



Legislative Agenda

114th Congress

2015-2016

The National Committee to Preserve Social Security & Medicare

The National Committee to Preserve Social Security and Medicare is committed to work on behalf of its millions of members nationwide to preserve and strengthen America's most successful income and health security programs.

As the new 114th Congress begins its work, we've detailed a myriad of legislative priorities which would continue to build and strengthen Social Security and Medicare's historic legacy for current and future beneficiaries.

SOCIAL SECURITY

Social Security is our nation's most important and effective income security program for American workers, retirees and their families. The 2014 Trustees Report states that Social Security is well funded, remains strong and, as currently structured, will be able to pay full benefits until 2033. In addition to the \$855 billion in income received by the program in 2013, there is \$2.76 trillion in the Social Security Trust Fund. Congress has ample time to make reasonable changes to strengthen Social Security's long term financing. It should also address the issue of benefits adequacy since a growing share of Americans depend on Social Security for all or most of their retirement income. The National Committee supports the following proposals:

Benefit Improvements

Strengthen the COLA Future cost-of-living adjustments (COLAs) should be based on a fully-developed Consumer Price Index for the Elderly (CPI-E). We believe this index would more accurately measure the effect of inflation on the price of goods and services that are purchased by seniors than the current CPI-W, which reflects price increases based on the purchasing patterns of urban wage earners and clerical workers.

Improve the Basic Benefit of all Current and Future Beneficiaries After years of operating under a COLA which does not reflect seniors' spending patterns and the fact that they devote a higher percentage of their monthly spending to health care costs, seniors need to have their rising costs offset by an across-the-board benefit increase. Women, especially, who have

worked a lifetime with low pay (often the result of sex-based wage discrimination) are more financially vulnerable in retirement because they are less likely to have private pensions or discretionary income that would allow for saving.

Equalize Benefits for Same-Sex Married Couples and Partners Although the U.S. Supreme Court has invalidated Section 3 of the "Defense of Marriage Act," gay and lesbian same-sex couples are still denied Social Security benefits under many state laws. To end this discrimination, the "Social Security Act" should be revised to provide benefits to domestic partners and the members of same-sex marriages without regard to whether they live in a state that recognizes same-sex marriage.

Improve Survivor Benefits Seniors living alone are often forced into poverty because of benefit reductions stemming from the death of a spouse. Widows and widowers from low-earning or wealth-depleted households are



particularly at risk of poverty. Providing a widow or widower with 75 percent of the couple's combined benefit would treat one-earner and two-earner couples more fairly and would reduce the likelihood of leaving the survivor in poverty.

Provide Caregiver Credits Interrupting participation in the labor force to look after other family members, usually children and elderly parents or relatives, can result in a



10 G Street, N.E.
Suite 600
Washington, DC 20002
(202) 216-0420

Max Richtman,
President/CEO

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NCPSSM Legislative Agenda

significant reduction in the amount of the caregiver's Social Security benefit. This disproportionately impacts women. When calculating an individual's Social Security benefit, caregivers should be granted imputed earnings equal to 50 percent of that year's average wage for up to as many as five years spent providing care to family members.

Enhance the Special Minimum Primary Insurance Amount (PIA) The Special Minimum Benefit is intended to provide a slightly more generous benefit amount to individuals who work for many years in low-wage employment. The method by which this benefit amount is calculated should be updated so that more individuals, many of them women, can qualify for this computation. This benefit should be calculated by giving individuals credit for up to ten years spent outside the workforce providing care to family members.

Increase Benefits for Seniors Who Have Received Social Security for a Long Period of Time Seniors who live beyond the age of 85 are more likely to be financially vulnerable, even with Social Security. Additional security should be offered by increasing benefits for all beneficiaries 20 years after retirement by a uniform amount equal to five percent of the average retired worker benefit in the prior year. This proposal would be particularly helpful to women because they live longer than men and are more likely to outlive their retirement savings.

Equalize Rules for Disabled Widows and Widowers Widows and widowers can qualify for disabled spouse's benefits beginning at age 50. They are the only disabled persons whose benefits are subject to an actuarial reduction. These individuals should receive 100 percent of their benefit without any reduction, just like disabled workers, and they should be able to qualify for disabled spouse's benefits at any age. Moreover, the seven-year application period should also be eliminated.



Provide Benefit Equality for Working Widows and Widowers Under current law, a widow's or widower's benefit is capped at the amount the deceased husband or wife would receive if he or she were still alive. If a husband or wife retires before normal retirement age, the widow or widower generally inherits the deceased spouse's early retirement reduction. The widow's or widower's benefit should no longer be tethered to the reduction the deceased spouse elected to receive when he or she applied for retirement benefits. Instead, the benefit should be reduced only by the surviving spouse's own decisions about when to retire.

Restore Student Benefits Social Security pays benefits to children until age 18, or 19 if they are still attending high school, if a working parent has died, become disabled or retired. In the past, those benefits continued until age 22 if the child was a full-time student in college or a vocational school. Congress ended post-secondary students' benefits in 1981. Restoring this benefit would help those who must defer saving for their retirement because they are assisting their children with college or vocational school expenses.

Improve Benefits for Disabled Adult Children Adult children who become disabled before reaching age 22 should be allowed to reestablish entitlement to benefits after divorce and their benefit should be computed without regard to the family maximum. Currently, benefits for these individuals can be started again only if the marriage is annulled.

Increase Program Revenue

Eliminate the Cap on Social Security Payroll Tax Currently, only the first \$118,500 of a worker's wages are subject to the Social Security payroll tax. Eliminating this wage cap and modestly adjusting the benefit formula when determining benefits for high-wage earners would play a central role in strengthening Social Security's finances.

Increase the Social Security Tax Rate by 1/20th of One Percent Over 20 Years A gradual increase in the Social Security payroll tax rate by a very small percentage to be phased in over a long period of time would significantly strengthen Social Security's long-term financial outlook.

NCPSSM Legislative Agenda

Strengthen the Disability Insurance (DI) Program

Rebalance Revenue between the Old-Age and Survivors Insurance and the DI Trust Funds The DI Trust Fund's reserves are projected to be depleted in 2016, at which point revenue coming into the system would cover only 80 percent of benefits. A modest and temporary reallocation of part of the 6.2 percent Social Security tax rate to the DI Trust Fund would put the entire Social Security program on an equal footing, with all benefits payable at least until 2033. Congress has reallocated funds eleven times since the DI fund was established in 1956 (reallocations have been made in each direction between the two funds).

Strengthen and Restore the Supplemental Security Income (SSI) Program

The Supplemental Security Income (SSI) program provides vital and much needed economic security for 8.2 million low-income seniors and people with disabilities, including children with marked and severe functional limitations. Unfortunately, Congress has failed to keep the SSI program up-to-date for our nation's most vulnerable Americans who depend on SSI to meet their basic needs. The National Committee supports the following long-overdue improvements in this program.

Increase the Income Exclusion Rules that disregard a portion of an individual's income when determining an individual's eligibility for SSI benefits have not changed in 43 years. Since 1972, the cost of living has risen more than five and a half times, but the "general income" exclusion (e.g. money received through means other than work) has remained constant at \$20 per month, while the monthly "earned income" (e.g. money received through work) exclusion is still \$65. The general income exclusion should be raised to \$110 per month and the earned income exclusion should be increased to \$357 per month.

Increase the Asset Limit For decades, the SSI program asset limit has been set at \$2,000 for an individual and \$3,000 for a married couple. This unrealistic limit, which has been increased

since 1972 by only 33 percent, prevents many truly needy people from qualifying for SSI and is insufficient in today's economy. The asset limit should be increased by \$10,000 for an individual and \$15,000 for an eligible couple, which represent more realistic amounts for the purpose of planning for emergencies and other unexpected expenses.

Eliminate the Reduction in Benefits For In-Kind Support SSI beneficiaries currently lose some of their benefits if they receive non-cash in-kind assistance, such as food and housing support. This provision is unfair to affected individuals and has proven to be enormously difficult for the Social Security Administration to administer. Eliminating this provision would both make the program more consistent with America's family values and simplify administration of the program.

Increase the Administrative Budget

Increase SSA's Budget to Restore Infrastructure to Appropriate Levels Approximately 63 million Americans are enrolled in programs administered by the Social Security Administration (SSA), including Old-Age, Survivors, and Disability Insurance programs, and Supplemental Security Income (SSI). Budget cuts have forced SSA to operate at a reduced capacity, resulting in a disability claims crisis affecting one million individuals who are waiting an average of more than 400 days for a hearing decision. SSA's staffing is at a historically low level while demand for service has increased significantly with the arrival of the 77 million baby boomers, who are applying for benefits at the rate of 10,000 claims per day.

No Privatization

Oppose the Privatization of Social Security In 2005, the American people and the majority in Congress rejected a proposal that would have privatized Social Security by diverting money out of Social Security and into private investment accounts. Since then, the proposal has disappeared from the public discussion surrounding Social Security. But some prominent leaders of the 114th Congress seem intent to dust off this discredited concept. Private account proposals will worsen Social Security's long-term financing, reduce Social Security benefits for future retirees, trade Social Security guarantees for the volatility of the stock market and add trillions of dollars to the federal debt.



NCPSSM Legislative Agenda

No “Fast-Track” or “Entitlement Commission” Approaches

Oppose the Establishment of a Commission or Task Force to Address Social Security’s Finances Under these scenarios a very small group of legislators and administration officials would write legislation which would then be fast-tracked through Congress on a limited time schedule with no opportunity to make amendments. Enacting restrictive timelines to limit debate, and prohibiting amendments to push through changes, ultimately disenfranchises the public and harms the political process.

Parity for Public Service Workers

Repeal the Government Pension Offset (GPO) and Windfall Elimination Provision (WEP) The GPO unfairly reduces the Social Security spousal and survivor benefits for government employees who earned pensions under a system not covered by Social Security. Lower income women are disproportionately hurt by the GPO.

The WEP reduces the earned Social Security benefits of individuals who also receive a public pension from a job not covered by Social Security. It diminishes the promised protection of low-income earners by its universal application to any annuitant with less than 30 years of substantial Social Security earnings.

MEDICARE

Together with Social Security, Medicare forms the bedrock of economic security and health security for today’s seniors and for tomorrow’s retirees. Medicare helps prevent poverty and promotes greater access to health care for people 65 years of age and older and people with disabilities. In 2013, Medicare households spent three times more than the average household on out-of-pocket health care costs even though half of all Medicare beneficiaries had incomes below \$23,500. Older Americans should not have to choose between paying for health care, food or utilities. Medicare benefits must be improved, not cut. Medicare’s long-term solvency must be strengthened, and access to health care providers and benefits must be enhanced and preserved.

Strengthen Traditional Medicare

Reform Provider Payments/Sustainable Growth Rate (SGR) Formula The sustainable growth rate formula, which was enacted by Congress in 1997, calls for reductions in payments to Medicare providers if spending exceeds certain targets. In all but one year (2002), however, Congress has canceled SGR payment cuts to avoid a shortage of physicians who will continue treating Medicare patients. We support replacing the current SGR volume-based payment system with one that rewards quality, efficiency and innovation. Additionally, the Qualified Individual (QI) Program and the therapy cap exceptions process must be made permanent. These programs are vital to the well-being of low-income and medically-frail Medicare beneficiaries. Legislation to repeal and replace the SGR must also make these programs permanent as well. However, at no time should any legislative remedy for the SGR be paid for by increasing costs for Medicare beneficiaries.



Build on the Affordable Care Act (ACA) and Medicare

Provisions in the ACA have already resulted in additional years of solvency in the Medicare program. Accountable Care Organizations and medical homes, which improve care for beneficiaries with multiple chronic conditions including Alzheimer’s disease, are strategies which contain costs and promote access to high-quality care.

Combat Waste, Fraud and Abuse The ACA expands initiatives to prevent, detect and recover improper payments, with an emphasis on preventing the payment of improper claims in order to avoid the costlier process of trying to recover payments from Medicare’s hundreds of thousands of providers. Adequate funding will ensure effective implementation of these efforts.

NCPSSM Legislative Agenda

Remove Social Security Numbers from Medicare Cards

Currently, Social Security numbers appear on Medicare beneficiary cards. The Secretary of Health and Human Services (HHS) should ensure that a Social Security number (SSN) is not displayed, encoded, or embedded on an individual's Medicare card. Both the Government Accountability Office (GAO) and the Social Security Administration (SSA) Inspector General have made this recommendation. Removing SSNs from Medicare cards would help to combat fraud thus protecting beneficiaries' identities and the integrity of the Medicare program.

Oppose Further Means-Testing of Part B and Part D Premiums

Medicare beneficiaries with incomes above \$85,000 for individuals and \$170,000 for couples are paying higher Part B and D premiums due to provisions in the Medicare Modernization Act of 2003 (MMA) and the Affordable Care Act (ACA). These income thresholds are frozen under current law until 2019 when it is estimated that the number of Medicare beneficiaries subjected to higher premiums will double to ten percent. Some in Congress have proposed increasing means testing until 25 percent of beneficiaries are subject to higher premiums. Middle-income seniors with incomes equivalent in 2014 to \$45,600 for an individual and \$91,300 for a couple would be hit hard financially by this proposal.

Means-testing could also increase costs for middle- and lower-income seniors if higher-income seniors, who are often younger and healthier, are driven away by increased cost-sharing, which will undermine the 50 years of success with this social insurance model.

Enhance Benefits

Enact a Catastrophic Out-of-Pocket Limit for Spending in Traditional Medicare

There are various deductibles and copayments for services which are covered by Medicare. The Part A deductible and other cost-sharing are quite high. Medicare does not have a limit – a so-called "stop-loss" or catastrophic cap – on annual out-of-pocket spending.

A catastrophic out-of-pocket limit on spending and a combined Part A and Part B deductible would bring Medicare more in line with large-employer plans and the Federal Employees Health Benefits Program (FEHBP). A recent version of this approach - Medicare Essential – would provide a new government-administered plan with a comprehensive benefit package as an alternative to traditional Medicare and Medicare Advantage. It would combine Medicare's hospital, physician and prescription drug coverage into an integrated benefit with an annual limit on out-of-pocket expenses for covered benefits.

Count Observation Days Toward Meeting the Three-Day Rule

Medicare beneficiaries are being denied access to Medicare's skilled nursing facility (SNF) benefit because acute care hospitals are increasingly classifying their patients as "outpatients" receiving observation services, rather than admitting them as inpatients.

Under the Medicare statute, patients must have an inpatient hospital stay of three or more consecutive days, not counting the day of discharge, in order to meet Medicare criteria for coverage of post-acute care in a SNF. As a result, although the care received by patients in observation

status is indistinguishable from the care received by inpatients, outpatients in observation who need follow-up care in a SNF do not qualify for Medicare coverage.

Observation stays must be counted toward the three-day mandatory inpatient stay for Medicare coverage of SNF services. Consideration should also be given to limiting beneficiaries' payments to the lesser of inpatient or outpatient costs.

Eliminate the Three-Day Rule The three-day prior hospitalization requirement for SNF coverage should be eliminated. Beneficiaries may need SNF-level skilled nursing care, or physical, occupational or speech therapy without a prior inpatient hospitalization.

Provide Vision, Dental and Hearing Coverage Medicare does not pay for routine dental care and dentures, routine vision care or eyeglasses, or hearing exams and hearing aids, all services of great importance to many older people and which contribute to their high out-of-pocket health care costs. Medicare benefits should be expanded to cover vision, dental and hearing health services and equipment because they are important for healthy aging.

Make the Qualified Individual Program Permanent

Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy also qualify for the Qualified Individual (QI) program which is not permanent and relies

Too many seniors are being denied access to Medicare's skilled nursing benefit because of the growing use of "observation status" classifications

NCPSSM Legislative Agenda

upon Congress to renew its funding. The QI program pays Medicare Part B premiums for qualified low-income beneficiaries with incomes between \$14,004 to \$15,754 and assets less than \$7,160 for an individual in 2014. Without the QI benefit, many people would be unable to pay their monthly Medicare Part B premium (\$104.90), which may result in losing access to their doctors and the Part D drug coverage subsidy.

In addition to making the QI program permanent, low-income seniors would benefit by increased funding for community-based outreach and enrollment efforts, such as State Health Insurance Assistance Programs (SHIP), which educate and assist low-income individuals with Part D enrollment.

Improve Medicare Supplement Insurance (Medigap) for Individuals with Disabilities Most Medicare beneficiaries have Medigap, an individual, standardized insurance policy designed to fill some of the coverage gaps in Medicare. Nearly 25 percent of Medicare beneficiaries rely on Medigap policies to provide financial security and protection from high, unexpected out-of-pocket costs. When an individual 65 and older first enrolls in Medicare, there is a six-month period during which an insurance company cannot refuse to sell them any Medigap policy it offers or charge them more than they charge someone with no health problems. Younger, disabled Medicare beneficiaries do not have this “guaranteed issue” protection, unless they live in a state which requires it.

Guaranteed issue of Medigap policies should be required for people with disabilities who are eligible for Medicare. Additionally, the Centers for Medicare and Medicaid Services (CMS) Medigap website should be made more user friendly by including data on plan pricing, insurer financial stability and the history of policy price increases.

Reform Part C - Medicare Advantage

Complete Payment Reductions to Private Medicare Advantage Plans As a result of the “Medicare Modernization Act of 2003,” the federal government must pay Medicare Advantage (MA) plans, which serve about 30 percent of the Medicare population, more per beneficiary than traditional Medicare for providing the same services. Despite opposition from MA plans, the “Affordable Care Act” (ACA) reverses that obligation by gradually ending the overpayments and restoring legitimate competition, saving \$156 billion over 10 years.

It makes no sense for the federal government to pay MA plans more than traditional Medicare for providing the same services, especially at a time when policymakers are trying to reign in rising health care costs. It is also unfair for taxpayers to

subsidize extra payments to private health insurers that benefit only one group of Medicare beneficiaries. Aligning MA and traditional Medicare payments extends the program’s long-term solvency.

Expand Medicare Advantage Beneficiary Protections MA plans can drop health providers from their networks at any time, with little notice to beneficiaries. This can be problematic for seniors, especially those with serious illnesses and/or long-term relationships with their providers.

“Medicare Advantage Participant Bill of Rights” legislation would prohibit MA plans from dropping providers without cause during the middle of the plan year, require MA plans to finalize their provider networks for the following plan year at least 60 days in advance of the annual enrollment period and mandate increased notice to beneficiaries and providers when MA plans change their networks.

Reform Medicare Part D

Restore Drug Rebates for Medicare-Medicaid Eligible Individuals Prior to creation of the Medicare Part D drug benefit, Medicaid paid the drug costs for individuals who were dually eligible for Medicare and Medicaid benefits and drug manufacturers provided the government with discounts (rebates) on drugs for this population. These practices ended after Part D went into effect.

Legislation requiring drug manufacturers to pay rebates for the drugs used by individuals who are dually eligible for Medicare and Medicaid and for people receiving the Medicare Part D Low-Income

Subsidy (LIS) is needed. This will save Medicare \$141 billion over 10 years.



NCPSSM Legislative Agenda

Allow the Government to Negotiate Lower Medicare Part D Drug Prices Medicare Part D drug prices are determined through a negotiation between the private drug plan that administers the benefit and the drug manufacturer. By law, the federal government cannot negotiate for Medicare drug prices.

The Secretary of Health and Human Services (HHS) should be the responsible authority in charge of negotiating the best price available for drugs purchased on behalf of beneficiaries, especially for those who are low-income. This would include the creation of one or more Medicare-administered drug plans with uniform premiums; allowing seniors the opportunity to purchase drugs directly through the Medicare program; and requiring the federal government to use its purchasing power to negotiate lower prices. The Secretary of HHS should negotiate discounts, rebates and other price concessions to lower the cost paid by Medicare to pharmaceutical manufacturers.

Accelerate Closure of the Medicare Part D Coverage Gap The Medicare Part D coverage gap, also known as the “donut hole”, requires beneficiaries to pay substantially more for their drugs when they reach a certain level of spending, forcing many seniors with high prescription drug costs to forgo needed medication. In 2015, Medicare Part D beneficiaries will enter the coverage gap when their out-of-pocket spending, not including premiums, totals \$980 during the year. The coverage gap ends when a beneficiary has spent a total of \$4,700, not counting premium costs. The donut hole is scheduled to be phased out completely by 2020. The President’s Fiscal Year 2015 budget increases manufacturer discounts for brand name drugs in Medicare Part D to 75 percent and closes the donut hole four years earlier than under current law.

Stop Pay-for-Delay Agreements of Generic Drugs Some brand name drug manufacturers pay generic drug manufacturers to keep less expensive generic drugs off the market for a certain period of time. This extends the duration of profitability for the brand-name drug makers and limits beneficiaries’ access to generic drugs and savings to the government. Prohibiting “Pay for Delay” agreements would save Medicare \$9.1 billion over 10 years.

Promote Faster Development of Generic/Biologic Drugs Providing for faster development of drugs derived from living organisms would help lower pharmaceutical costs. Under current law, brand-name biologic manufacturers receive a 12-year exclusivity period for these drugs. Lowering the period of exclusivity to seven years and prohibiting additional periods of exclusivity for brand-name biologics due to minor changes in

product formulations could result in improved consumer access to safe and effective generic drugs. This is estimated to save Medicare \$4 billion over 10 years.

Allow Drug Importation from Canada Pharmaceutical companies may charge U.S. consumers higher prices for medications while selling the same drugs in other countries for much less. Safe drug importation from Canada is a way to control prescription drug costs and provide needed price relief for seniors through competition.

Eliminate the Part D Low-Income Subsidy Asset Test The Medicare Part D Low-Income Subsidy (LIS), also known as Extra Help, provides assistance with out-of-pocket prescription drug expenses to low-income beneficiaries who are enrolled in Part D. The amount of the LIS assistance depends on beneficiaries’ income and assets. In 2014, income is limited to \$17,235 and assets to \$13,300 annually for an individual. The LIS asset test should be eliminated because it punishes low-income seniors who have accumulated modest savings for retirement.

Ensure that Low-Income Seniors are Enrolled in Medicare Part D Plans Appropriate for their Health Needs Financial assistance, known as the Low-Income Subsidy (LIS) or Extra Help, is provided to about 11 million seniors with limited income and assets. If eligible LIS beneficiaries do not select a Part D plan on their own, they are



automatically enrolled into a plan with premiums at or below the regional average. These automatic assignments may result in beneficiaries being placed into plans that do not cover all of their needed medications.

NCPSSM Legislative Agenda

Additional funding is needed to improve LIS plan assignment and to counsel beneficiaries enrolling in Part D in order to take into account the medications the beneficiary is currently taking, thereby avoiding costly and life threatening mistakes. Additional funding is also needed for State Health Insurance Assistance Programs (SHIPs) to assist Medicare beneficiaries with their enrollment decisions.

MEDICAID AND LONG-TERM SERVICES AND SUPPORTS

Over 13 million Americans, the majority of whom are senior citizens, rely on long-term services and supports (LTSS) to assist them with activities of daily living such as eating, dressing, bathing and toileting. Medicaid is the main source of coverage of LTSS, and many older adults and people with disabilities depend on the program for their health care needs. Medicare coverage for these services is limited. Without a national comprehensive approach to paying for LTSS, many individuals forgo needed assistance or turn to unpaid help from family, friends and neighbors, imposing significant costs on society. As the baby boom generation ages, Congress will need to legislate solutions to meet the rising demand for LTSS to decrease the strain on American families and the Medicaid program.



Maintain Federal Matching Support for State Medicaid Programs and the Affordable Care Act's Medicaid Expansion Proposal Efforts to block grant Medicaid, cap Medicaid payments on a per-beneficiary basis (per capita caps) and/or repeal the ACA's Medicaid expansion should be opposed. These policies financially hurt states and lead to states cutting services, quality and eligibility for the most vulnerable of our senior population.

Develop a National Long-Term Care Insurance Program

Individuals and families who pay for the care of patients with physical disabilities and/or cognitive impairments, including Alzheimer's disease and other dementias, need assistance in paying for that custodial care. They should not have to impoverish themselves or their spouses.

Eliminate the "institutional bias" in Medicaid For Medicaid beneficiaries who require long-term services and supports, institutional care is usually their only option. Home and community based care is infrequently allowed as an alternative.

The institutional bias in Medicaid should be eliminated so that more people needing long-term services and supports can receive them where they want to be – in their own homes – rather than in nursing homes.

OLDER AMERICANS ACT

"Older Americans Act" (OAA) programs provide local services and assistance at the community level to help seniors live with independence and dignity in their own homes within their own communities. These services save lives, preserve families and reduce demand for more costly hospital and institutional care paid for by Medicare and Medicaid. However, funding for the OAA has not kept pace with inflation or population growth and eligible seniors face waiting periods for some services in most states.

Increase Funding Substantial, across-the-board increases are needed in federal funding for OAA programs for a rapidly increasing frail, older population who are most in need of services, and for 77 million baby boomers who are reaching retirement age. In addition to keeping pace with inflation in the future, we need to make up for past years of cuts in OAA services resulting from federal funding not keeping pace with inflation.

Reauthorize the "Older Americans Act" The OAA was last reauthorized in 2006, and the Act's authorization expired at the end of FY 2011 because Congress failed to pass reauthorization legislation. In February 2015, the Senate Health, Education, Labor and Pensions (HELP) Committee approved bipartisan legislation which would reauthorize the OAA for three years and make needed improvements in the program. The full Senate, as well as the House of Representatives, must now consider this legislation.

NCPSSM Legislative Agenda

The “Older Americans Act Amendments of 2015” would improve the core programs of the OAA including congregate and home-delivered meals, assistance for family caregivers, transportation and senior services. It also adds elder abuse prevention measures, strengthens long-term care ombudsman services and promotes healthy living through programs including fall prevention and chronic disease self-management.

ALZHEIMER’S RESEARCH

Funding for Alzheimer’s Disease Research The number of people suffering from Alzheimer’s disease or a related dementia is expected to skyrocket over the next few decades because people are living longer and the incidence of Alzheimer’s disease increases with age. As more people are diagnosed with Alzheimer’s disease and related dementias, the cost to care for this population dramatically increases.

To meet the challenges that Alzheimer’s disease presents, and to lessen the economic impact it has on families and government programs, requires investing more federal funds into Alzheimer’s disease research to find a cure and/or a way to slow down the progression of the disease. Increasing research funding would save millions of lives and curb rising Medicare and Medicaid costs associated with Alzheimer’s disease and other dementias.

CIVIL RIGHTS

Ensure Women Have a Livable Retirement by Ending Gender Wage Discrimination The economic inequalities faced by women continue to threaten their retirement security because they have generally worked for lower wages due to persistent gender wage discrimination, leading to a smaller Social Security benefit. While Congress passed the “Equal Pay Act” in 1963 to address gender wage discrimination, women continue to make only 77 cents on the dollar compared to men.

Congress should strengthen and reform the “Equal Pay Act” by putting an end to pay secrecy, strengthening workers’ ability to challenge discrimination and bringing equal pay law into line with other civil rights laws.

CONCLUSION

Americans of all ages and political persuasions overwhelmingly support the social insurance system and safety net programs that have protected generations of seniors, workers with disabilities, survivors and children. However, growing income inequality and declining employer-sponsored retirement and health benefits mean that protecting and improving the social insurance safety net is even more essential to keeping middle and working class Americans out of poverty.

The National Committee to Preserve Social Security and Medicare urges the 114th Congress to protect, improve and strengthen Social Security, Medicare, Medicaid and the “Older Americans Act” for current and future generations.

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The National Committee to Preserve Social Security & Medicare

*Max Richtman, President/CEO
richtmanm@ncpssm.org
(202) 216-8368*

*Dan Adcock, Government Relations
& Policy Director
adcockd@ncpssm.org
(202) 216-8465*

*www.ncpssm.org
www.entitledtoknow.org
@ncpssm*



*10 G Street, NE
Suite 600
Washington, DC 20002
(800) 966-1953*

