies who market and sell money-order cards to come together on this issue. Retail employees are typically the last line of defense before money is sent to scammers and, often, lost forever.

Identity Theft

Treasury Review of IRS Actions on Identity Theft and Tax Fraud

February 28, 2013. Committee Chairman Nelson requested the Treasury Inspector General for Tax Administration (TIGTA) undertake a comprehensive review of actions taken by the IRS in response to tax-related identity theft investigations conducted by the office in 2012.

On November 7, 2013, in response to the Chairman's letter, TIGTA released two audits on the subject. One audit evaluated the amount of fraudulent refunds that go undetected by the IRS, and the other assessed the quality of taxpayer services for victims, including the amount of time it takes to resolve cases. The report shows that while the IRS stopped \$12.1 billion in fraudulent refunds last year, they missed an estimated \$3.6 billion in fraudulent refunds. The reports also found that taxpayers had to wait an average of 312 days in 2012 to get their refund, down 102 days from the average wait in 2011 of 414 days. However, some cases still took up to 1,329 days to resolve. Taxpayer cases were inactive for 277 days on average, up 191 days from 2011's average of 86 days. Much of the inactivity was due to IRS employees being reassigned to other tasks. Approximately 35% of IRS tax fraud assistants spent the majority of their time on other duties.

A significant portion of the identities used in tax fraud schemes were identities of deceased Americans. This is partially due to the public release of the Social Security death records, which was finally restricted in the Bipartisan Budget Act of 2013 (P.L. 113–67).

Hearing: Tax-Related Identity Theft: An Epidemic Facing Seniors and Taxpayers

April 10, 2013. This hearing examined the growing problem of identity thieves claiming other individuals' tax refunds and explored ways to combat the fraud.

Witnesses (4 total):

- Marcy Hossli, Victim of Tax Refund Fraud
- Sal Augeri, Detective, Criminal Intelligence Bureau, Tampa Police Department
- The Honorable Kathryn Keneally, Assistant Attorney General, Tax Division, United States Department of Justice
- The Honorable J. Russell George, Treasury Inspector General for Tax Administration, United States Department of the Treasury

Following the hearing, Committee staff worked with the IRS to resolve the case of Ms. Hossli, the witness who testified about being a victim of the crime. The Committee continues to work with the IRS and Congress to enact long-term improvements to taxpayer services and enforcement capabilities.

FTC's Four-Year Strategic Plan

August 8, 2013. Committee Chairman Nelson commented on the FTC's draft four-year strategic plan, emphasizing the need to continue oversight of identity theft. Per the Committee's oversight hearings earlier in 2013, identity theft has reached epidemic proportions, and has grown to affect Social Security payments, Medicare recipients, and citizens who are due legitimate tax refunds from the IRS. The Chairman urged the agency to continue rigorously monitoring identity theft, as their four-year plan proposed.

Alzheimer's Disease and other dementias

Hearing: The National Plan to Address Alzheimer's Disease: Are We On Track to 2025?

April 24, 2013. This hearing assessed the progress made in combatting Alzheimer's disease since the enactment of the National Alzheimer's Project Act in 2011 and following the first National Alzheimer's Plan in 2012.

Witnesses (4 total):

- Ashley Campbell, testifying on behalf of musician Glen Campbell
- Don Moulds, PhD, Acting Assistant Secretary of Planning and Evaluation, United States Department of Health and Human Services
- Ronald Petersen, MD, PhD, Cadieux Director of the Mayo Alzheimer's Disease Research Center and the Mayo Clinic Study of Aging
- Michael D. Hurd, PhD, Director, RAND Center for the Study of Aging

At the hearing, the Committee emphasized the continued need for research funding to fight this debilitating disease as the current trajectory predicts that more than 16 million Americans over the age of 65 will have Alzheimer's by 2050.

National Coverage Analysis for Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease

August 8, 2013. Chairman Nelson and Ranking Member Collins wrote to CMS Administrator, Marilyn Tavenner, regarding their concern about CMS's July 3, 2013, draft determination coverage of positron emission tomography (PET) amyloid-beta imaging for individuals with dementia or neurodegenerative disease. An early and accurate diagnosis of Alzheimer's disease is a critical step to creating better health outcomes for individuals affected by the disease, and PET imaging is a vital tool for physicians. This draft determination was in stark contrast to the National Alzheimer's Plan, of which CMS is a federal member. The Chairman and Ranking Member were joined by Committee members, Sens. Ayotte, Casey, and Donnelly, as well as their colleague, Sen. Kirk.

Letter to NIH on Alzheimer's Disease Centers

December 17, 2013. Chairman Nelson wrote to Dr. Francis Collins, the Director for the National Institutes of Health (NIH) regarding Alzheimer's Disease Center grants to be announced in January of 2014. Though Florida has the second highest number of people over age 65 that suffer from Alzheimer's, it lacks an Alzheimer's Disease Center of its own and is currently only home to a satellite of the Minnesota-based Mayo Clinic. As such, Chairman Nelson advocated for locating Alzheimer's Disease Centers in states with high rates of Alzheimer's in order to improve the ability of researchers to recruit patients and provide services where they are most needed.

Hearing: State of Play: Brain Injuries and Diseases of Aging

June 25, 2014. This hearing examined the long-term impact of sports-related traumatic brain injuries (TBI) and its possible relationship to the development of neurological diseases later in life.

Witnesses (4 total):

- Chris Nowinski, Former Professional Wrestler, World Wrestling Entertainment, and Founding Executive Director, Sports Legacy Institute
- Ben Utecht, Former National Football League Tight End, Cincinnati Bengals and Indianapolis Colts
- Jacob VanLandingham, PhD, Director of Neurobiological Research, Tallahassee Memorial Healthcare Neuroscience Center, and Assistant Professor, Florida State University College of Medicine
- Robert Stern, PhD, Professor of Neurology, Neurosurgery, and Anatomy and Neurobiology, and Clinical Core Director, BU Alzheimer's Disease Center, Boston University School of Medicine

TBI affects five million Americans at an annual cost of over \$76.5 billion. While researchers don't understand fully the extent of the relationship between TBI and cognitive diseases such as Alzheimer's yet, a growing body of evidence suggests that one complication of repetitive TBI is the later development of chronic traumatic encephalopathy (CTE) or possibly Alzheimer's disease. For example, the Alzheimer's Association now cites an increased late-life disease risk of Alzheimer's or dementia for TBI sufferers of 2.3 to 4.5 times that of the general population who did not sustain a TBI earlier in life.

Social Security

Federal Reserve Bank of Dallas: Electronic Social Security Payments

February 28, 2013. Chairman Nelson and Ranking Member Collins requested that the Federal Reserve and Treasury Department provide the Committee with documentation on electronic Social Security payments, particularly regarding the availability of waivers for seniors to opt for paper, rather than the mandated electronic, benefits. On March 14, 2013, the Treasury Department responded and explained its internal procedures detailing how it is converting Social Security recipients from paper to electronic payments.

Department of Treasury's Electronic Social Security Payments

May 28, 2013. Chairman Nelson requested from the Department of Treasury numerous documents the Department did not provide after the Committee's initial request of February 28, 2013. On June 11, 2013, Treasury responded by providing a series of amendments to its agreements with Comerica Bank to administer the government-preferred federal benefit card known as Direct Express.

March 28, 2014. During the June 19, 2013 hearing, Chairman Nelson and several members of the Committee raised concerns about the "Direct Express" debit card produced by Comerica Bank for unbanked seniors to receive their Social Security benefits and the provisions of the Treasury Department's contract with Comerica. In a report, the Treasury Inspector General issued the finds of its audit of the Comerica contract. The audit confirmed many of the

suspensions raised during the hearing, including that Treasury gave Comerica a big leg up on the rebidding of the extension of its contract earlier in 2014, Comerica never formally asked for the extra money (a total of \$22 million) that Treasury gave the bank, and Treasury's reasons for giving Comerica more money did not stand up to scrutiny. The full audit and Treasury's report can be found online at: <http://www.treasury.gov/about/organizational-structure/ig/Audit%20Reports%20and%20Testimonies/OIG-14-031.pdf>.

Hearing: Social Security Payments Go Paperless: Protecting Seniors from Fraud and Confusion

June 19, 2013. This hearing examined the actions by Social Security Administration and Treasury Department to prevent Social Security benefit fraud as payments shift from paper checks to electronic payments. Direct Express cards, the debit cards provided for individuals without a bank account, and the contract with the bank supplying these cards was also examined. Witnesses (5 total):

- Alexandra Lane, Victim of Social Security fraud
- Rebecca Vallas, Staff Attorney and Policy Advocate, Community Legal Services of Philadelphia
- Theresa L. Gruber, Assistant Deputy Commissioner of Operations, Social Security Administration
- Richard Gregg, Fiscal Assistant Secretary, U.S. Department of Treasury
- The Honorable Patrick P. O'Carroll, Jr., Inspector General, Social Security Administration

As a result of this hearing, Chairman Nelson, Ranking Member Collins, and Sen. Warren followed up by sending a letter to Treasury urging the increased availability and easy accessibility of waivers for seniors who are eligible to receive their Social Security benefits via paper check.

Social Security Payment Waivers

July 2, 2013. Chairman Nelson, Ranking Member Collins, and Sen. Warren urged the Treasury Department to make public the waiver form for those eligible to receive their Social Security benefits via paper check.

On August 21, 2013, the Treasury Department responded to this letter, and vowed to: make the forms publicly available on its "Go Direct" website and to other benefits-paying agencies, such as the Social Security Administration and Department of Veterans Affairs; contact via letter all beneficiaries over 92 to inform them that they will be automatically waived from the requirement to obtain benefits electronically; and reword all letters to those who have yet to switch from paper checks to remove any threatening language and provide more information about waivers in a prominent fashion.

In late August 2013, the Treasury Department made the "Request for Payment of Federal Benefits by Check" form (FMS Form 1201W) available online at: www.fms.treas.gov/godirect/about-faq-FMS-Form_1201W_JUN2013.pdf.

Face-to-Face Field Office Services for Seniors

March 11, 2014. Chairman Nelson wrote to Acting Commissioner of the Social Security Administration (SSA) to express his concerns that field office closures, including three in

Florida, and a targeted push toward telephone and online services will hinder SSA's ability to interact with seniors face-to-face. SSA was not transparent about its decision-making process related to field office closures. Internet services or phone calls cannot replace the valuable face-to-face service that field office employees provide. The Chairman asked detailed and pointed questions regarding SSA's long-term plans to provide assistance to seniors.

Hearing and Committee Staff Investigation: Reduction in Face-to-Face services at the Social Security Administration

June 18, 2014. This hearing, the culmination of a bipartisan Committee staff investigation into service reductions at the Social Security Administration (SSA), examined the rationale behind and impact of SSA field office closures and other reductions in face-to-face services.

Witnesses (4 total):

- Nancy A. Berryhill, Deputy Commissioner for Operations, Social Security Administration
- Scott Hale, President, National Council of Social Security Management Associations
- Tammy DeLong, Aroostook Area Agency on Aging, Presque Isle, Maine
- Brenda Holt, Gadsden County, Florida, Commissioner

Due to budget constraints, SSA has had to make difficult decisions to reduce service to the public at a time when Baby Boomers are retiring and filing disability and retirement claims at record numbers. Both the [bipartisan Committee investigation](#) and the hearing centered on the rationale behind service cuts and field office closures, highlighting the meager documented and written justifications for field office closures since 2010.

Health Care Fraud

Medicare Incentive Reward Program

June 10, 2013. Chairman Nelson wrote to Marilyn Tavenner, Acting Administrator of CMS, to comment on a proposed rule revising requirements for the Medicare Incentive Reward Program. The Chairman expressed his support for the program's Medicare fraud prevention efforts and the proposal to substantially increase the potential reward for individuals who report Medicare fraud. He encouraged CMS to ensure that individuals who share information regarding Medicare fraud are rewarded in a timely fashion.

Medicaid Fraud Amendments in S. 1871

December 12, 2013. Chairman Nelson offered two amendments during the Senate Finance Committee's mark-up of the SGR Repeal and Medicare Beneficiary Access Improvement Act of 2013 (S. 1871) that were ultimately included in the Chairman's mark. The first, cosponsored by Senator Grassley, expands eligibility for the use of federal funds to go after abusive behaviors in Medicaid. Currently, Medicaid Fraud Control Units can only use federal dollars to pursue abusers in certain settings like nursing homes and hospitals. This amendment would allow federal funds to be used to investigate and prosecute abuse and neglect in less traditional long-term care settings where many seniors receive Medicaid-funded care.

The second amendment introduces an Annual Report on Medicaid Disproportionate Share Hospitals, a measure introduced with Sens. Rockefeller and Casey. This study will help enable

better understanding how we spend Medicaid dollars and the services that vital hospital systems provide.

GAO Strategic Plan 2014-2019 Letter of Comment

January 10, 2014. The Chairman wrote a letter of comment regarding the GAO's 2014-2019 Strategic Plan, urging the Comptroller General to consider adding a strategic objective to focus specifically on Medicare and Medicaid fraud, waste, and abuse. In addition, Chairman Nelson encouraged GAO to more closely examine government protocols for usage of debt cards in delivering federal benefits. Though reducing Medicare improper payments is a priority of GAO's, neither the Strategic Plan nor its accompanying letter highlights this need.

Hearing: Preventing Medicare Fraud: How Can We Best Protect Seniors and Taxpayers?

March 26, 2014. This hearing discussed the ongoing efforts to prevent fraud, find opportunities for further action, and give a voice to those who have been victimized.

Witnesses (5 total):

- Bettie Hughes, Senior Medicare Patrol Coordinator, The Senior Alliance (Area Agency on Aging 1-C), accompanied by Patricia Gresko, a Medicare Fraud Victim from Romeo, Michigan
- Brian Martens, Assistant Special Agent in Charge, Miami Office of Investigations, Department of Health and Human Services Office of the Inspector General
- Louis Saccoccio, Chief Executive Officer, National Health Care Anti-Fraud Association
- Shantanu Agrawal, MD, Deputy Administrator and Director, Center for Program Integrity, Centers for Medicare and Medicaid Services

The Affordable Care Act gave HHS additional authority to combat fraud, including ability to perform background checks on providers before they are allowed in the program. Though this expanded authority has helped, there is even more that can be done to prevent fraud and prevent criminals and past offenders from getting into the Medicare program and wasting money that should go toward seniors' healthcare.

Retirement Security

Individual Retirement Accounts Rollover

February 25, 2013. The Committee Chairman joined Sen. Harkin and Rep. George Miller requesting a GAO report on the issue of individual retirement account (IRA) rollovers.

On March 7, 2013, GAO released its report, "Labor and IRS Could Improve the Rollover process for Participants." The report found that the current rollover process favors distributions to IRAs. Waiting periods to roll into a new employer plan, complex verification procedures to ensure savings are tax-qualified, wide divergences in plans' paperwork, and inefficient practices for processing rollovers make IRA rollovers an easier and faster choice, especially given that IRA providers often offer assistance to plan participants. GAO recommended that Labor and IRS should take steps to reduce obstacles and disincentives to plan-to-plan rollovers.

On April 3, 2013, Chairman Nelson, Sen. Harkin, and Rep. George Miller co-signed a letter sent to Secretary Jacob Lew of the Department of Treasury and Acting Secretary Seth Harris of the Department of Labor, detailing their concerns with the findings from the GAO report. The letter

asked the Secretaries to issue guidance establishing uniform standards, including model notices, when workers end service under a 401(k) or similar account type.

On June 24, 2013, the Assistant Secretary for Legislative Affairs at the Department of the Treasury, responded to the April 3 letter. The response indicated that the Department of Treasury plans to work with the Department of Labor to identify and implement specific ideas for improving workers' options and decision making with respect to their accumulated retirement savings.

On August 6, 2013, the Department of Labor responded to the letter. The Assistant Secretary of the Department of Labor noted common concerns about the challenges facing America's workers and retirees as they increasingly are called on to manage their own retirement savings and shoulder investment risks in their 401(k) plans and IRAs. Despite these efforts, the Labor Department wrote that more can and ought to be done to help Americans secure their hard-earned retirement savings. In addition, the Labor Department is evaluating whether there are regulatory approaches within its statutory authority to address the problems with plan design features, roll-overs, and IRA fee transparency described in the Chairman's letter. At this point, however, Department of Labor claims that additional legislation to address these issues premature, and promised to consult with Labor's counterparts at the Department of Treasury as part of in an ongoing effort to address these issues.

How Marriage Affects Retirement Security

February 26, 2013. The Committee Chairman requested a GAO report on trends in marriage and the impact these trends have on retirement security.

On February 26, 2014, GAO released its report, "Trends in Marriage and Work Patterns May Increase Economic Vulnerability for Some Retirees." The report found that because of declining marriage rates, fewer retirees will receive Social Security spousal or survivor benefits. More women will qualify for Social Security benefits based on their own earning records. Lack of receipt of spousal or survivors' benefits could put women with low lifetime earnings at greater risk of poverty. The report served as the basis for the Aging Committee's March 5, 2014, hearing: "Income Security and the Elderly: Securing Gains Made in the War on Poverty."

Student Loans

March 21, 2013. Chairman Nelson and Sen. Harkin requested a GAO report on the impact of student loans on individuals over the age of 50. The work pertaining to this issue is ongoing, and the Committee expects the report in the summer of 2014.

Small Business Retirement Benefit Plans

September 25, 2013. The Chairman and Sen. Warren of the Aging Committee, joined by Sen. Patty Murray, wrote to the Treasury Department asking for regulatory clarification for small businesses looking to start retirement plans. According to GAO, only 14% of small employers sponsor some type of plan for their employees. In order to address the retirement crisis, it is critical to ensure that people employed by small businesses have access to retirement plans. One option is to promote pooled retirement plan arrangements, such as multiple employer plans (MEPs). Due to legal impediments, however, MEPs are under-utilized among small businesses, and this letter urges Treasury to begin the process of issuing regulations to address these issues.

Hearing: State of the American Senior: The Changing Retirement Landscape for Baby Boomers

September 25, 2013. This hearing emphasized the difficulty of saving and affording retirement for the average American senior. Changes in the retirement system, higher health care costs, and the recession all combined to put baby boomers on shakier financial footing than prior generations.

Witnesses (4 total):

- Joanne Jacobsen, American Senior and resident of Venice, FL
- Olivia S. Mitchell, PhD, International Foundation of Employee Benefit Plans Professor, The Wharton School, University of Pennsylvania
- Paula A. Calimafde, Chair, Small Business Council of America
- Richard W. Johnson, PhD, Senior Fellow and Director, Program on Retirement Policy, The Urban Institute.

Committee members discussed various approaches to making it easier and more accessible for Americans to save at work and ways to reform Social Security to ensure it continues to provide benefits to those who need it most.

Retirement Security Act of 2014

January 29, 2014. Chairman Nelson and Ranking Member Collins introduced the *Retirement Security Act of 2014* (S. 1970). This legislation focuses on reducing the cost and complexity of retirement plans, especially for small businesses, and encourages individuals to save more for retirement.

Hearing: Income Security and the Elderly: Securing Gains Made in the War on Poverty

March 5, 2014. 2014 marked 50 years since President Johnson declared the “War on Poverty.” In that time, the number of elderly poor has decreased from roughly one in three to one in ten. However, the number of seniors in extreme poverty has increased, and recent demographic changes show there is reason to be concerned that more seniors could fall into poverty and extreme poverty in the coming decades.

Witnesses (4 total):

- Tricia Neuman, Senior Vice President, Kaiser Family Foundation
- Barbara Bovbjerg, Managing Director of Education Workforce and Income Security, Government Accountability Office
- Joan Entmacher, Vice President of Family Economic Security, National Women’s Law Center
- Dixie Shaw, Director of Hunger and Relief Services, Catholic Charities Maine

Though Social Security and Medicare programs dramatically reduced the number of elderly Americans living in poverty, about 9% of seniors still live below the poverty line. That national number jumps to closer to 15% when out-of-pocket health care costs are factored in. And as housing costs increase, more unmarried adults reach old age, and voluntary 401(k) retirement plans replace pension plans, the number of seniors in poverty could continue to increase. Both Chairman Nelson and Ranking Member Collins agreed that these numbers are unacceptable. Though the Retirement Security Act of 2014 (S. 1970) aims to increase Americans’ ability to save for retirement, there is much more to be done in helping older Americans live comfortably in retirement.

Field Hearing: Sandwich Generation Squeeze: Confronting the Middle Class Struggle to Raise Kids, Care for Aging Parents, and Scrape Together Enough for Retirement in Today's Economy

June 30, 2014. Senator Casey chaired a field hearing of the Aging Committee in Pittsburgh, PA, to discuss the difficulty of the so-called “sandwich generation,” adults who are caught in the middle taking care of and financially supporting elderly parents and young children.

Witnesses (5 total):

- Charles F. Reynolds III, MD, Director, Aging Institute, University of Pittsburgh School of Medicine
- Mildred E. Morrison, Administrator, Allegheny County Department of Human Services Area Agency on Aging
- Sister Barbara Ann Boss, President, Seton Center
- Judy Mills, Member of the “Sandwich Generation”
- Tom Moore, Member of the “Sandwich Generation”

The hearing discussed the difficulties of saving for retirement amidst growing child care expenses, a jump in multigenerational households, skyrocketing costs of caring for an aging parent, and earning a living.

Long-Term Care

Hearing: The Future of Long-Term Care Policy: Continuing the Conversation

December 18, 2013. This hearing centered on the controversial issue of long-term care in America: who needs it, how it is currently financed, and what solutions are possible.

Witnesses (4 total):

- Anne Tumlinson, MMHS, Senior Vice President, Avalere Health
- Bruce Chernof, MD, President and Chief Executive Officer, The SCAN Foundation
- Mark J. Warshawsky, Visiting Adjunct Scholar, American Enterprise Institute
- Judy Feder, PhD, Professor, Georgetown University McCourt School of Public Policy and Fellow, Urban Institute

Congress established the Commission on Long-Term Care as part of the American Taxpayer Relief Act of 2012. The Commission of 15 members, including Commissioners Chernof, Warshawsky, and Feder, issued an extensive report of 28 recommendations, mostly in non-controversial areas, such as: promoting access to home and community-based services, investing in quality measures, supporting family caregivers, strengthening the direct care workforce, improving access to long-term services, and eliminating Medicare’s three-day rule for nursing home stays. The Commission could not agree, however, on a way to finance long-term care. Using the report as a starting point, the hearing discussed the varying approaches to funding the burdensome expense of long-term care.

Hearing: Aging in Comfort: Assessing the Special Needs of America’s Holocaust Survivors

January 15, 2014. Florida has the third largest population of Holocaust survivors in the United States. This hearing examined the unique long-term care needs of Holocaust survivors, what services are available to survivors today, and what gaps in services need to be filled to meet the needs of this important population. Sens. Boxer and Cardin also joined the Committee for this important discussion.

Witnesses (5 total):

Panel One:

- Jack Rubin, a Holocaust survivor from Boynton Beach, Florida
- Anat Bar-Cohen, the daughter of two Holocaust survivors from Bethesda, Maryland

Panel Two:

- Sandor E. Samuels, President and CEO, Bet Tzedek in Los Angeles, California
- Elihu Kover, Vice President for Nazi Victim Services at Selfhelp Community Services in New York City
- Lee Sherman, President and CEO for the Association of Jewish Family and Children's Agencies

During the hearing, witnesses offered testimony on the necessity of allowing aging Holocaust survivors to stay in their homes, a need which the current Medicaid structure does not support. While most states have a Medicaid waiver to provide home and community-based care to individuals eligible for nursing home care, these programs are often oversubscribed and have long waiting lists, as in the case of Ms. Bar-Cohen's father. The emphasis across all of the witnesses' testimonies was the need to accommodate this population immediately.

Special Envoy for Holocaust Survivor Services

March 28, 2014. In December 2013, Vice President Biden announced a new Administration initiative to help American Holocaust Survivors, including the creation of a new Special Envoy position at HHS to serve as the Federal government's liaison to survivors and the nonprofit and community organizations that serve them. At the time of the January 15, 2014, hearing, this Envoy had not yet been appointed.

Upon appointment of Aviva Sufian to this Special Envoy position, Chairman Nelson, along with Sens. Cardin, Warren, and Blumenthal, sent a letter to follow up on the discussion of the Committee's hearing. The letter requested a full assessment of the gaps in funding for Holocaust survivors with respect to social services' needs, in particular, home care needs. Additionally, the Committee requested a thorough review of any unintended barriers that may exist in federal programs that hinder Holocaust survivors from receiving services available to all American seniors.

End-of-Life

Hearing: Renewing the Conversation: Respecting Patients' Wishes and Advance Care Planning

June 26, 2013. This hearing examined the federal government's role in encouraging individuals to talk about end-of-life decisions with their families and health professionals.

Witnesses (4 total):

- James Towey, Founder, Aging with Dignity, and President, Ave Maria University
- Harriet Warshaw, Executive Director, The Conversation Project
- Gloria Ramsey, RN, Associate Professor, Uniformed Services University of the Health Sciences
- Amy Vanderbroucke, Executive Director, National Physician Orders for Life-Sustaining Treatment Paradigm Task Force

Only 29% of Americans have a living will that states their wishes on end-of-life medical care. The panel emphasized the need to have these difficult conversations and for the Committee and Congress to continue to look at the challenging issue. The Committee will continue to push providers and CMS to reopen the Medicare annual wellness benefit to include advance care planning conversations and to ensure that electronic medical records include advance directives.

Medicare Advantage Star Ratings Program

December 19, 2013. Chairman Nelson, joined by Sen. Isakson, wrote to CMS Administrator Tavenner regarding potential updates to the Medicare Advantage Star Ratings Program for 2015. The letter urged CMS to incorporate ways to recognize the importance of advance care planning within MA, including quality measures within MA that will help beneficiaries know which plans excel in advanced care planning and managing advanced illness, and specialized case management for enrollees with advanced illnesses.

GAO Review of the Patient Self-Determination Act

February 12, 2014. Chairman Nelson, joined by Sens. Isakson and Warner, requested a GAO review on current information on the implementation of the Patient Self-Determination Act (PSDA). This law, passed in 1990, is aimed at informing patients of their rights to determine their own health care. PSDA imposes certain requirements on health care providers and organizations that receive Medicare or Medicaid funding to increase public awareness about the use of “advance directives.” The request to GAO seeks information on: CMS oversight of PSDA’s requirements on covered providers and organizations; the extent that patients across these providers and organizations choose to complete an advance directive at the point of service; and how programs implement PSDA requirements that vary across the affected providers and organizations.

Roundtable: Continuing the Conversation: The Role of Health Care Providers in Advance Care Planning

May 21, 2014. As a follow-up to the Committee’s hearing focused on advance care planning in June 2013, this Roundtable honed in on the needs of those with advanced illness and their caregivers. The roundtable participants were:

- Carmella Bocchino, RN, Executive Vice President, Clinical Affairs and Strategic Planning, America’s Health Insurance Plans
- William Novelli, Co-Chair, Coalition to Transform Advanced Care, and Professor, McDonough School of Business, Georgetown University
- Samira Beckwith, LCSW, President and Chief Executive Officer, Hope HealthCare Services
- Randal Krakauer, MD, Vice President, National Medical Director, Medical Strategy, Aetna
- Daniel O’Brien, PhD, Senior Vice President, Ethics, Discernment and Church Relations, Ascension Health
- Paul Malley, President, Aging with Dignity
- *Moderator:* Jennie Chin Hansen, RN, Chief Executive Officer, American Geriatrics Society

The Roundtable participants, from a diverse set of backgrounds, discussed strategies and best practices that help promote comprehensive, person-centered models of care for those with advanced illness.

Older Americans Month

Older Americans Month 2013 Resolution

May 9, 2013. Chairman Nelson and Ranking Member Collins, along with Sen. Sanders, introduced a resolution designating May 2013 as “Older Americans Month” (S.Res.137).

Older Americans Month Healthy Aging Forum

May 23, 2013. In celebration of the 50th anniversary of Older Americans Month, the Committee sponsored the Healthy Aging Forum. The aim of the Forum was to educate Members and staff on the programs, policies, and innovations which have been developed since the first Older Americans Month and have enabled seniors to live longer, healthier, more independent lives. More than 30 federal and private organizations participated in the event to showcase and demonstrate these innovations.

Older Americans Month 2014 Resolution

May 22, 2014. Chairman Nelson and Ranking Member Collins, along with Senators Sanders and Cardin, introduced a resolution designating May 2014 as “Older Americans Month” (S.Res.455).

Affordable Senior Housing

FY14 Appropriations for Transportation, HUD, and Related Agencies

April 26, 2013. Along with 18 other Senators, Chairman Nelson, Senators Schumer and Menendez wrote to encourage the funding of the Department of Housing and Urban Development’s (HUD) programs for the elderly housing (Section 202) and disabled housing (Section 811) at the levels contained in the President’s Fiscal Year 2014 budget request.

Aging-Friendly Communities

August 21, 2013. Chairman Nelson and Transportation, Housing and Urban Development, and Related Agencies Appropriations Subcommittee Chairman Murray requested a GAO study to examine how HHS—particularly the Administration on Aging—works with states, the private sector, and other parts of the federal government to create “aging-friendly communities,” where seniors can age in place and have sufficient access to long term care services and supports. Both Chairman Nelson and Chairman Murray acknowledge their committees’ interest in ensuring that older adults are able to maintain their independence and ties to the community as they age.

Fraud Hotline

Aging Committee Fraud Hotline and Senior-Friendly Website Launch

November 13, 2013. The Aging Committee launched a toll-free fraud hotline to make it easier for senior citizens to report suspected fraud and receive assistance. The hotline is staffed by a team of committee investigators weekdays from 9 a.m. to 5 p.m. EST. The investigators, who have experience with investment scams, identity theft, bogus sweepstakes and lottery schemes, Medicare and Social Security fraud, and a variety of other senior exploitation issues, will directly examine complaints and, if appropriate, refer them to the proper authorities.

The hotline's unveiling also coincided with the Committee's launch of an enhanced senior-friendly website. The site's new features include large print, simple navigation and an uncluttered layout that enables seniors to find information more easily and conveniently. Online visitors can increase text size, change colors or view a text-only version of the site.

As of July 2014, the Fraud Hotline has received more than 1,700 inquiries via phone and web form. The hotline has been promoted across the nation, including in the January/February edition of the [*AARP Bulletin*](#), the [*Wall Street Journal*](#), and the [*New York Times*](#). Some of the top reported issues are as follows:

- More than 200 reports were Jamaican lottery scam victims;
- More than 130 reports have dealt with other sweepstakes scams, including the Publisher's Clearing House (PCH) scam;
- More than 100 seniors have reported identity theft;
- More than 100 reports have involved computer scammers, in which seniors receive a call from an international caller who requests access to the senior's computer in order to 'repair' it, and consequently steal personal information;
- About 75 seniors have reported Social Security fraud;
- More than 50 grandparent scam reports, when a caller claims to be or have the senior's grandchild and demands money;
- 20 reports of MedicAlert scams have been reported, whereby a senior receives a call that he has won a free MedicAlert bracelet or free MedicAlert system delivery and installation.

The Hotline, in its capacity both as a reference point and clearinghouse, will continue to serve as a valuable resource as seen by the steady demand since its inception.

Patient Safety

Hearing: Protecting Seniors From Medication Labeling Mistakes

December 10, 2013. The Committee, at the request of Sen. Gillibrand, held a hearing to examine ways to ensure that the written patient medication information given to patients with their prescription medications is clear, accurate, easy-to-read, and up-to-date.

Witnesses (4 total):

- Janet Woodcock, MD, Director, Center for Drug Evaluation and Research, U.S. Food and Drug Administration
- Doris Peter, PhD, Associate Director, Consumer Reports Health Ratings Center
- Richard Scholz, RPh, Jacobs Scholz and Associates, LLC
- Gerald McEvoy, PharmD, Editor in Chief, AHFS Drug Information and Consumer Medication Information, American Society of Health-System Pharmacists

Prescription drug information on labels and inserts is a major source of information for patients as they attempt to balance the risks and benefits of drugs and administer them safely. Yet this information is often inconsistent, incomplete, and difficult for patients, especially seniors, to read and understand. The hearing discussed various proposals to enhance patient safety for prescription drugs.

FDA Patient Medication Information

March 6, 2014. One of the proposals to enhance patient safety that was offered by the FDA witness at the Committee's December hearing was the patient medication information (PMI), a single document for communicating essential information about prescription drugs. In a follow-up letter to Dr. Woodcock, Chairman Nelson and Sens. Gillibrand, Warren, and Blumenthal wrote to applaud FDA's effort to implement PMI, but also to raise concerns about the timeline of these efforts. The Senators requested a response by April 7, 2014, to the following questions:

- What process is the FDA employing to review, update, and reconcile the content of all professional labels and when is the process expected to be completed?
- What is the total number of professional labels that still need to be updated and reformatted to comply fully with the Physician Labeling Rule and when will these updates be complete?
- What is the mechanism in place to ensure that professional labels maintain consistent across drug classes and are updated on a timely basis after a label's initial approval?
- After a new pharmaceutical entity is approved, how does the agency ensure that the relevant drug interaction information is included in the professional labels of all previously approved products with which it interacts?
- What are the PMI-related studies and research projects launched and completed to date, and what additional research does the agency plan to conduct?
- What is the timeline for completing the PMI initiative?

Other

Geroscience

Roundtable: Tackling Diseases of Aging: Why Research Collaboration Matters

October 29, 2013. As part of a two-day summit on breaking down siloes in aging research held by the National Institutes of Health (NIH) in conjunction with the Alliance for Aging Research and the Gerontological Society of America ("Advances in Geroscience: Impact on Healthspan and Chronic Disease"), the Aging Committee held a roundtable to examine the latest biological research in cellular and molecular mechanisms on aging, the link between aging and chronic disease progression, and novel ways for cross-disciplinary research collaboration in the field of aging research. A panel of the leading experts in this scientific field gathered for a roundtable discussion with members of the Aging Committee. The roundtable participants were:

- Richard Hodes, MD, Director, National Institute on Aging, NIH
- John Alam, MD, Head, Therapeutic Strategic Area for Diseases of Aging, Sanofi-Aventis
- James Kirkland, MD, PhD, Professor, Noaber Foundation Professor of Aging Research and Director, Robert and Arlene Kogod Center on Aging, Mayo Clinic
- Richard Morimoto, PhD, Professor, Department of Molecular Biosciences and Director, Rice Institute for Biomedical Research, Northwestern University
- David Morgan, PhD, Chief Executive Officer and Director, Byrd Alzheimer Institute and Director of Neuroscience Research, University of South Florida College of Medicine.
- *Moderator:* Michael Hodin, PhD, Executive Director, Global Coalition on Aging

During the roundtable, participants discussed cutting-edge experiments and the potential breakthroughs and health ramifications associated with these trials with Chairman Nelson and

Sens. Warren and Donnelly. Additionally, the members of the Committee and scientists alike emphasized the need for continued funding for research in order to better understand both the general biological process of aging and specific chronic diseases' relationship to aging.

Cancer

Hearing: The Fight Against Cancer: Challenges, Progress, and Promise

May 7, 2014. This hearing focused on the current state of cancer research and the need for increased funding. Though federal support of research has accelerated the pace of discoveries and the development of new and better ways to prevent, detect, diagnose, and treat cancer in all age groups, the budgets for NIH and the National Cancer Institute (NCI) remain far below what they were in fiscal year 2012 because of sequestration.

Witnesses (5 total):

- Harold E. Varmus, MD, Director, National Cancer Institute, National Institutes of Health
- Valerie Harper, Actress and Cancer Survivor
- Thomas Sellers, PhD, MPH, Director, H. Lee Moffitt Cancer Center and Research Institute
- Mary Dempsey, Assistant Director and Co-Founder, The Patrick Dempsey Center for Cancer Hope and Healing
- Chip Kennett, Advocate and Cancer Survivor

The combination of both the overall aging of the baby-boomer population and a higher percentage of survivors of cancer who are at risk for a second diagnosis or re-occurrence of cancer has resulted in a significant increase in new cancer diagnoses every year. About 1.6 million Americans—the majority of them over age 55—will receive a cancer diagnosis this year, and more than 585,000 will die from cancer in 2014. Various Committee members discussed the need for a steady increase in funding to make up for the 22 percent cut over the last decade to NIH in the midst of Congressional budget battles.

Diabetes

Hearing: Diabetes Research: Reducing the Burden of Diabetes at All Ages and Stages

July 10, 2013. This hearing examined the personal and economic impacts of type 1 diabetes.

Witnesses (5 total):

- Jean Smart, Actress
- Ray Allen, Miami Heat Player and Father of JDRF Children's Congress Delegate, Walker Allen
- Quinn Ferguson, JDRF Children's Congress Delegate
- Griffin Rodgers, MD, Director, National Institute of Diabetes and Digestive and Kidney Disorders, National Institutes of Health
- Jeffrey Brewer, President and CEO, JDRF

Though type 1 diabetes is often referred to as “juvenile diabetes,” this hearing demonstrated the impacts and burdensome costs of the disease across the life-span as witnesses advocated for continued research money for all types of diabetes.

Special Diabetes Program Reauthorization

July 29, 2013. During the Diabetes hearing, several witnesses urged continued funding for the Special Diabetes Program (SDP).

On October 31, 2013, Chairman Nelson, Ranking Member Collins, and Sen. Shaheen sent a letter to Leaders Reid and McConnell supporting reauthorization of the Special Diabetes Program. During the earlier Aging Committee hearing, many witnesses urged for continued funding for this program. This program was successfully reauthorized.

Veterans' Pensions

GAO Study on Pension Practices

August 1, 2013. GAO issued a study on the Department of Veterans Affairs (VA) process of accreditation of attorneys, claims agents, and representatives of veterans' services organizations who provide services associated with VA benefit claims in a report titled, "VA Benefits: Improvements Needed to Ensure Claimants Receive Appropriate Representation." The report found that the VA's Office of General Counsel's procedures do not sufficiently ensure that accredited representatives have good character and knowledge. To improve the integrity of accreditation, GAO recommended that VA explore options for strengthening knowledge of and addressing emerging threats, improve its outreach, and determine the resources needed to adequately carry out sound accreditation.

GAO Report on VA Benefits Follow-up

August 30, 2013. Chairman Nelson joined Sens. Sanders, Burr, and Murray in writing to Eric Shinseki, the Secretary of the Department of Veterans Affairs (VA), about concerns with the GAO's findings in an August 2013 report, "VA Benefits: Improvements Needed to Ensure Claimants Receive Appropriate Representation." The findings of the report indicated weaknesses in the accreditation program, which may prevent VA from ensuring that veterans are served by knowledgeable, qualified, and trustworthy representatives. The letter urged VA to improve its accreditation program by informing veterans and other VA claimants about the current state of VA's accreditation and to take steps to develop clear policies and plans to ensure successful implementation of policies needed to correct the deficiencies identified by GAO.

HIV/AIDS and Aging

Hearing: Older Americans: The Changing Face of HIV/AIDS

September 18, 2013. This hearing, on National HIV/AIDS and Aging Awareness Day, examined the challenges faced by older Americans. As HIV/AIDS research advances, the life expectancy of those diagnosed with HIV/AIDS has increased dramatically, leaving those patients with a multitude of other health issues.

Witnesses (5 total):

- Ronald Valdiserri, MD, MPH, Deputy Assistant Secretary for Health, Infectious Diseases and Office of HIV/AIDS and Infectious Disease Policy, U.S. Department of Health and Human Services
- Daniel Tietz, RN, JD, Executive Director, AIDS Community Research Initiative of America
- Carolyn Massey, CEO, Massmer Associates, LLC, and HIV/AIDS Education Activist
- Kenneth Miller, Executive Director, Down East AIDS Network
- Rowena Johnston, PhD, Vice President and Director of Research, amfAR, The Foundation for AIDS Research

By 2015, half of all of those living with HIV will be age 50 or over. The so-called “graying” of HIV/AIDS has necessitated a renewed commitment to research and services for the aging HIV/AIDS population, and this hearing highlighted the benefits of the research and services.

Senior Entrepreneurs

Hearing: In Search of a Second Act: The Challenges and Advantages of Senior Entrepreneurship

February 12, 2014. In a joint hearing with the Senate Committee on Small Business and Entrepreneurship, the Aging Committee examined how senior entrepreneurship impacts retirement security. The hearing also explored the advantages seniors have in becoming successful entrepreneurs, unique challenges that these so-called “encore entrepreneurs” face, and the potential economic and fiscal benefits that result when seniors delay full retirement to start a new business.

Witnesses (4 total):

- Tameka Montgomery, Associate Administrator, Office of Entrepreneurial Development, U.S. Small Business Administration
- W. Kenneth Yancey, CEO, Score Association
- Conchy Bretos, CEO, MIA Senior Living Solutions
- Elizabeth Isele, Co-Founder, Senior Entrepreneurship Works, accompanied by Greg O'Neill, PhD, Director of the National Academy on an Aging Society.

In the last decade, the highest rate of entrepreneurship in the U.S. has shifted to those between ages 55 and 64. In May 2012, the Small Business Administration partnered with AARP to help thousands of people over age 50 learn how to start and grow a small business. The panel and members discussed the challenges, particularly financial ones, in starting a small business and the improvements that the Affordable Care Act have made to encouraging senior entrepreneurship. Potential follow-up includes examining microlending options for entrepreneurs and government services that could help seniors remain active in the community.

Senior Falls Prevention

National Falls Prevention Awareness Day

September 22, 2013. Chairman Nelson led a resolution with Ranking Member Collins designating September 22, 2013, and “National Falls Prevention Awareness Day” to raise awareness and encourage the prevention of falls among older Americans. Sen. Casey, a Committee member, joined in cosponsoring the resolution.

Medical Credit Cards

FTC’s Review of Medical Credit Cards

December 19, 2013. Chairman Nelson joined with Senators Markey and Sanders in requesting the Federal Trade Commission’s (FTC) review of financing companies and health care providers who may be utilizing unfair or deceptive practices to persuade consumers to sign up for medical credit cards, loans, or other financial products to pay for expensive medical procedures not covered by health insurance. The letter shared the senators’ concern that, rather than alleviating the pressure of medical costs, some products may actually drive consumers further into debt. FTC Chairwoman Ramirez responded to the senators’ letter on February 6, 2013. She explained

that the FTC had received a few thousand complaints over the past three years regarding medical credit cards, with the majority of complaints directed at CareCredit. She assured Chairman Nelson that the FTC would continue to monitor this area and, where appropriate, bring enforcement actions to protect consumers.

Senior Transportation

Hearing: Transportation: A Challenge to Independence for Seniors

November 6, 2013. This hearing, at the request of Ranking Member Collins, examined the current transportation options for seniors and how the services provided can be made more accessible to the elderly.

Witnesses (4 total):

- Therese McMillan, MCP, Deputy Administrator, Federal Transit Administration (FTA)
- Grant Baldwin, PhD, MPH, Director, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Virginia Dize, MS, Co-Director, National Center on Senior Transportation, National Association of Area Agencies on Aging and Easter Seals
- Katherine Freund, MA, Executive Director, ITNAmerica

According to a GAO study released in 2012, 80 federal programs in eight different agencies fund a variety of transportation services for transportation-disadvantaged populations, including older Americans. While some federal funding programs are transportation focused, transportation was not the primary mission for the vast majority of these 80 programs and remains badly uncoordinated. The hearing discussed the importance of coordinating these funding streams to provide greater options for seniors.