

# OUTLOOK ON LEGISLATION: NUTRITION AND AGING

Bob Blancato  
Executive Director, NANASP

[rblancato@nanasp.org](mailto:rblancato@nanasp.org)

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# INTRODUCTION

- ◉ Commend IOM for having a workshop on Dietary Needs of Older Adults
- ◉ NANASP, organization which represents 1100 service providers who support the nutrition, health and life quality of seniors
- ◉ NANASP's vision is to reshape the future of nutrition and healthy aging
- ◉ Work closely with AND on many initiatives

# OUTLOOK: BUDGET OVERVIEW

- ⦿ Back to the Future... The Future is Now!
- ⦿ Brinkmanship rules again!
- ⦿ Debt ceiling hit Nov 3—Default?
- ⦿ Provides impetus for 2 year budget agreement unveiled Monday night
- ⦿ Under consideration by House now
- ⦿ For concerns of older adults and nutrition a good deal
- ⦿ No sequestration through September 30, 2017

# OUTLOOK: BUDGET AGREEMENT

- ◉ Also a \$40 billion (over 2 years) increase in non defense discretionary programs.
- ◉ Following the direction of President's budget
- ◉ Invest in programs
- ◉ Two examples of what might occur thanks to the budget agreement:
- ◉ President request for \$60 million in funding for OAA nutrition programs
- ◉ President's request for \$83.7 billion for SNAP, an increase of almost 2 billion, including \$9 million for senior SNAP outreach.
- ◉ History repeats itself?
- ◉ Last big budget agreement: OAA nutrition programs were increased by \$47 million.

# OUTLOOK: OLDER AMERICANS ACT

- Now 5 years late in being renewed
- Largest programs are the three nutrition programs:
  - Congregate
  - Home delivered
  - Nutrition Services Incentive Program (NSIP)
- Current funding levels allow for provision of 224 million meals to 2.4 million older adults 60 and over each year

# OUTLOOK: OLDER AMERICANS ACT

- Provides meals, nutrition education and socialization for its participants
- And it saves countless millions in Medicaid and Medicare... Countless? Yes, because uncounted
- Senate has passed S.192, a modest three year reauthorization of the OAA
  - New language: “utilize” vs. “solicit” an RD
- House must act. So far shown no real interest

# OUTLOOK: OLDER AMERICANS ACT

- ◉ President at the 2015 White House Conference on Aging called for its reauthorization which prompted Senate action
- ◉ Funding continues during limbo state
- ◉ Yet important to finish to be prepared for the future of nutrition and older adults
- ◉ Advent of managed care into many communities puts nutrition services front and center

# OUTLOOK: OAA FUNDING

Program	FY15 Final	FY16 Pres	FY16 Senate	FY16 House
Congregate	\$439 million	\$458.1 million	\$439 million	\$441.5 million
Home-Delivered	\$216 million	\$236.4 million	\$216 million	\$219.5 million
NSIP	\$160 million	\$160 million	\$160 million	\$160 million
Nutrition Grant		\$20 million	0	0
<b>Totals, IIC</b>	<b>\$815 million</b>	<b>\$874.5 million</b>	<b>\$815 million</b>	<b>\$821 million</b>
Title VI Native Americans Nutrition	\$26.2 million	\$29.1 million	\$24.8 million	\$31.1 million

# OUTLOOK: OAA FUNDING

- ◉ Today, aging service providers can and do look for alternate funding sources beyond the OAA
- ◉ Medicaid for many is the new and deeper source of funding
  - Total funding for home and community based services (HCBS), including nutrition, has risen from 13% of Medicaid budget in 1990 to 43% today
  - Medicaid expansion under ACA bringing more older adults into the program
  - Funding for total Medicaid will grow from \$299 billion in 2014 to \$576 billion in 2024—managed care alone will grow to \$193 billion/year in 2024
  - At least 46 states administer Medicaid waiver programs which include nutrition

# OUTLOOK: THE ACA AND NUTRITION

- Outlook for core law is good. Upheld by SCOTUS
- Now smaller changes possible
- Medicaid expansion—state by state decision
- Also in or because of the ACA:
  - Annual wellness visit under Medicare
  - 23 states now require some form of nutritional counseling and therapy to be covered as an essential health benefit—mostly for obesity and/or diabetes

# OUTLOOK: CARE TRANSITIONS

- ◉ Community-based Care Transitions Program (CCTP), created by Section 3026 of the ACA
- ◉ Tests models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries
- ◉ Many run by aging network, including nutrition providers. Not enough emphasis on nutrition in first rounds
- ◉ Efforts underway to extend these programs to allow full benefits to be reached

# OUTLOOK: SOCIAL SERVICES BLOCK GRANT

- ◉ A program with multiple constituents, including older adults
- ◉ Estimates are that \$30 million in elderly nutrition is provided through SSBG: \$25 million for HDM and \$5 million for congregate meals
- ◉ A program always on chopping block
- ◉ Some talk of defunding

# OUTLOOK: THE FARM BILL

- ◉ Was renewed for 5 years in FY2014, through the end of FY2018
- ◉ Includes key domestic nutrition programs for older adults:
  - SNAP: reaches some 4 million older adults
  - Senior Farmers' Market Nutrition Program: 835,000 older adults in 52 states/tribes
  - Commodity Supplemental Food Program (CSFP): transitioned to an older adults only program, serves 573,000 older adults/month in 49 states/tribes

# OUTLOOK: FARM BILL FUNDING

Program	FY2015 Final	FY16 Pres	FY16 House	FY16 Senate
SNAP	\$81.8 billion	\$83.7 billion*	\$81.6 billion	\$81.6 billion
Commodity Supplemental Food Program	\$211.5 million	\$221.3 million	\$221.3 million	\$221.3 million
Senior Farmers Market Program	\$20.6 million	\$20.6 million	\$20.6 million	\$20.6 million

\* Would include \$9 million for senior SNAP outreach

# OUTLOOK: MNT UNDER MEDICARE

- Medical nutrition therapy, covered under Part B for some people since 2002
- People with Part B who meet at least one of these conditions:
  - Have diabetes
  - Have kidney disease
  - Have had a kidney transplant in the last 36 months
- Need to expand this coverage to other conditions, including pre-diabetes, malnutrition
  - H.R. 1686: Preventing Diabetes in Medicare Act of 2015 (DeGette) would expand coverage under Medicare to people with pre-diabetes and risk factors for type II diabetes

# OUTLOOK: THE 2015 WHCOA

- ◉ Question posed about actions from the White House Conference on Aging
- ◉ Held July 13, 2015
- ◉ 6<sup>th</sup> in nation's history, 2<sup>nd</sup> of 21<sup>st</sup> century
- ◉ Held in the major anniversary year
- ◉ Social Security (80) Medicare, Medicaid, Older Americans Act, Voting Rights Act (50)
- ◉ ADA (25) and ACA (5)

# OUTLOOK: THE 2015 WHCOA

- Focused on four topics, two of which have direct bearing on nutrition and older adults:
  - Healthy aging
  - Long term services and supports

# OUTLOOK: THE 2015 WHCOA

- Healthy aging as defined by the WHCOA:
  - Living a long, productive, meaningful life and enjoying a high quality of life
- Issued policy brief background paper
- Had one paragraph on nutrition citing existing programs and resources and reference to importance of healthy diet to disease prevention

# OUTLOOK: THE 2015 WHCOA

- LTSS as defined by the WHCOA:
  - Health and social services that may be needed to maximize the independence and well-being of an individual
- Issued policy brief background paper
- Nutrition is a critical service; was briefly mentioned once in the paper
- Growth of managed care among those on Medicaid and importance of nutrition not cited

# OUTLOOK: THE 2015 WHCOA

- At the WHCOA, relevant announcements made include:
  - New proposed rule from the USDA to increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling SNAP benefits to be used for HDMs
  - Peapod has adopted “best in class” web accessibility standards to ensure that all individuals, including those with disabilities and those who are unable to shop at traditional stores, can use its website and mobile applications
  - The National Prevention Council announced that in the spring of 2016, it will release a Healthy Aging Action Plan to advance the National Prevention Strategy and will identify Federal action steps to promote prevention and well-being among older Americans

# WHAT FOLLOWS FROM THE WHCOA?

- ◉ Unclear: it depends on the release of final report and its ability to provide a roadmap
- ◉ Items announced at the Conference will be followed up on, both in terms of those which the Administration can do alone and some of the partnerships. Some had timetables on them
- ◉ New legislation might also follow

# WHERE SHOULD THE FOCUS BE?

- Focus has to be on triple threat to older adults and healthy aging
  - Hunger
  - Food Insecurity
  - Malnutrition
- Many of the solutions are the same to these distinct problems (SNAP enrollment, OAA participation), but some do differ

# OUTLOOK: MALNUTRITION

- Newest focus is on malnutrition which simply is poor nutrition related to:
  - An excessive or imbalanced diet
  - Clinical conditions that impair the body's absorption or use of foods
  - A diet that lacks essential nutrients

# OUTLOOK: MALNUTRITION

- A 2014 study estimates that the annual burden of disease-related malnutrition in the community across eight diseases was \$156.7 billion
- Malnourished patients are more likely to experience complications, such as pneumonia, pressure ulcers, infections and death. Also a risk factor for falls, longer hospital stays, worse outcomes after surgery or trauma, and self-neglect (elder abuse)

# OUTLOOK: MALNUTRITION SOLUTIONS

- Potential federal and state solutions include:
  - Make malnutrition a key indicator of older adult health
  - Re-examine older adult goals of Healthy People 2020 and build in a stronger emphasis on malnutrition identification, prevention, and intervention (comment period open until November 15 to submit revisions!)
  - Address sarcopenic malnutrition in national and state obesity plans
  - Re-examine the protein requirements of older adults and consider the need for an increased protein Dietary Reference Intake for older adults
  - Expand electronic medical records to include standardized section on malnutrition

# OUTLOOK: MALNUTRITION SOLUTIONS

- Include malnutrition screening and intervention in essential benefits and Medicare annual exam
- Include coverage for oral nutrition supplements for malnourished and at-risk dual-eligible populations
- Collect and analyze Medicare/Medicaid data to improve outcomes with malnutrition screening and intervention
- Expand medical nutrition therapy coverage to include malnutrition

# MALNUTRITION COALITION

- New coalition has formed to work to position malnutrition as a key indicator and vital sign of older adult health; also to impact legislative and regulatory change
- DefeatMalnutrition.Today. Website on resource page; other solutions discussed.
- NANASP is a founding member

# OLDER ADULTS VS. CHILDREN?

- ◉ How to ensure older adult nutrition and food insecurity become as prominent in national policy dialogue as concerns for children's health and trends for diet related illnesses. How do they compete and should they?
- ◉ Sad state of affairs to even have to ask question
- ◉ Need to raise prominence but not at expense of what is being done for children

# ANSWER: INTERGENERATIONAL ISSUE

- ◉ Real answer is we need to improve our federal commitment to vulnerable of all ages
- ◉ A hungry child and a hungry older adult are both tragic
- ◉ Goal of policy is to promote good nutrition and nutrition education throughout the lifespan. About promoting better outreach and access to programs. To be eligible for programs and not receive services is an intergenerational tragedy

# HOW TO RAISE PROMINENCE?

- ◉ The way to raise prominence is to discuss consequences of hunger food insecurity and malnutrition to the health of older adults
- ◉ Must remove the cloak of denial on these issues
- ◉ Also discuss how nutrition interventions can prevent hospitalizations and nursing home placement making them a greater value
- ◉ Commit through robust public-private partnerships to tackle all these threats to healthy aging in America

# ADVOCACY

- ◉ We in the elderly nutrition world need to learn about doing better advocacy
- ◉ Compare WIC annual funding of \$6.6 billion to OAA nutrition funding of \$815 million
- ◉ Child nutrition funding is \$20 billion per year
- ◉ The role of government is to respond to needs of the vulnerable of all ages.
- ◉ Government dollars are spent most wisely on prevention. Good nutrition throughout the lifespan is a sound investment in prevention and promotion of good health.
- ◉ Good nutrition for older adults is an achievable goal

# ADVOCACY

- ◉ Need to create more of a political imperative for elderly nutrition
- ◉ More outreach and enrollment in SNAP— greatly increased funding levels for CSFP and SFMP
- ◉ For the Older Americans Act, share some of the savings that have accrued to Medicaid and Medicare through the OAA nutrition programs and fund them for the great value they are to those they serve and to our nation

# CLOSING

- ◉ Commend the IOM for conducting this workshop
- ◉ Look forward to continued collaboration of behalf of good nutrition for older adults.

# RESOURCES

- ◉ NANASP: [www.nanasp.org](http://www.nanasp.org); for more info/slides: [rblancato@nanasp.org](mailto:rblancato@nanasp.org)
- ◉ DefeatMalnutrition.Today: <http://defeatmalnutrition.today>
- ◉ WHCOA: [www.whitehouseconferenceonaging.gov](http://www.whitehouseconferenceonaging.gov)
- ◉ Healthy Aging Summit: <http://www.2015healthyagingsummit.org>
- ◉ ACL Nutrition Programs: [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Nutrition\\_Services/index.aspx](http://www.aoa.acl.gov/AoA_Programs/HPW/Nutrition_Services/index.aspx)
- ◉ Food Policy Database: [growingfoodconnections.org/tools-resources/policy-database/](http://growingfoodconnections.org/tools-resources/policy-database/)
- ◉ Info on SNAP for Elderly: [www.fns.usda.gov/snap/snap-special-rules-elderly-or-disabled](http://www.fns.usda.gov/snap/snap-special-rules-elderly-or-disabled)
- ◉ FRAC SNAP Older Adults Toolkit: <http://frac.org/combating-food-insecurity-tools-for-helping-older-adults-access-snap/>