

## ***Reject proposed Fiscal 2020 Trump Administration budget cuts***

- Calls for a five percent cut to the Section 202 program and the complete elimination of the Public Housing Capital Fund, the HOME program, and the National Housing Trust Fund.
- Cuts federal spending on Medicaid by \$1.48 trillion over the next ten years and would turn Medicaid into a block grant or system of per-capita capped payments to the states.
- Reduces Medicare spending by \$811 billion over ten years, with post-acute care spending cut by \$101.2 billion over 10 years.

With the growth in the over-65 population, these programs need increased resources, not cuts.

## ***Support HUD Section 202 funding in the fiscal year 2020 HUD bill.***

The significant need for more Section 202 homes is nationwide and only growing. Today, only 1 in every 3 older adults eligible for housing assistance receives it because the programs are too small to meet need. In New York, seniors face 7-11 year waiting lists to access affordable housing.

Expansion of the Section 202 program would mean that fewer older adults will be forced to choose between housing, healthcare, and food.

- \$600 million for 4300 new Section 202 Housing for the Elderly Homes (provide funds for at least 4300 new Section 202 homes to begin to address the severe shortage of this housing).
- Full funding to renew existing Project Rental Assistance Contracts (\$576 million) and Section 8 Project Based Rental Assistance (\$12.2 billion), and Service Coordinator grants (\$90) million.
- \$30 million for new Service Coordinators in Section 202 communities that do not currently have them (only half of Section 202 communities have a Service Coordinator, which research has shown to improve health and cut costs).

## ***Nurse aide training lock-out***

Under federal law, nursing homes are surveyed yearly, with fines assessed for any deficiencies in compliance with federal regulations. If these civil monetary penalties exceed a certain level (\$10,697 as of 2018), a nursing home automatically loses its authority to train certified nursing assistants (CNAs) who provide the extensive direct care to residents. This mandatory lock-out lasts for 2 years and is imposed even if the care deficiencies cited on the survey do not compromise resident safety and welfare and are unrelated to the nursing home's CNA training program.

The [Nursing Home Workforce Quality Act](#) (H.R. 1265) would modify the Certified Nursing Assistant (CNA) training lock-out mandated by the Omnibus Budget Reconciliation Act of 1987. The bill eliminates the statute's rigid provisions and grants the Centers for Medicare & Medicaid Services greater flexibility in reinstating providers' valuable CNA training programs, instead leaving it as a discretionary penalty available to survey agencies. In addition, nursing homes subject to a lockout would regain their authority to train CNAs once the deficiencies for which they were cited are corrected. By

allowing nursing homes to regain their nursing assistant training authority as soon as deficiencies have been corrected, H.R. 1265 will facilitate quality improvement in our nation's nursing homes.

### ***Medicare Observation Days legislation***

Medicare beneficiaries often experience outpatient hospital stays "for observation" lasting far longer than the 24 hours called for in Medicare regulations. Although their hospitalizations may last for many days, these beneficiaries are not admitted as inpatients and therefore do not meet the three-day hospital stay requirement for Medicare coverage of any post-acute care they may need upon their release from the hospital. Beneficiaries in this situation incur thousands of dollars in out-of-pocket costs for nursing home or home health care, or risk re-hospitalization if they do without the services they need.

The [Improving Access to Medicare Coverage Act of 2019](#) (H.R. 1682 and S. 753), would solve the observation days problem by requiring all time a Medicare beneficiary spends in a hospital to be counted toward the three-day stay requirement.

### ***Workforce Shortages***

The [Geriatric Workforce Improvement Act](#) (S. 299) would address the widening gap between the number of health care providers educated and trained to meet the special needs of people as they age, and the rapidly growing population of people aged 65 and over. The bill would reauthorize the Geriatric Workforce Enhancement Program (GWEP) for another five years, with authorized funding increased to \$45 million per year.

This program provides grants to geriatric education centers to educate and train doctors, nurses, social workers, and other health care professionals in the care and treatment of older people who often have a variety of chronic health conditions and who may not respond to treatments in the same ways that younger people do.

In addition, the bill would revive the Geriatrics Academic Career Awards (GACA) program, which funds training for clinician educators. As the baby boom generation reaches retirement age, there is a growing scarcity of professionals who can educate and train the health care professionals who will care for older people in the coming decades.