



Date: April 23, 2016

Strategic Action Planning Group on Aging

Literature Review – Part 4 of 5: Federal Legislation

Federal Legislation

Date	Name	Topics
2012	American Taxpayer Relief Act of 2012	<p>On January 2, 2013, President Obama signed into law measures to address tax rates for all Americans, which Congress passed on December 31, 2012. The American Taxpayer Relief Act of 2012 was also a call to action for the nation to address the needs of its growing population of older adults and people with disabilities.</p> <p>Policymakers made several key changes to long-term services and supports (LTSS) policy. The first change was repealing the Community Living Assistance Services and Supports (CLASS) program—a portion of the Affordable Care Act (ACA) (see below). CLASS offered a framework for creating a voluntary, guaranteed-issue LTCI program to provide modest financial support for those who developed serious functional limitations. Concerns about its solvency and budgetary scoring, coupled with initial modeling problems of the statute as written, led administration officials to halt CLASS's programmatic development until its repeal in the fiscal cliff negotiations.</p> <p>Congress created a new federal LTC commission assigned with the task of developing a plan for the establishment, implementation, and financing of a comprehensive, coordinated, and high-quality system that ensures the availability of LTSS for individuals in need of such supports, including older adults, those with substantial cognitive or functional impairment, and anyone who wants to plan for future LTC needs. The statute called for the President, House and Senate Leaders to appoint 15 Commissioners. The Federal Commission on LTC (the Commission) was given six months from the day of the final Commissioner's appointment to complete its work and was expected to vote on a report based on the plan, including recommendations for legislative and/or administrative action.</p>
2010	Affordable Care Act	<p>Most of the health insurance reform provisions are articulated in Title I of the law.</p>

Date	Name	Topics
	Title I – Quality, Affordable Health Care for All Americans	
	Title II – The Role of Public Programs	<p>This Title contains a series of initiatives that aim to drive improvement in delivery and quality of care (QOC) by making changes in the context of the Medicare and Medicaid programs. This includes a set of provisions aimed at strengthening HCB care for people with chronic diseases, disabilities and older Americans. This can be accomplished through a mix of changes in infrastructure (e.g., Aging and Disability Resource Centers (ADRCs)); altering payment arrangements (e.g., Money Follows the Person (MFP)); and addressing longstanding program barriers to community living.</p> <p>Sec. 2401 Community First Choice Option (CFCO) Starting October 1, 2011 - Establishes a new State plan option in Medicaid to provide community-based attendant supports and services to individuals with disabilities. States that choose to use the CFCO will receive a 6% increase in the Federal Medicaid match rate (available 10/1/2011-9/30/2015) for associated costs, pending States' compliance with certain statutory requirements. In addition to attendant services and supports to assist in accomplishing ADLs, States implementing this option may provide limited services to transition an eligible individual into the community, such as utility deposits and basic supplies.</p> <p>Sec. 2402 Removal of Barriers To Providing HCBS Expands services available to individuals who qualify for the HCBS under the existing state plan option. Before the ACA, the statute authorized only a limited number of services that could be included in the benefit, and expressly denied CMS the authority to allow States to include certain services that CMS can approve for HCBS waivers. The law removes the limitation on CMS authority and allows states to include, subject to CMS approval, additional services beyond the ones specifically identified in the statute.</p> <p>Sec. 2403 Money Follows the Person Rebalancing Demonstration Extends demonstration through 2016 and modifies eligibility rules to reduce the amount of time required for an individual to remain in an inpatient facility from 6 months to 90 days.</p> <p>Sec. 2405 Funding to expand State Aging and Disability Resource Centers FY 2010-2014, appropriated to the Secretary of HHS, acting through the Assistant Secretary for Aging, \$10,000,000 for each of fiscal years 2010 through 2014 for ADRCs.</p>

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		<p>Sec. 2602 Providing Federal coverage and payment coordination for dual eligible Beneficiaries Establishes a Federal Coordinated Health Care Office (FCHCO) for Duals in CMS and consolidates agency staff to more effectively integrate Medicare and Medicaid benefits and improve coordination between the Federal Government and States to provide duals full access to services.</p> <p>Sec. 2703 State option to provide health homes for enrollees with chronic conditions Creates, as of January 1, 2011, a State option in Medicaid allowing beneficiaries with or at risk of multiple chronic conditions to designate a qualified provider or team as their health home, providing comprehensive, coordinated health care. To qualify as a health home, providers or teams must meet and report on quality standards and measures. Team-based health homes may include a variety of professionals and may be organized virtually or based at a specific site (e.g., hospital, rural clinic, etc.). States electing the option get a temporary increase to Federal matching for relevant services.</p> <p>Sec. 2704 Demonstration Project to Evaluate Integrated Care Around a Hospitalization This establishes a demonstration project, in up to eight States, to study the use of bundled payments for hospital and physician services under Medicaid.</p>
	Title III – Improving the Quality and Efficiency of Health Care	<p>These provisions range from a set of new public quality reports (LTC hospitals and hospice programs), to payment adjustments for hospital acquired infections. This Title also includes a strategic approach to quality improvement including the development of a strategy, the production of new quality measures and expanded data collection on quality.</p> <p>Sec. 3021 Establishment of Center for Medicare and Medicaid Innovation within CMS The purpose of this provision is to test innovative payment and service delivery models to promote quality and efficiency. It provides the Secretary flexibility to pilot and implement innovative Medicare payment model using a variety of models, including medical homes.</p> <p>Sec. 3022 Medicare Shared Savings Program The purpose of this program is to reward Accountable Care Organizations (ACOs) that take responsibility for the costs and QOC received by their patients over time. Savings are shared between the ACO and the Medicare program.</p> <p>Sec. 3024 Independence at home demonstration program This provision authorizes the Secretary to conduct a demonstration to test a payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes.</p>

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		<p>Sec. 3025 Hospital readmissions reduction program Beginning in FY2013, this provision would adjust payments for hospitals paid under the inpatient prospective payment system (PPS) based on the ratio of each hospital's payments for potentially preventable Medicare readmissions relative to payments for all discharges for the three conditions with risk adjusted readmission measures that are currently endorsed by the National Quality Forum (NQF). It also, provides the Secretary authority to expand the policy to include additional conditions in future years and directs the Secretary to calculate and make publicly available information on all patient hospital readmission rates for certain conditions.</p> <p>Sec. 3026 Community-Based Care Transitions Program This provision authorizes the Secretary to establish a Community-Based Care Transitions Program under which the Secretary provides funding to eligible entities that furnish improved care transition services to high-risk Medicare beneficiaries. Priority will be given to programs administered by Administration on Aging (AOA) and those that provide services to medically underserved populations, small communities, and rural areas.</p> <p>Sec 3301 Medicare coverage gap discount program Requires drug manufacturers to provide a 50% discount to Part D beneficiaries for brand-name drugs and biologics purchased in the coverage gap beginning January 1, 2011 in order for manufacturers' drugs to be covered under Medicare Part D. In addition, Medicare will begin providing additional coverage for brand and generic drugs in 2013 and 2011, respectively, so that by 2020 the donut hole will be closed.</p> <p>Sec. 3306 Funding outreach and assistance for low-income programs \$15 million is appropriated to CMS for fiscal years 2010 through 2012 for State Health Insurance Assistance Programs (SHIPs). \$15 million is appropriated to AOA for Area Agencies on Aging (AAA) for fiscal years 2010 through 2012. \$10 million is appropriated to AOA for additional Funding For ADRCs for fiscal years 2010 through 2012. \$5 million additional funding to AOA for a Contract With The National Center For Benefits And Outreach Enrollment for the period of fiscal years 2010 through 2012. The Secretary may request that an entity awarded a grant under this section support the conduct of outreach activities aimed at preventing disease and promoting wellness.</p> <p>Sec. 3309 Elimination of cost sharing for certain dual eligible individuals No earlier than January 1, 2012, eliminates Part D cost sharing for people receiving care under a HCB waiver who would otherwise require institutional care.</p>

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		<p>Sec. 3502 Establishing community health teams to support the patient-centered medical home (PCMH) Secretary shall establish a program to provide grants to or enter into contracts with eligible entities to establish community-based interdisciplinary, inter-professional teams to support primary care practices. Grants or contracts shall be used to (1) establish health teams to provide support services to primary care providers; and (2) provide capitated payments to primary care providers (PCPs) as determined by the Secretary.</p> <p>Sec. 3503 Medication management services in treatment of chronic disease The Secretary, acting through the Patient Safety Research Center, shall establish a program to provide grants or contracts to eligible entities to implement medication management services provided by licensed pharmacists, as a collaborative, multidisciplinary, inter-professional approach to the treatment of chronic diseases to targeted individuals, to improve the quality of care and reduce overall cost in the treatment of diseases.</p>
	<p>Title IV – Prevention of Chronic Disease and Improving Public Health</p>	<p>Includes new initiatives focused on health promotion and disease prevention. These include efforts to modernize public health systems that are geared to disease prevention. Several efforts at improved education and training in disease prevention are specified. In addition, there are several interventions aimed at lowering programmatic barriers to prevention and early intervention within the Medicare and Medicaid programs.</p> <p>Sec. 4002 Prevention and Public Health Fund The ACA creates a new Prevention and Public Health Fund designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe. This new initiative will increase the national investment in prevention and public health, improve health, and enhance health care quality.</p> <p>Sec. 4103 Medicare coverage of annual wellness visit providing a personalized prevention plan Provides Medicare coverage, with no co-payment or deductible, for an annual wellness visit and personalized prevention plan services. The personalized prevention plan would take into account the findings of the health risk assessment and include elements such as: a five- to ten-year screening schedule; a list of identified risk factors and conditions and a strategy to address them; health advice and referral to education and preventive counseling or community-based interventions to address modifiable risk factors such as physical activity, smoking, and nutrition. The Secretary shall establish procedures to make beneficiaries and providers aware of the requirement that a beneficiary complete a health risk assessment prior to or at the same time as receiving personalized prevention plan services.</p> <p>Sec. 4108 Incentives for prevention of chronic diseases in Medicaid</p>

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		<p>No later than January 1, 2011, this provision requires the Secretary to provide grants to States to offer incentives to Medicaid enrollees who successfully complete healthy lifestyle programs and demonstrate changes in health risk and outcomes.</p>
	<p>Title V – Health Care Workforce</p>	<p>Includes polices aimed at assuring an adequate high quality health care work force. This is accomplished through training programs for health professionals, support for existing health care workers, new efforts to improve the training of PCPs and creating financial incentives to expand the supply of people entering key health professions (nurses, allied health professionals, children’s mental health, and those trained in public health readiness). The Administration allocated half of the new Prevention and Public Health fund for fiscal year 2010 – \$250 million –to boost the supply of PCPS in the US:</p> <ul style="list-style-type: none"> <p>• Sec. 5301 Primary Care Training and Enhancement Training more than 500 new PCPs by 2015; and supporting the development of more than 600 new physician assistants (PAs) who practice medicine as members of a team with their supervising physician, and can be trained in a shorter period of time compared to physicians;</p> <p>• Sec. 5308 Advanced Nursing Education Grants Train an additional 600 nurse practitioners (NP), including providing incentives for part-time students to become full-time and complete their education sooner. NPs provide comprehensive primary care;</p> <p>• Sec. 5208 Nurse-Managed Health Clinics Support the operation of 10 nurse-managed health clinics which assist in the training of NPs. These clinics are staffed by NPs, which provide comprehensive primary health care services to populations living in medically underserved communities.</p> <p>• Sec. 5102 State Health Care Workforce Development Grants Help States to plan and implement innovative strategies to expand their primary care workforce by 10-25% over ten years to meet increased demand for primary care services.</p>
	<p>Title VI – Transparency and Program Integrity</p>	<p>Specific efforts include those aimed at improving NH transparency. These include expanded accountability standards, new quality measurement initiatives and greater ease in making complaints. The Title also includes the Elder Justice Act and a set of provisions aimed at improving Medicare and Medicaid program integrity.</p> <p>Sec. 6101 Required disclosure of ownership and additional disclosable parties information NH disclosure requirements apply to each member of the governing body of the facility, including the name, title, and period of service of each such member; each person or entity who is an officer, director, member, partner, trustee, or managing employee</p>

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		<p>of the facility, including the name, title, and period of service of each such person or entity; and each person or entity who is an additional disclosable party of the facility.</p> <p>Sec. 6103/6105 Nursing Home Compare Medicare website/Standardized Complaint form The Secretary shall ensure that the Department of Health and Human Services includes, as part of Nursing Home Compare website:</p> <ul style="list-style-type: none"> • Staffing data for each facility (including resident census data and data on the hours of care provided per resident per day) including information on staffing turnover and tenure • Links to State Internet websites with information regarding State survey and certification programs • Links to State inspection reports • Information to guide consumers in how to interpret and understand such reports • The facility plan of correction or other response to reports • The standardized complaint form developed (Sec 6105) including explanatory material on what complaint forms are, how they are used, and how to file a complaint with the State survey and certification program and the State LTC ombudsman program • Summary information on the number, type, severity, and outcome of substantiated complaints • The number of adjudicated instances of criminal violations by a facility or the employees of a facility
	Title VII – Improving Access to Innovative Medical Therapies	
	Title VIII – Community Living Assistance Services and Supports Act (CLASS Act)	<p>Community Living Assistance Services and Supports Act (“The CLASS Act”)</p> <p>Sec. 8001-8006 Establishes a national voluntary insurance program to provide resources to purchase community living services (e.g. home modifications, assistive technologies, help with ADLs and home health services) for people that experience significant functional limitations; enrollment open to all individuals who meet employment requirements; no medical underwriting; eligibility for benefits contingent on five year vesting and federal determination that individual meets functional disability standards; pays benefits of at least \$50 per day, unlimited duration; and, CLASS is the first payer for individuals who also receive Medicaid benefits.</p>

Date	Name	Topics
	Title IX – Revenue Provisions	
	Title X – Reauthorization of the Indian Health Care Improvement Act	<p>Contains a variety of different programs and provisions. Of particular note are provisions to improve Indian Health Care, promote HCBS, and the establishment of collaborative networks for quality improvement and innovation.</p> <p>Sec. 10221 Indian Health Care Improvement A bill to amend the Indian Health Care Improvement Act to revise and extend that Act</p> <p>Sec. 10323 Medicare Coverage for Individuals Exposed to Environmental Health Hazards Provides health care, either through Medicare coverage or a pilot program to persons with asbestos related illness who reside in Libby, Montana, and a screening program to individuals exposed to environmental health hazard to which an emergency declaration applies.</p>
2006	Older Americans Act – 2006 Amendments	<p>Title I- Declaration of Objectives; Definitions Section 102 – Definitions Older Americans Act (OAA) definitions have been updated and made consistent with other statutes and proposals. There are also several new definitions used throughout the various titles of the OAA.</p> <p>Title II - Administration on Aging Section 201 Establishment of Administration on Aging The Amendments broaden the role of the AOA related to elder justice, elder abuse and mental health issues. The following provisions are authorized:</p> <p><i>Elder Justice and Elder Abuse (Sec. 201(e))</i></p> <ul style="list-style-type: none"> • Designate a federal elder abuse prevention and services staff person • Coordinate federal elder justice activities <p><i>Mental Health (Sec. 201(f))</i></p> <ul style="list-style-type: none"> • Designate a federal mental health services staff person • Develop long-term plan to support State and local efforts in mental health services <p>Section 202 Functions of the Assistant Secretary</p>

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		<p>The Amendments maintain, highlight, update and strengthen the role and functions of AOA and the Assistant Secretary for Aging. The following provisions are authorized:</p> <p><i>Principles of Choices for Independence (Sec. 202(a)(28)-(b)(10))</i></p> <ul style="list-style-type: none"> • Provide TA to States and AAAs to support LTC systems change, including the provision of evidence-based disease prevention and health promotion services; (a)(28) • Promote the development of comprehensive coordinated LTC through collaboration with other federal agencies regarding LTC, including making grants, contracts, and cooperative agreements with funds received from other Federal agencies; (b)(1) • Conduct research and demonstration projects related to cost-effective modifications to LTC systems; (b)(2) • Establish criteria for implementation of evidence-based programs related to behavioral changes;(b)(3) • Coordinate with CMS and other federal agencies to promote the provisions of self-directed care; (b)(4) • Assume lead role in issues related to HCB LTC; (b)(5) • Expand ADRCs to all States; (b)(6-8) • Establish national TA programs for implementation of evidence-based programs and evidence-based disease prevention and health promotion services programs; (b)(9) • Develop, with CMS, performance standards/measures for State related to LTC system objectives. (b)(10) <p><i>Benefits Counseling (Sec. 202 (a)(12) and (a)(20))</i></p> <ul style="list-style-type: none"> • Coordinate with the Administrator of CMS to implement and build awareness of federal programs and benefits; (a)(12) • Provide TA to States and AAAs regarding benefits counseling programs; (a)(20)(A) • Establish National Center on Senior Benefits Outreach and Enrollment. (a)(20)(B) <p><i>Civic Engagement (Sec.202 (c))</i></p> <ul style="list-style-type: none"> • Coordinate with the Corporation for National and Community Service to encourage volunteer and civic engagement activities for all ages in supportive services and community capacity-building initiatives. <p>Section 203 Federal Agency Consultation</p> <p>The Amendments expand targeting of services to older individuals with limited English proficiency, and establish a Federal interagency coordinating committee on aging.</p> <p><i>Targeting of Services (Sec. 203(a)(3)(A))</i></p>

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		<ul style="list-style-type: none"> • Add “older individuals with limited English proficiency” to populations receiving emphasis in program analysis efforts by other Federal agencies. <p><i>Federal Interagency Coordinating Committee on Aging (Sec. 203(c))</i></p> <ul style="list-style-type: none"> • Authorize Federal (Secretary level) Interagency Coordinating Committee on Aging to focus on broad range of aging issues, with emphasis on housing, supportive services, data collection, technology, and streamlining access to all services. <p>Section 205 Administration of the Act The Amendments include the following provisions:</p> <p><i>Administration of Nutrition Services (Sec. 205(a)(2))</i></p> <ul style="list-style-type: none"> • Implement and evaluate evidence-based programs to support improved nutrition and regular physical activity for older individuals • Conduct outreach and disseminating evidence-based information to nutrition service providers, including information about the most current Dietary Guidelines • Disseminate guidance for improving the nutritional quality of meals • Develop and disseminate guidelines for conducting nutrient analyses of meals • Provide technical assistance in all areas of nutrition services administration • Revise areas of expertise for designated nutrition officer <p>Section 206 Evaluation <i>Evaluation Activities (Sec. 206(g))</i> Revise funding of evaluation activities via a new calculation formula (not more than .05% of title III allocation).</p> <p>Section 212 Contracting and Grant Authority <i>Private Pay Relationships (Sec.212)</i> Include private pay options (with specific safeguards) for contracts with corporations and for use with individuals not otherwise served in OAA programs. Such private pay programs must be approved by the State AOA, or, in the case of title VI contracts, approval must be given by AOA. Reporting requirements are included.</p> <p>Section 214 Nutrition Education <i>Nutrition Education (Sec.214)</i> Include provisions to carry out integrated health promotion and disease prevention programs as part of nutrition education.</p>

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		<p>Title III – Grants for State and Community Programs on Aging - The Amendments address the Title III (except E) funding formula, principles of Choices for Independence, Nutrition Services Incentive Program (NSIP), mental health services, targeting of older individuals with limited English proficiency, planning for baby boomers, use of volunteers in direct service provision, and disaster preparedness planning in Title III. Principles of Choices for Independence are embedded throughout Title III:</p> <ul style="list-style-type: none"> • Consumer Empowerment <ul style="list-style-type: none"> ○ Aging & Disability Resource Centers • Community Living Incentives <ul style="list-style-type: none"> ○ Flexible Options and More Choices for High-Risk Individuals • Healthy Lifestyles <ul style="list-style-type: none"> ○ Evidence-Based Disease Prevention Interventions <p>Section 304, Allotment- Federal Share - Interstate Funding Formula (Sec. 304(a)(3)(D)) The provisions for allotting funds under title III are updated with a 2006 hold harmless year. The guaranteed growth provision, i.e., “No state shall receive less than 20% of the percentage increase above the FY 2000 allotments for all states,” is changed to FY 2006 and incrementally phased out as follows: “not less than 20% decreases to 15% in 2008, 10% in 2009, 5% in 2010, and is eliminated in 2011.</p> <p>Section 305, Organization (Sec. 305(a))</p> <ul style="list-style-type: none"> • Revision of planning and service areas designation by adding consideration of “older individuals with limited English proficiency” • Revision of targeting of services by adding “older individuals with limited English proficiency” • Promotion by State agency of long-term care system reflective of the principles of Choices for Independence <p>Section 306, Area Plans (Sec. 306(a))</p> <ul style="list-style-type: none"> • Targeting of “older individuals with limited English proficiency” and “older individuals at risk of institutional placement” are added to needs assessment • Addition of mental health services to the “access” category of priority services • Targeting of “older individuals with limited English proficiency” and “older individuals at risk of institutional placement” are added to services provision • Use of trained volunteers in providing direct services

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		<ul style="list-style-type: none"> • Addition of caregivers, service providers and representatives of the business community to area agency advisory council • Coordination of mental health services and screening • Facilitation by area agency of LTC system development reflective of the principles of Choices for Independence • Development and coordination of emergency preparedness plans • Conduct of special planning for baby boomers <p>Section 307, State Plans (Sec. 307(a))</p> <ul style="list-style-type: none"> • Emphasis of “older individuals with limited English proficiency” in periodic evaluations of activities under the state plan • Addition of “older individuals with limited English proficiency” to identification of targeted groups and methods to serve provision • Addition of “older individuals with limited English proficiency” to outreach targeting • Provision of services consistent with consumer directed care • Conduct of special planning for baby boomers • Coordination and development of long-range emergency preparedness plans <p>Section 311 Nutrition Services Incentive Program (NSIP) (Sec. 311)</p> <ul style="list-style-type: none"> • The NSIP provides supplemental funding for congregate and home delivered meals served under Titles III and VI • The Older Americans Reauthorization Technical Corrections Act permits states and tribes to use part of their NSIP allocation to access commodities directly from the United States Department of Agriculture using procedures developed by the Food Distribution Division <p>Section 315 Consumer Contributions (Sec. 315(b))</p> <ul style="list-style-type: none"> • Solicitation of voluntary contributions added for participants at 185% or more of FPL based on self-declaration of income • Non-supplantation provision added to voluntary contributions section • Older individuals with limited English proficiency added to targeting of cost sharing plan requirements and evaluation provisions <p><u>PART B - Supportive Services and Senior Centers</u></p> <p>Section 321 Supportive Services and Senior Centers Program Authorized(Sec. 321(a))</p> <ul style="list-style-type: none"> • Assistive devices added to allowable services • Coordination of mental health services added to allowable services • Life-long learning programs, including distance learning added to allowable services

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		<p><u>PART C – Nutrition Service</u> Section 330. Purposes (Sec. 330)</p> <ul style="list-style-type: none"> • Purpose of the OAA nutrition service program outlined <p>Subpart 1—Congregate Nutrition Services Section 331 Program Authorized (Sec. 331)</p> <ul style="list-style-type: none"> • Nutrition counseling, as appropriate, added to congregate meal services. <p>Subpart 2—Home Delivered Nutrition Services Section 336 Program Authorized (Sec. 336)</p> <ul style="list-style-type: none"> • Nutrition education, counseling and other services, as appropriate, added to home delivered meal services. <p>Section 337 Criteria (Sec. 337)</p> <ul style="list-style-type: none"> • Minimum criteria for quality and efficiency added to home delivered meals. <p>Subpart 3—General Provisions Section 339 Nutrition (Sec. 339)</p> <ul style="list-style-type: none"> • Compliance with most recent “Dietary Guidelines for Americans” added • Medical education information and brochures to home-delivered meals clients encouraged <p><i>STUDY OF NUTRITION PROJECTS (Study of Nutrition Projects)</i></p> <ul style="list-style-type: none"> • Authorization to conduct an evidence-based study of the nutrition projects is added. <p><i>SENSE OF CONGRESS (Sense of Congress)</i></p> <ul style="list-style-type: none"> • “Sense of Congress” added to encourage consideration of single daily mineral and multivitamin supplements in nutrition programs. <p><u>PART D – Disease Prevention Health Promotion Services</u> Section 361 Program Authorized(Sec. 361) <i>Air Quality</i></p> <ul style="list-style-type: none"> • Consultation with qualified experts added to provide information on improving air quality in buildings where older people congregate.

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		<p><u>PART E – National Family Caregiver Support Program (NFCSP) III-E</u> The Amendments broaden the population of caregivers to be served, and establish priorities. The use of volunteers to provide services to caregivers is encouraged. Authorization for National Innovation Programs is moved to Title IV, with funding authorization moved to Section 303. Definition of family caregiver is moved to Section 302.</p> <p>Section 302 Definitions (title III) (Sec. 302(a)(3))</p> <ul style="list-style-type: none"> • “Family caregiver” definition revised to include caregivers of individuals with Alzheimer’s disease. <p>Section 372 Definitions (NFCSP) (Sec. 372)</p> <ul style="list-style-type: none"> • “Child” definition revised to include “an individual with a disability”; and (statute Sec. 372(a)(1)) • “Grandparent or relative caregiver” definition revised to include those 55 years of age or older caring for a child to whom they are related by blood, marriage or adoption. (statute Sec. 372(a)(2)) • Priority given to: <ul style="list-style-type: none"> ○ Caregivers of older individuals with Alzheimer’s disease ○ Grandparents or relative caregivers caring for children with severe disabilities <p>Section 373 Program Authorized (Sec. 373)</p> <ul style="list-style-type: none"> • Expansion of caregiver training areas; and • Priority given to: <ul style="list-style-type: none"> ○ Caregivers who are older individuals with greatest social need; ○ Older individuals with greatest economic need (with particular attention to low-income older individuals); and ○ Older individuals providing care to individuals with severe disabilities, including children with severe disabilities. • Coordination with the Corporation for National and Community Service regarding volunteers for caregiver programs • Expansion of State reporting. <p>Section 411 Program Authorized (Sec. 411(a)(11)) National Innovation Programs (NFCSP)</p> <ul style="list-style-type: none"> • Program authority moved to Title IV • Funding authority moved to Sec. 303 and capped at 1% of III-E allotment (allowed but not mandated) <p><u>Title IV – Activities for Health, Independence and Longevity</u></p>

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		<p>The Amendments rename the title and expand the types of activities that are eligible to receive grant funds. Authorizes the Assistant Secretary to fund:</p> <ul style="list-style-type: none"> • Projects for multigenerational and civic engagement activities; (Sec. 417) • Mental health services and screening in Multidisciplinary Centers; and (Sec. 419) • Community innovations for aging in place and “Naturally Occurring Retirement Communities” (NORCs). (Sec. 422) <p>Authorizes additional activities for which the Assistant Secretary may award a competitive grant: (Sec. 411(a) and Sec. 416)</p> <ul style="list-style-type: none"> • Planning to prepare communities for the aging of the population; (Sec. 411) • Assessing technology-based service models; (Sec. 411) • Improving support to family caregivers; (Sec. 411) • Building awareness of cognitive impairments such as Alzheimer’s Disease and related disorders; (Sec. 411) and • Innovations to improve transportation. (Sec. 416) <p>In addition: (Sec. 412(a))</p> <ul style="list-style-type: none"> • Includes Hispanic serving institutions among entities eligible to compete for grants that prepare students for careers in the field of aging. <p><u>Title V – Community Service Senior Opportunities Act</u></p> <p>The Amendments include the following provisions: (Sec. 502-518)</p> <ul style="list-style-type: none"> • Changes title of program to: “Older Americans Community Service Employment Program” • Establishes time limit for individuals to participate in the program of 48 months. (Permits an extension via waiver under certain circumstances) • Establishes cap for grantees to have participants in program no more than an average of 27 months. (Can be extended to 36 months by the Secretary of Labor - in this title referred to as “Secretary”) • Limits administrative costs of grantees to no more than 13.5% (up to 15% under certain circumstances approved by Secretary) • Establishes core indicators for performance that Secretary must consider in making grant decisions • Provides for distribution of funds to national grantees and states in proportion to FY 2000 levels of activities • Sets minimum levels of performance into unsubsidized employment of 21% for FY 07, 22% for FY 08, 23% for FY 09, 24% for FY10, and 25% for FY 11 • Grants authority for Secretary to use up to 1.5 % of funds to carry out demonstration, pilot, and evaluation projects • Prohibits consideration of Title V funds to program participants as income for purposes of eligibility for federal housing and food stamp programs

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		<ul style="list-style-type: none"> ○ Requires annual report on participation and performance outcomes for minority individuals. <p><u>Title VI – Grants for Native Americans</u></p> <ul style="list-style-type: none"> ● Clarifies a tribal organization that received a grant in 1991 as part of a consortium (of tribal organizations) may apply to receive funding as part of the remaining members of the consortium, or separately. (Sec. 614A(c)) <p><u>Title VII – Vulnerable Elder Rights Protection</u> Retains funding formula and general provisions.</p> <p>Chapter 2 - Ombudsman Programs Retains all provisions currently in the Act. Chapter 3 –Programs for Prevention of Elder Abuse, Neglect, and Exploitation</p> <p><i>Prevention of Elder Abuse, Neglect, and Exploitation (Sec. 721)</i></p> <ul style="list-style-type: none"> ● Includes new language clarifying the list of activities that States can provide with elder abuse allotments ● Authorizes allotments to be used for "detection and assessment," and "intervention in, investigation of, and response to" elder abuse, including the following activities: <ul style="list-style-type: none"> ○ Public education and outreach on financial literacy, id theft, and financial exploitation ○ Elder abuse shelters and safe havens ○ Multi-disciplinary elder justice activities ○ Services to underserved populations ● Provides for development of “accountability measures” and evaluation programs to ensure effectiveness of activities under the allotment ● Requires compliance with all applicable laws, regulations and guidelines <p>Chapter 4 - State Legal Assistance Development Program Retains all provisions currently in the Act.</p> <p><i>Subtitle B—Native American Organization and Elder Justice Provisions</i> This subtitle is renamed.</p> <p><i>Native American Program (Sec. 751)</i></p> <ul style="list-style-type: none"> ● Includes new language authorizing the Assistant Secretary to establish and carry out a program for multi-disciplinary elder justice activities.

Date	Name	Topics
		<p><i>Grants to Promote Comprehensive State Elder Justice Systems (Sec. 752)</i></p> <ul style="list-style-type: none"> • Authorizes activities for which the Assistant Secretary may award competitive grants: establishing formal working relationships between public and private entities; supporting management information system development; public education; and other steps. • These grants are to "supplement," not "supplant" other funding. <p>Subtitle C—General Provisions <i>Rule of Construction (Sec. 765)</i></p> <ul style="list-style-type: none"> • Includes new language to prevent interference with older individual's right to practice his or her religion through prayer alone for healing.
2006	Tax Relief and Health Care Act of 2006	<p>The Tax Relief and Health Care Act of 2006 contains a package of miscellaneous provisions including a study on establishing a uniform national database on elder abuse (Title IV, Sec. 405). The study may consider the following:</p> <ol style="list-style-type: none"> A. Current methodologies used for collecting data on elder abuse, including a determination of the shortcomings, strengths, and commonalities of existing data collection efforts and reporting forms, and how a uniform national database would capitalize on such efforts. B. The process by which uniform national standards for reporting on elder abuse could be implemented, including the identification and involvement of necessary stakeholders, financial resources needed, timelines, and the treatment of existing standards with respect to elder abuse. C. Potential conflicts in Federal, State, and local laws, and enforcement and jurisdictional issues that could occur as a result of the creation of a uniform national database on elder abuse.

Sources:

[Recommendations from the Federal Commission on Long-Term Care:](#) Blueprint for a Bipartisan Path Forward. Public Policy & Aging Report. 3/6/2014.

[Affordable Care Act Opportunities for the Aging Network.](#) Administration on Aging. 2/14/2011.

[Outline of 2006 Amendments to the Older Americans Act.](#) Administration for Community Living. 12/31/2006.