National Council on Aging

Testimony of
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on
Turning 65: Navigating Critical Decisions to Age Well

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Chairwoman Collins, Ranking Member Casey, and members of the Committee, I appreciate the opportunity to speak with you today on behalf of the National Council on Aging (NCOA) about the critical decisions that older adults face as they turn 65.

Life after age 65 has changed dramatically in the last 30 years. Where retirement once meant spending several years of leisure buoyed by the financial security of a pension, today's older Americans have both the gift and challenge of planning for a bonus 20 to 30 years of life.

According to the Social Security Administration, a man reaching age 65 today can expect to live, on average, until age 84 and a woman until age 86. What's more, one out of every four 65-year-olds today will live past age 90, and one in 10 will live past age 95.[1]

Few Americans are prepared for the challenges and opportunities of this increased longevity. Traditional defined benefit retirement plans have mostly disappeared, and Americans' individual savings for retirement have not caught up. According to a 2017 BlackRock survey, the average pre-retirement baby boomer — defined as 55-64 years old — has only $127,000 in savings.[2] Yet the Elder Economic Security Standard™ Index calculates that people over age 65 with a mortgage need a minimum of $31,000 per year just to afford the basic necessities like housing, food, health care, and transportation.[3] In Maine, York County has the highest Elder Index at $31,080. In Pennsylvania, the highest is Chester County at $37,404.

In addition to higher daily costs, living longer means increased chronic disease and rising health care costs. The National Center for Health Statistics reports that more than 85% of Americans aged 65 and over are coping with at least one chronic health condition, and 56% are coping with two or more.[4] Chronic conditions – which include asthma, diabetes, heart disease, and arthritis, among others – account for 85% of the nation's $2.7 trillion annual health care expenditures, according to the U.S. Centers for Disease Control.[5]

[1] Social Security Administration, https://www.ssa.gov/planners/lifeexpectancy.html
[2] BlackRock, https://www.blackrock.com/investing/insights/investor-pulse/retirement
[3] University of Massachusetts Boston, https://scholarworks.umb.edu/demographyofaging/13/
[4] U.S. Centers for Disease Control, National Center for Health Statistics, https://www.cdc.gov/nchs/health_policy/adult_chronic_conditions.htm
[5] U.S. Centers for Disease Control, https://www.cdc.gov/chronicdisease/overview/index.htm

Today's women, in particular, face unique hurdles past age 65. They begin retirement with a challenge that has followed many throughout their lives – the pay gap. Lower pay means less money saved. Women who chose to leave the workforce to be a parent or caregiver have fewer Social Security benefits built up. Overall, women receive nearly $4,000 a year less in Social Security benefits than men.[6] Women of color face an even deeper disparity. Over 70% of elderly Hispanic women and more than 64% of elderly African American women are economically vulnerable, according to the Economic Policy Institute.[7]

While this situation may sound dire, the good news is that there are proven, cost-effective ways to help Americans successfully navigate life after 65. Many of them are small steps that can have a huge impact on quality of life.

Since 1950, NCOA has been working to empower older adults with the information and resources they need to take these steps. With the help of thousands of partners across the country, NCOA has developed innovative programs that help older adults remain healthy, economically secure, and independent in their communities.

At NCOA, we envision a just and caring society in which each of us, as we age, lives with dignity, purpose, and security. To achieve that vision, we are focused on improving two essential pillars of life past age 65 – health and economic security.

HEALTH

At every age, good health ensures independence, security, and productivity. Unfortunately, millions of older Americans struggle every day with health challenges such as chronic disease, falls, and behavioral health issues – all of which can severely impact quality of life.

[6] Social Security Administration, https://www.ssa.gov/news/press/factsheets/ss-customer/women-ret.pdf
[7] Economic Policy Institute, https://www.epi.org/publication/economic-security-elderly-americans-risk/

Chronic Disease

Older adults are disproportionally affected by chronic conditions, such as diabetes, arthritis, and heart disease. The National Center for Health Statistics reports that more than 85% of Americans aged 65 and over are coping with at least one chronic health condition, and 56% are coping with two or more.[8]

Chronic conditions are costly to individuals' lives and to the health care system. They can limit a person's ability to perform daily activities, cause them to lose their independence, and result in the need for institutional care, in-home caregivers, or other long-term services and supports. They are also the leading causes of death among older adults in the U.S.[9] Chronic diseases account for 93% of Medicare spending, yet less than 1% of U.S. health care dollars is spent on prevention to improve overall health.[10]

Healthy behaviors can improve health and reduce spending. There is strong evidence that patients with chronic illnesses have better outcomes and lower costs when behavior changes are implemented, and these changes can be made only when patients have the confidence in their ability (self-efficacy) to effect change. Community-based aging services organizations and the public health community have an important role to play in improving healthy behaviors by promoting self-management and addressing the social determinants of health.

Chronic diseases can be managed to improve quality of life and reduce costs. Chronic Disease Self-Management Education (CDSME), created and tested by researchers at Stanford University, includes cost-effective, evidence-based programs that have been proven to help people better manage their chronic conditions. The Chronic Disease Self-Management Program (CDSMP), for example, is a six-week, interactive, small-group workshop – also available online – that helps participants deal with fatigue, pain, frustration, or isolation; maintain strength, flexibility, and endurance; manage and adhere to medications; communicate with family, friends, and health professionals; and eat healthy.

The results show improved health outcomes and lower costs. CDSMP participants in randomized studies have reported improved health status in six indicators: fatigue, shortness of breath, depression, pain, stress, and sleep problems; improved health-related quality of life, unhealthy physical days, and unhealthy mental days; and improved communication with doctors, medication compliance, and health

[8] U.S. Centers for Disease Control, https://www.cdc.gov/nchs/data/hus/hus16.pdf#020
[9] U.S. Centers for Disease Control, https://www.cdc.gov/nchs/data/hus/hus16.pdf#020
[10] U.S. Department of Health and Human Services, http://www.hhs.gov/asl/testify/2011/10/t20111012b.html

literacy. Moreover, cost savings among participants included $714 per person in emergency room visits and hospital utilization. Based on the data, the nation could save $6.6 billion by bringing CDSMP to just 10% of Americans with one or more chronic disease.

There is also an online version of the program for people who cannot attend an in-person workshop. Recent research by NCOA, Stanford University, Anthem, and HealthCore, funded by Bristol-Meyers Squibb Foundation, showed that the online version improves diabetes outcomes, improves depressive symptom and medication adherence, and helps people increase exercise by 43 minutes per week.

NCOA serves as the National Resource Center for CDSME. With funding from the U.S. Administration on Aging, NCOA supports the expansion and sustainability of evidence-based health promotion and disease prevention programs to bring them to more older adults both in the community and online through collaboration with national, state, and community partners.

As recently as eight years ago, the federal investment in CDSME was $16 million annually. Current funding has dropped to $8 million, made available through an annual allocation from the Prevention and Public Health Fund (PPHF). NCOA is extremely concerned about the implications of proposed cuts, the looming sequester, and threats to the PPHF on CDSME funding. The Senate Appropriations Committee has proposed level funding CDSME for FY18, but both the Administration and the House Appropriations Committee have proposed a $3 million cut. It is critical that funding for CDSME at least be protected, and in the event that a deal is reached to raise the Budget Control Act (BCA) caps, the investment should be restored to $16 million to improve access to those in need.

Congress should move beyond appropriated programs to provide more sustainable funding for these proven interventions. NCOA supports the development of a Medicare demonstration program to test Integrated Self-Care Management, in which primary care and community service providers collaborate and integrate support to help older adults and their caregivers reach personal goals for healthy aging. The initiative would have two overarching goals: (1) improving health and quality of life outcomes for older people who have multiple chronic conditions and (2) reducing preventable hospitalizations, readmissions, and emergency room visits in order to lower per capita health care expenses for the target population.

In addition, Preventive Health Services authorized by Title III-D of the Older Americans Act (OAA) provide formula grants to support evidence-based health promotion and disease prevention. Annual

funding to provide formula grants to the 50 states, the District of Columbia, and five territories has remained at $19.8 million in recent years. An investment of at least the $20.8 million authorization for FY18 approved in the 2016 bipartisan OAA reauthorization would help the aging network disseminate these proven programs that empower older adults to adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits.

On an individual level, healthy behaviors are the name of the game when it comes to preventing and managing chronic disease as you age. Older adults with chronic disease can stay healthier if they:

- **Exercise regularly.** Physical activity boosts physical and mental health. A mixture of aerobic, strength and balancing building, and stretching movements are best for older adults.
- **Quit smoking.**
- **Drink in moderation.** For most older adults, moderation is defined as no more than one drink per day.
- **Sleep well.** Getting at least seven hours of deep sleep each night is crucial for older adults.
- **Eat a healthy diet.** Older adults should focus on foods that are high in nutrients and limit consumption of alcohol, caffeine, artificial sweeteners, and highly processed foods.
- **Manage stress levels.** It's important for seniors to reach out to family and friends during rough spells and consider regular meditation.
- **Talk to their doctor.** Older adults who have experienced any of the warning signs of depression or other behavioral health issues should talk to their doctor about treatment options.

Falls Prevention

Falls are another pervasive and significant health concern for older adults. Like chronic conditions, falls can severely impact a person's quality of life and health care costs.

One in four older adults falls each year. Every 11 seconds, an older adult is treated in the emergency room for a fall, and every 19 minutes, an older adult dies from a fall. Fear of falling can lead older adults

to limit their activities, which can result in more falls, further physical decline, depression, and social isolation.[11]

Falls are the leading cause of fatal and nonfatal injuries among older adults, causing hip fractures, head trauma, and death.[12] Today, the nation spends $31 billion a year in Medicare costs[13] treating older adults for the effects of falls and, if falls rates are not reduced, direct treatment costs are projected to reach $67.7 billion by 2020.

The good news is that falls are not a normal part of aging, and they are preventable. Just as with chronic conditions, there are proven, cost-effective programs and education that can help older adults prevent a fall. These programs – which include A Matter of Balance and Stepping On – have been shown to reduce the incidence of falls by as much as 55% and produce a return on investment of as much as 509%.

NCOA leads both the National Falls Prevention Resource Center, funded by the U.S. Administration on Aging, and the Falls Free® Initiative, a national coalition of groups working together to bring proven education and prevention to their communities. The goal is to increase public awareness about the risks of falls and how to prevent them; support and stimulate the implementation, dissemination, and sustainability of evidence-based falls prevention programs; and serve as the national clearinghouse of tools, best practices, and information. Every September on the first day of Fall, NCOA sponsors Falls Prevention Awareness Day to spotlight this critical health issue and solutions. Thank you to Senator Collins for sponsoring the Senate Proclamation declaring September 22, 2017 as Falls Prevention Awareness Day.

Since enactment of the bipartisan Safety of Seniors Act of 2008, an annual appropriation of approximately $2 million has been provided to the U.S. Centers for Disease Control (CDC) National Center for Injury Prevention and Control for falls prevention research and dissemination of best practices to the public health sector. Starting in FY14, the PPHF made possible new funding to the U.S. Administration for Community Living (ACL), with an annual allocation of $5 million to support grants for evidence-based community falls prevention programs.

[11] U.S. Centers for Disease Control, https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html
[12] Bergen, G et al. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. Morbidity and Mortality Weekly Report. September 23, 2016 / 65(37);993–998.
[13] U.S. Centers for Disease Control, https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html

The nation can no longer afford to spend over $31 billion annually to treat the results of falls when evidence-based programs have been designed to prevent them. As with CDSME, NCOA is extremely concerned about the threats to falls prevention funding with proposed appropriations cuts, threats to the PPHF, and the looming sequester. The Administration proposed eliminating falls prevention funding at CDC but level-funding the ACL investment for FY18, while the Senate and House Appropriations Committees protected funding for both. Sufficient federal investments are needed to make these important, cost-effective programs available to more older Americans at risk, and increases should be considered if the BCA caps are raised.

On the individual level, NCOA promotes 6 Steps to Prevent a Fall[14]. They include:

1. **Find a good balance and exercise program.** Look to build balance, strength, and flexibility.

2. **Talk to a health care provider.** Ask for falls risk assessment. The CDC has developed an assessment guide for health care professionals to use for this purpose. Older adults need to feel comfortable speaking with their health care providers about their falls history and if they have a fear of falling.

3. **Have medications regularly reviewed by a doctor or pharmacist.** Medication side effects and drug interactions increase the risk of falling.

4. **Get vision and hearing checked annually.** Your eyes and ears are key to keeping you on your feet.

5. **Keep the home safe.** Remove tripping hazards, increase lighting, make stairs safe, and install grab bars in key areas.

6. **Talk to family members.** Enlist their support in taking simple steps to stay safe. Falls are not just a seniors' issue.

[14] National Council on Aging, https://www.ncoa.org/healthy-aging/falls-prevention/preventing-falls-tips-for-older-adults-and-caregivers/take-control-of-your-health-6-steps-to-prevent-a-fall/

Behavioral Health & Social Connections

Good health is not only physical, but also mental. One in four older adults experiences depression, anxiety, risk for suicide, or substance abuse.[15] Older adults also have been significantly affected by the opioid epidemic with increased use of opioids due in part to experiencing painful chronic conditions, such as arthritis, back pain, and fibromyalgia.

Behavioral health problems can complicate the treatment of other medical conditions, reduce quality of life, increase use of health care services, and lead to premature death. In 2014, nearly 11,000 people aged 60 and over died by suicide. Men aged 85 and over have a suicide rate that is about four times higher than the rate for all ages. Excessive alcohol use accounts for more than 23,000 deaths among older Americans each year. These problems are not a normal part of aging and can be treated. However, 66% of older adults are not receiving the care they need.[16]

Social isolation and loneliness can exacerbate both physical and mental health concerns among older Americans. One in six older adults lives in social and/or geographical isolation.[17] In addition to living alone, isolated seniors face physical, cultural, and geographical barriers that prevent them from receiving important services and supports from family members, friends, and private and governmental agencies.

Social isolation refers to an objective state of having minimal contact with other people, while l*oneliness* refers to a subjective state of negative feelings associated with perceived social isolation. The effects can be just as significant as physical health problems. Older adults without adequate social interaction are twice as likely to die prematurely.[18] Their mortality risk is comparable to that of smoking 15 cigarettes a day or drinking 6 alcoholic beverages a day[19] and is twice as dangerous as obesity.[20]

Several factors contribute to older adults becoming isolated and lonely. Widowhood affects older women who are more likely to outlive their spouses. Older people's social networks often get smaller when children move away and aging relatives and friends die. For some, retirement decreases self-

[15] U.S. Centers for Disease Control, https://www.cdc.gov/aging/pdf/mental_health.pdf
[16] U.S. Centers for Disease Control, https://www.cdc.gov/aging/pdf/mental_health.pdf
[17] National Council on Aging, https://www.ncoa.org/wp-content/uploads/crossing-new-frontiers.pdf
[18] PLOS Medicine, http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316
[19] SAGE Journals, http://journals.sagepub.com/doi/full/10.1177/1745691614568352
[20] American Psychological Association, http://www.apa.org/news/press/releases/2017/08/lonely-die.aspx

worth and reduces engagement due to lack of work-related connections. Approximately one in three people aged 60 or older indicate that they feel lonely some of the time or often.[21]

Research also has shown a clear biological link between loneliness and depression.[22] Depression can impair an older adult's ability to function and enjoy life, and it contributes to poor health outcomes and high health care costs. Compared to their peers, older adults with depression often need greater assistance with self-care and daily living activities and often recover more slowly from physical disorders. Without appropriate treatment, symptoms of depression can lead to such negative consequences as substance misuse disorders, further isolation, suicide, and death.[23]

In the community, senior centers serve as a beacon for older adults seeking support and social connections. Almost 10,000 senior centers serve more than 1 million older adults every day. Senior centers serve as a gateway to the nation's aging network — connecting older adults to vital community services that can help them stay healthy and independent, as well as fun and friendships.

Senior centers offer a wide variety of programs and services, including meal and nutrition programs, information and assistance, health and wellness programs, transportation services, public benefits counseling, employment and volunteer opportunities, and social and educational programs. Research shows that older adults who participate in senior center programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in their physical, social, spiritual, emotional, mental, and economic well-being.

Socialization is an important benefit of senior center participation. Survey data from program participants aged 60 and over at multipurpose senior centers found that more than half (56%) report the people they associate with at the senior center sites are usually the only people they spend time with and interact with during the day. The great majority (90%) view personal contacts made with people at the senior center as important to them.[24]

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[21] Wilson C & Moulton B (2010). Loneliness among older adults: A national survey of adults 45+. Prepared by Knowledge Networks and Insight Policy Research, Washington DC: AARP.
[22] Matthews GA, Niel EH et al (2016). Dorsal raphe dopamine neurons represent the experience of social isolation. Cell: 164, 617–631.
[23] Substance Abuse and Mental Health Services Administration (2013). Older Americans Issue Brief Series, Issue Brief #6: Depression and Anxiety in Older Adults.
[24] Turner KW (2004). Senior citizens centers: What they offer, who participates, and what they gain. Journal of Gerontological Social Work, 43:37.

NCOA runs the National Institute of Senior Centers (NISC), the nation's only organization dedicated to improving senior centers. NISC supports a national network of over 3,000 senior center professionals, and promotes cutting-edge research, promising practices, professional development, and advocacy. NISC also offers the nation's only National Senior Center Accreditation Program[25], which provides official recognition that a senior center meets nine national standards of senior center operations.

The Older Americans Act defines a multipurpose senior center as "a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals." To effectively engage and address the needs of the aging population, it is crucial that their expertise be fully tapped to leverage resources and partnerships to achieve the goals of the OAA in communities across the nation.

In the 2016 OAA reauthorization, NCOA's proposals resulted in the addition of language to support the modernization of senior centers, with the identification of best practices and provision of technical assistance to facilitate the dissemination of these strategies. As NCOA begins to envision a bold reauthorization for 2020, we intend to build upon this language.

ECONOMIC SECURITY

Along with health, economic security is integral to enabling people over age 65 to live their best lives. Today, over 25 million Americans aged 60 and over are economically insecure — living at or below 250% of the federal poverty level (FPL), or $29,425 per year for a single person. More accurate measures of economic well-being — including the Elder Economic Security Standard™ Index managed by NCOA and the Gerontology Institute at the University of Massachusetts Boston — show that half of older adults living alone struggle to meet their monthly expenses.[26]

Even for those who can afford daily expenses, rising debt is taking a toll. Today, 61% of senior households have some form of debt, and almost 34% of senior households owe money on a mortgage, home equity line of credit, or both. NCOA research shows that 48% (67% of low-income adults) worry

[25] National Council on Aging, https://www.ncoa.org/national-institute-of-senior-centers/standards-accreditation/
[26] National Council on Aging, https://www.ncoa.org/economic-security/money-management/elder-index/

they won't have sufficient finances as they age, and 23% (44% of low-income adults) struggle to pay their bills each month.[27]

Older women of color are disproportionately economically insecure. More than 70% of elderly Hispanic women and 63.5% of elderly African American women are economically vulnerable.[28] The number of older adults who are struggling is likely to grow given that the 65 and older population is the fastest growing age group in the country.

Despite these sobering statistics, there are concrete ways to support older adults who are struggling economically. NCOA is focused on improving access to benefits, supporting optimal Medicare choices, and employment.

Benefits Access

Connecting low-income older adults to money-saving programs as soon as they are eligible can have a profoundly positive impact on both economic well-being and health — by improving access to affordable health care, medicine, and nutritious foods. But many older adults are unaware of these programs or how to apply for them.

Senior participation rates in the core set of safety net programs is low. These core benefits include Medicare Savings Programs (MSPs), the Medicare Part D Extra Help/Low-Income Subsidy (LIS), Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Low Income Home Energy Assistance Program (LIHEAP). Only 42% of eligible seniors are enrolled in SNAP,[29] and current estimates suggest that of eligible non-institutionalized Medicare beneficiaries aged 65 and older, only 54.6% and 48.3% are enrolled in LIS and MSP, respectively.[30]

NCOA estimates that low-income seniors are eligible for and not receiving more than $20.5 billion in aggregate annual benefits. Why? A nationally representative survey of 1,000 low-income older adults conducted on behalf of NCOA points to lack of awareness, assuming the application process is a lot of

[27] National Council on Aging, https://www.ncoa.org/economic-security/money-management/debt/senior-debt-facts/
[28] Economic Policy Institute, https://www.epi.org/publication/economic-security-elderly-americans-risk/
[29] U.S. Department of Agriculture Food and Nutrition Services, https://www.fns.usda.gov/snap/trends-usda-supplemental-nutrition-assistance-program-participation-rates-fiscal-year-2010-fiscal
[30] Unpublished research for the National Council on Aging

paperwork, not knowing where to begin to apply, and falsely believing that other people need more help than they do.[31]

NCOA is the nation's leader in connecting seniors with the benefit programs for which they are eligible. With support from the Medicare Improvements for Patients and Providers Act (MIPPA) funding, NCOA's Center for Benefits Access helps community-based organizations find and enroll seniors and younger adults with disabilities with limited means into benefits programs, so they can remain healthy, secure, and independent. Currently, NCOA funds 69 Benefit Enrollment Centers in 36 states that help low-income older adults enroll in core benefit programs.

Funding for this important Medicare outreach and enrollment work must be extended. The goal is not to expand Medicare eligibility, but merely to assist those who already qualify under current law. Outreach and enrollment efforts have led to important, proven results. MIPPA resources enabled state agency partners and community-based organizations to:

- Help increase the number of low-income Medicare beneficiaries enrolled in the Medicare Savings Programs from 6.4 million in 2008 to 10.5 million in 2016.
- Provide individual assistance to 2.5 million beneficiaries in need.

Since 2001, NCOA also has offered BenefitsCheckUp®, the nation's most comprehensive free, online tool to screen seniors with limited income for benefits. It includes more than 2,500 public and private benefits programs from all 50 states and the District of Columbia. As of today, over 6.4 million people have discovered eligibility for $23.3 billion in benefits on the site.

Moreover, NCOA's Senior Hunger Initiative works to combat senior hunger by enrolling eligible older adults into SNAP. The initiative combines technical assistance to local community organizations with online help and advocacy to make it easier for eligible older adults to access SNAP to pay for healthy food.

Medicare

Understanding the A, B, C, and Ds of Medicare is an overwhelming, isolating experience if older adults go without help. Yet making sub-optimal choices when enrolling in Medicare can mean years of

[31] National Council on Aging, https://www.ncoa.org/centerforbenefits/outreach-toolkit/what-the-research-says/

overpaying for coverage and even long-term penalties for late enrollment. For people coming from Medicaid or who get subsidies on Health Insurance Marketplace, turning 65 can sometimes be a "cliff" where they fall off benefits and have to start paying costly Medicare premiums.

The basic rules underpinning the Part B enrollment system were developed more than 50 years ago, when Medicare was first established. Knowing whether and when to enroll in Part B requires that a person understand when to sign up during time-limited windows, how their other insurance will work with Medicare, and what penalties may result if enrollment is delayed. The consequences of missteps can be significant and include higher out-of-pocket costs, significant gaps in coverage, and lifetime penalties. In 2014, 750,000 people with Medicare were paying a Part B Late Enrollment Penalty (LEP) with the average LEP amounting to nearly a 30% increase in a beneficiary's monthly premium.[32] In addition to this considerable penalty, many retirees and people with disabilities face large out-of-pocket health care costs, gaps in coverage, and barriers to care continuity because of honest enrollment mistakes.

The bicameral, bipartisan BENES Act (S. 1909, H.R. 2575), introduced by Ranking Committee Member Senator Casey in the Senate, aims to prevent these costly mistakes by modernizing, simplifying, and improving the Medicare Part B enrollment process. It fills long-standing gaps in notice and education for those approaching Medicare eligibility and aligns and simplifies enrollment periods, bringing Part B rules in line with Medicare Advantage and Part D rules.

Medicare State Health Insurance Assistance Programs (SHIPs) are also vital federally funded resources that help seniors navigate this complexity. SHIPs provide local, in-depth, insurance counseling and assistance to Medicare beneficiaries, their families, and caregivers. This encompasses a broad range of areas, including coverage options, fraud and abuse issues, billing problems, appeal rights, and enrollment in low-income protection programs. This scale of support cannot be replicated by agents and brokers.

SHIPs receive funding under ACL for 54 grantees (all states, Puerto Rico, Guam, DC, and the U.S. Virgin Islands), overseeing a network of more than 3,300 local SHIPs and over 15,000 counselors, 57% of whom are highly trained volunteers who donate almost 2 million hours of assistance. Several states that estimate savings to beneficiaries resulting from SHIP assistance reported achieving significant savings in

[32] Congressional Research Service, https://fas.org/sgp/crs/misc/R40082.pdf

2015, including $110 million in Massachusetts, $56 million in Michigan, and $53 million in North Carolina.

Over the past two years, more than 7 million people with Medicare received help from SHIPs, and individualized assistance provided by SHIPs almost tripled over the past 10 years. It is critical that, at a minimum, SHIP funding be maintained to meet rapidly growing needs. SHIPs offer increasingly critical services that cannot be supplied by 1-800 MEDICARE, online or written materials, or other outreach activities. In fact, approximately one-third of all partner referrals to SHIP originate from Medicare Advantage and Part D prescription drug plans, local and state agencies, the U.S. Centers for Medicare and Medicaid Services (CMS), the Social Security Administration, and members of Congress and their staff.

If the federal investment in SHIPs had simply kept pace with inflation and the increasing number of Medicare beneficiaries since FY 2011, FY18 funding would be at least $67 million. However, FY17 appropriations for SHIP were cut by $5 million to $47.1 million, and the Administration and the House Appropriations Committee have proposed eliminating all funding in FY18. We applaud the Senate Appropriations Committee for yet again rejecting proposed FY18 cuts in aging services and calling for level-funding SHIP. If a BCA deal provides additional FY18 resources, we urge that SHIP at least be restored to its FY16 level of $52.1 million.

Too many Medicare beneficiaries still do not understand or have access to effective tools for comparing and choosing among increasingly complex plan options and do not shop around when they should. Our vision is that millions of informed, engaged Medicare beneficiaries will make optimal decisions about public and private insurance, providers, and treatments. In response to these concerns, NCOA has launched an Improving Medicare Markets Initiative, with an expert Advisory Group of diverse stakeholders that has been meeting and collaborating since 2014. The group has provided extensive comments to CMS on improving tools to make informed choices, and will soon be issuing a report, along with others, on improving the Medicare Plan Finder.

NCOA offers an additional tool to help individuals navigate Medicare. My Medicare Matters® is a free, educational website that helps visitors choose the best Medicare plan for their needs and make the most of their benefits. Since launch in 2015, it has cost-effectively brought Medicare education materials to millions of Americans.

EMPLOYMENT

Millions of older Americans continue to work past age 65 – out of financial need or a desire to stay active. The Senior Community Service Employment Program (SCSEP) is the nation's oldest program to help low-income, unemployed individuals aged 55 and over find work. It provides nearly 70,000 older adults with part-time jobs at community service organizations. Participants build skills and self-confidence, while earning a modest income. For most, their SCSEP experience leads to permanent employment.

SCSEP is unique in that it's the only U.S. Department of Labor program that does not overlap with any other similar programs, and it is specifically targeted to senior workforce development. The value of the community service provided is estimated around $820 million yearly – which is more than double the program's yearly appropriation. NCOA is one of 19 national SCSEP sponsors, running programs in California, Georgia, Kentucky, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Virginia, West Virginia, and Puerto Rico.

Federal investment in SCSEP is critical, but threatened. Final FY17 funding was cut by $34.4 million, to $400 million. The Senate Appropriations Committee has proposed level funding for FY18, but the Administration has proposed eliminating all funding and the House Appropriations Committee has proposed cutting the program by $100 million, or 25%. This investment in low-income older workers must be protected, and if raising the BCA caps provides additional resources, funding should not only be restored to the FY16 level, but at a minimum, increased to the $454.5 million level authorized for FY18 in the bipartisan 2016 OAA reauthorization.

CONCLUSION

Recognizing that Americans need support to navigate both health and economic security after age 65, NCOA has developed its own innovative approach called the Aging Mastery Program® (AMP). The 10-class in-person workshop and new at-home Aging Mastery® Starter Kit are a fun, engaging way to empower older adults to make their own personal pathway for aging well.

The program incorporates evidence-informed materials, expert speakers, group discussion, actionable goals, and small rewards to give participants the skills and tools to achieve measurable improvements. Topics covered include nutrition and fitness, sleep, relationships, economic health, civic engagement,

advance care planning, and more. The program encourages mastery — developing sustainable behaviors across many dimensions that lead to improved health, stronger economic security, enhanced well-being, and increased societal participation.

To date, more than 10,000 older adults have graduated from AMP, and results have shown that participants significantly increased their social connectedness, physical activity levels, use of advanced planning, and participation in evidence-based programs. The new in-home Starter Kit will bring the benefits of AMP to older adults who are socially isolated, live in rural communities, or cannot easily attend community-based classes. NCOA is optimistic that the Aging Mastery Program® will grow rapidly across the United States as community organizations, Medicare Advantage plans, and employers recognize its value and benefits.

After serving older adults for more than 67 years, NCOA knows that aging is not something you just let happen to you. Like your career decisions, your education decisions, your relationship decisions – aging well means making informed, deliberate choices.

As a society, we're not doing enough to help people prepare for and navigate their third stage of life. We don't teach them how their bodies are going to change as they age or how to manage their savings so it will last an extra 20 to 30 years. We teach young people how to become adults – but we don't teach older people how to age well. At NCOA, we offer tools and solutions to help people make smart choices to age on their terms.

We can't stop the inevitable. You, me, your parents. We're all aging. But that doesn't mean we have to be afraid of it – or pretend it's not happening. Instead, we can face it head on. And we can be prepared.