

# AAA Committee Recommendation Report

## Report to the AAA Board

Report prepared by: Cheryl Batterman batterman.cheryl@countyofdane.com	261-9789	Date: 6 March 2017
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From: ☐ Access Committee ☒ Legislative/Advocacy Committee ☐ Nutrition/Wellness Committee

### History/Related Actions

At the 2/22/17 Legislative/Advocacy Committee meeting, advocacy supporting federal programs was discussed and resulted in two recommendations:

*FRAZIER moved, KAUD seconded, to recommend the AAA Board submit a letter to Senators Baldwin and Johnson and Representative Pocan identifying concerns of the proposed Medicaid block grants by the federal government. The motion carried by the following vote:*

<b>Ayes</b>	10	BUNCK, DAVIS, FRAZIER, GUNDERMANN, JOSEPHSON, KAUD, MCHONE, OLSON, PIKE, and SCHMIDLKOEFER
<b>Absent</b>	1	STOCKER

*FRAZIER moved, SCHMIDLEKOFER seconded, to recommend the AAA Board submit a letter to Senators Baldwin and Johnson and Representative Pocan opposing funding cuts to the Older American Act by the federal government. The motion carried by the following vote:*

<b>Ayes</b>	10	BUNCK, DAVIS, FRAZIER, GUNDERMANN, JOSEPHSON, KAUD, MCHONE, OLSON, PIKE, and SCHMIDLKOEFER
<b>Absent</b>	1	STOCKER

Both letters were drafted and attached for your consideration/approval.

**Financial/Budget/Other Resource Implications (if any)**

Unknown

## Recommendation

To approve the attached draft letters concerning Medicaid block grants and Older Americans Act.

## Attachments

Medicaid Block Grant DRAFT Letter  
Older Americans Act DRAFT Letter

# Proposed Medicaid Block Grant Letter

On behalf of the Area Agency on Aging of Dane County's Board of Directors, I have written to express serious concern regarding the potential results of changing the currently-effective Medicaid program to a Block Grant program. Although there are many problems with the concept, I have focused on those having negative impacts on older adults.

1. One of the primary arguments in favor of block grants is "flexibility." This is both a simple and a simplistic reason to change Medicaid to a block grant. Wisconsin over many years has made Medicaid "flexible" for low-income Wisconsin citizens through the creative use of federal waivers. In fact, most of Medicaid in Wisconsin comprised of waiver programs, such as SeniorCare, Family Care, IRIS, and BadgerCare. As you know, SeniorCare is a highly successful waiver program providing prescriptive drugs to low- and moderate-income seniors with over 60 percent of total cost being provided through rebates from drug companies. Family Care is one of the most successful waiver programs in the country to provide long-term care services and supports to older people and persons with disabilities. It provides people with choices other than institutional care, will completely eliminate waiting lists, and has reduced the percentage of Medicaid funds spent on long-term care. Without SeniorCare and Family Care, low-income older people in Wisconsin will not be able to afford their prescription medications, and without Family Care seniors could easily go back to waiting lists or being forced into nursing homes as the only options available for long-term care. The question that must be answered is: "Will these highly successful waiver programs continue with adequate funding under a Medicaid block grant?"
2. Clearly, from a federal perspective the primary reason for block granting is to reduce the amount of federal funding for health care. Speaker Paul Ryan's "Better Way" health care plan outlines several ways that funding could be cut, including imposition of caps and creating waiting lists. Block grants in other programs have resulted in significant decreases in funding, and recent Medicaid block grant proposals could result in an estimated 25 percent to 35 percent decrease in funding over time. Reduced funding means that states will not be able to respond to economic recessions, be forced to downsize or eliminate programs and decrease funding to providers, such as doctors and hospitals. Uncompensated care will doubtlessly rise with reduction in funding and states will have less flexibility to provide health care with less money. They will be forced to make agonizing decisions regarding who gets health care and who doesn't (i.e., rationing).
3. Most alternatives being discussed to replace the Affordable Care Act (ACA), such as Health Savings Accounts, Tax Credits, and High Risk Pools, do not have good records of meeting needs of low-income individuals and families who will be unable to afford health care under such options. Medicaid must be retained as a "Safety Net" for the potential millions of people who will fall through cracks in any transition to proposed alternatives.

Wisconsin has a history of optimally crafting its Medicaid program to meet individual health care needs of its residents. Medicaid in Wisconsin covers children, men and women, elderly, disabled, and blind persons, most of whom are clearly eligible and deserving of help. On behalf of the 87,274 older adults in Dane County, I ask for extra caution when voting for changes in Medicaid and your consideration of the potential for serious consequences to the people of Wisconsin.

Sincerely,

Bill Clausius, Chair

# Proposed Older Americans Act Letter

The Area Agency on Aging of Dane County's Board of Directors is concerned about program modifications or decrease in funding of the Older American Act. They will break the promise made to older adults by our government which has responsibility to provide services and resources to all older adults. We urge you to continue viability of this promise.

The Board of Directors of the Dane County Area Agency on Agency opposes reduction of Older American Act funding. In fact it highly endorses increase in funding because the need for vital services increases exponentially with the burgeoning of senior adult populations, especially the frail elderly and those 85 years of age and older.

In Dane County during 2016, Older Americans Act funding provided:

- 4,451 seniors 101,110 congregate meals and 1,329 seniors 122,277 home-delivered meals
- 16,709 rides for seniors to attend medical appointments using 1,144 volunteers
- 2,235 Elder Benefit Specialist legal service hours to 122 senior adult clients
- Culturally-specific programming to 294 African American and Latinx senior adults
- \$44,221 in National Family Caregiver Support Program grants to 156 caregivers for respite care and supplemental services

Without services and programs cited above, many Wisconsin older adults would have been unable to remain living in their own homes and contribute to the economy of our state. Many would have been forced to live in long-term care facilities at the expense of taxpayers.

Sincerely,

Bill Clausius, Chair