

The National Association of Nutrition and Aging Services Programs (NANASP) would like to comment on this policy brief on long-term services and supports (LTSS).

NANASP, a 1,100-member nonpartisan, nonprofit, membership organization, represents a diverse coalition of individuals, agencies and organizations interested in senior nutrition and other programs that enhance the life quality of older Americans. Our members provide older adults with community supports every day through Older Americans Act (OAA) Title III C congregate and home-delivered meals programs and the OAA Title V Senior Community Service Employment Program (SCSEP).

The Older Americans Act senior nutrition programs are some of the most effective programs for LTSS.

This White House Conference on Aging policy brief mentions the Title III C nutrition programs (specifically, Meals on Wheels) and their importance in providing wellness checks for older adults, but does not adequately discuss the importance of good nutrition for LTSS. The three major chronic diseases that impact 87 percent of seniors—diabetes, hypertension, high cholesterol or some combination—can be prevented and/or managed with appropriate nutrition interventions, which can be provided through the Older Americans Act senior nutrition programs.

The Older Americans Act senior nutrition programs address the increasing costs of LTSS by providing quality services that save Medicare and Medicaid money. These programs help keep seniors healthy and in their homes and communities, delaying and/or preventing the need for more expensive institutional care, such as that paid for through Medicare or Medicaid, thus effectively saving taxpayer, state and federal dollars. Not only are OAA programs extremely cost-effective, but they are long-standing and successful examples of the potential of public-private partnerships. For every \$1 in federal funding provided through the OAA, on average another \$3 is leveraged through other state, local and private sources.

Further, a lack of good nutrition drives up health care costs, as mentioned earlier—older adults with chronic conditions who fail to receive proper nutrition may exacerbate their conditions, creating costly complications. Senior malnutrition—particularly loss of lean body mass—is a growing problem which must be addressed. Many older adults who struggle to get adequate nutrition do so through no fault of their own; poverty, poor health, and inability to prepare food are just a few of the factors which may cause malnutrition in older adults. One in three patients is malnourished upon entry to the hospital. We spend \$157 billion per year overall on disease-related malnutrition in the United States; a malnourished patient's medical costs will be 300% higher. This is a staggering amount of expenditure which could be partially prevented through expansion of OAA nutrition programs.

The White House Conference on Aging has a duty to recognize this growing crisis and to recommend actions to the Administration that address the increasing need for LTSS nutrition services, particularly those to combat malnutrition and chronic conditions. Some of the solutions that could be proposed to combat this crisis which could likely be completed solely by the Administration include:

- Continue to request adequate funding levels for Older Americans Act senior nutrition programs in the President's budgets, such as the levels requested in the FY 2016 budget.

- Assist congregate and home-delivered meals programs in modernizing and offering more related health services.
- Declare malnutrition as a domestic emergency, which could allow greater resources to be applied to their reductions. Calculate the overall cost to government of these three.
- Expand access to healthy foods in all federally funded nutrition programs; work to reduce the price disparity between cheap unhealthy food and expensive healthy food.
- Add basic malnutrition screening, interventions and other information into the electronic health records of the future and include malnutrition screening (particularly related to lean body mass) and intervention in healthcare quality measures in public and private accountability programs.
- Expand Medicare-covered medical nutrition therapy to include diabetes.
- Address increased protein requirements of older adults and need for increased protein Dietary Reference Intake for this age group.
- Expand the Affordable Care Act Essential Health Benefits to include malnutrition screening and therapy.
- Reexamine the goals of Healthy People 2020 and build in a stronger emphasis on malnutrition identification and prevention and recognition of malnutrition as a key indicator of older adult health.

Thank you for your attention, and we look forward to working with you throughout the remaining Conference activities.