

## **CELEBRATE! AMERICA'S COMING OF AGE**

1990 marked the 25<sup>th</sup> Anniversary of the Older Americans Act—the first legislation devoted exclusively to meeting the needs and challenges of older Americans. As its history demonstrates, it has met those challenges with innovative programs that serve some 30 million older Americans.

Two decades of activity led up to passage of the Act. As early as 1945 the Connecticut State Commission on the Care and Treatment of the Chronically Ill, Aged, and Infirm was created. In the following years, increasing numbers of States established Units on Aging. The creation of these Units on Aging helped to build the States' organizational strength—an essential component of the Federal, State, and local cooperation that forms the basis for the Act.

Perhaps the most important milestone in paving the way for passage of the Older Americans Act was the 1961 White House Conference on Aging. This Conference served as a catalyst for establishing more Units on Aging so that States could qualify for grants to prepare for the Conference.

At the Conference, many of the delegates cited the need for research and demonstration projects, training, and a Federal focal point to address the concerns of the Nation's elderly. Four years later, after many false starts, a bill was introduced into Congress that gained overwhelming bipartisan support. On July 14, 1965, H.R. 3704—the Older Americans Act of 1965—was signed into law by President Lyndon Baines Johnson in a Rose Garden ceremony at the White House.

The Older Americans Act established the Administration on Aging in the Department of Health, Education, and Welfare, provided grants for demonstration projects and research on aging, training grants for persons to work in the field of aging, financial support for the State Units on Aging, and funds for States to use in supporting projects for the aging.

Four months after the Act was signed William D. Bechill of California was sworn in as the first U.S. Commissioner on Aging. The potential which AoA offered for achieving major progress in the aging field was recognized by HEW Secretary Celebreeze, who notes shortly after passage of the Act, that, "The Department has a very heavy involvement in programs for the aging, but this is the first time we have had statutory authority to operate in an overall capacity. The new Administration on Aging will be in a position to give leadership at the Federal level to the whole field of aging."

In order to gain the full benefit of the Act, which provided formula grants to the States to establish community service programs for the elderly, each State was required to have a plan. By the end of 1965, five states had approved plans and, during 1966, 35 more states and the District of Columbia gained approval for their plans. Plans were subsequently approved for all of the States and U.S. Territories.

In 1967, the Act was amended to extend the grant and contract programs and increase authorizations. In 1969 further amendments were added to the Act. The highlight of these Amendments was the establishment of a National Older Americans Volunteer Program. Under this program, two projects were authorized. The first of these, the Retired Senior Volunteer Program (RSVP), was authorized to recruit persons 60 and over to provide services in their communities. Today, this program, which is now administered by the ACTION Agency, involves older volunteers serving in communities across the Nation. The other program, Foster Grandparents, which is also, now under ACTION, provides supportive person-to-person services to children with exceptional needs. It has been so successful that "Foster Grandparents" is virtually a household word.

In 1968, the Administration on Aging launched a series of nutrition research and demonstration projects that were to evolve into a program that is as popular as Foster Grandparents and RSVP. During the next few years, 341 projects across the Nation tested a variety of approaches for improved nutrition for the elderly. These projects were so successful that a number of bills were introduced into Congress, beginning in 1970, to authorize a permanent nationwide nutrition program for the elderly.

In 1971, a second White House Conference on Aging was held to explore the status of the Nation's elderly and to recommend policies that would further improve conditions for them. The Delegates recommended establishing the "equivalent of a National School Lunch Program for senior citizens." On March 22, 1972, this recommendation was implemented by Public Law 92-258, which added a new Title VII to the Act. The new Title VII authorized a "Nutrition Program for the Elderly" to provide hot meals and other nutrition services to Americans 60 and over. Today this program, which is now under Title III-C of the Act, serves over 2.7 million older persons at congregate meal sites and delivers meals to over 729,000 homebound elderly.

In May of 1973, President Richard Nixon signed additional Older Americans Act Amendments into law, which completely revised Title III of the Act. The new amendments required each State to be divided into "planning and service areas" (PSA's). The State agency was also required to designate a public or nonprofit private agency or organization in each of the designated PSA's to serve as an Area Agency on Aging. There are approximately 670 Area Agencies on Aging that plan and coordinate services and opportunities for older persons at the community level.

The 1973 Amendments were also vitally important in other areas of concern to the elderly. They established an Older American Community Employment Program, administered by the Department of Labor, to provide part-time employment opportunities in community service for unemployed low-income persons over 55; authorized grants to support multidisciplinary centers of gerontology; and authorized grants and mortgage insurance for multipurpose senior centers to assist in providing facilities needed for programs for the elderly.

In addition, the 1973 Amendments authorized grants and contracts to pay part or all of the cost of projects to provide opportunities for low-income persons aged 60 and over to work

as “senior health aides” and “senior companions.” The Amendments also required Federal agencies that administer or propose to establish aging programs to consult and cooperate with the Administration on Aging, and amended a variety of other Acts to make them more responsive to older adult needs.

Finally, these Amendments established a “Federal Council on Aging.” The Council’s role is to advise and assist the President and others in understanding and meeting the needs of the elderly; to serve as a spokesman for older Americans; and to inform the public, obtain information, and hold public forums on the problems and needs of older Americans.

Shortly before the 1973 legislation was signed into law, Commissioner Martin, who had succeeded William Beechill in 1969, left government service and was succeeded by Arthur S. Flemming as the third Commissioner on Aging. Dr. Flemming had served previously as Chair of the 1971 White House Conference on Aging as well as Secretary of the Department of Health, Education, and Welfare. That same year, AoA was removed from the Social and Rehabilitation Service and relocated in the Office of Human Development.

Additional Amendments to the Act were signed into law on July 12, 1974. These Amendments required the Secretary of Agriculture to maintain an annually programmed level of assistance for the nutrition program. That assistance was set at not less than 10 cents per meal in surplus commodities, with adjustments on an annual basis to reflect changes in food prices. These amendments also prohibited the delegation of the Commissioner’s functions to an officer who was not directly responsible to him or her.

The following year, the Older Americans Act was again amended. The 1975 Amendments mandated that States allot minimum percentages of their Title III allotments to four national priority service areas including transportation, home, legal and other counseling services, and home repair and renovation programs. The Amendments also permitted direct grants of the Act’s funds to Indian tribes under certain circumstances.

The Amendments added Title IX to the Act that provided an authorization for the Older American Community Service Employment Program which had been administered under separate legislation. These Amendments also enacted a separate Age Discrimination Act of 1975 that prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance.

In 1977, Amendments were enacted to provide an additional six months for the U.S. Civil Rights Commission to file a report on age discrimination in the administration of programs and activities receiving Federal financial assistance and to make several changes in the section of Title VII that dealt with the availability of surplus commodities for the nutrition program.

Early in 1978, Commissioner Flemming was succeeded by the fourth Commissioner on Aging, Robert Benedict of Pennsylvania. That same year, the 1978 Amendments made substantial changes to the Act. Signed into law by President Carter on October 18, the 1978 Amendments consolidated the Title III social service program, the Title V senior

centers program, and the Title VII nutrition program into a new Title III, with a separate authorization for each. The Amendments also mandated that at least 50 percent of social services funds allotted to each planning and service area be used for the delivery of access, in-home, and legal services. The Amendments specifically made Federal, State, and local agencies on aging responsible for advocacy for the elderly at their respective levels of government.

To reduce the paperwork burden on the States, each State and Area Agency on Aging could now submit their plans every three years rather than on an annual basis. In addition, the Amendments required that each State plan provide assurances that the State Agency on Aging would establish and operate a long-term care ombudsman program. There are over 10,000 professionals and volunteers who work to ensure that older persons living in long-term care facilities receive humane and appropriate care.

The Amendments also authorized the Commissioner to use "Demonstration Projects" funds to reimburse States for any Title III funds that had been provided to the AAA's for social services to the elderly during disasters. In addition, the Amendments authorized special demonstration projects dealing with comprehensive long-term care, legal services, national impact demonstrations, and the cost of utilities and home heating.

Finally the 1978 Amendments enacted new legislation authorizing the President to call a 1981 White House Conference on Aging and directed the U.S. Civil Rights Commission to undertake a comprehensive study of discrimination based on race or ethnic background in federally assisted programs and activities that affect older persons.

In September 1981, Lennie-Marie P. Tolliver became the fifth U.S. Commissioner on Aging. Two months later, the third White House Conference on Aging was held in Washington, D.C. That same year, additional amendments to the Act were signed into law by President Reagan on December 19.

These amendments gave States the option of issuing State plans for 2, 3, or 4-year periods, repealed the requirement that each AAA had to spend at least half of its Title III-B funds for specified services, and replaced it with a requirement that they spend an "adequate portion" of Title III-B funds for these services. These amendments also required the Area Agencies on Aging to take actions to ensure that Older Americans Act programs would adequately serve older people who had a limited ability to speak English in those areas where substantial numbers of these elderly resided.

On October 9, 1984 the Act was again amended. These amendments repealed the separate Title III fiscal authorization for State plan administration, and reduced the number of older Indians who must be represented by a tribal organization in order for the organization to receive Title VI funding from 75 to 60.

Carol Fraser Fisk became Acting Commissioner on Aging in December 1984 and was subsequently confirmed as the sixth U.S. Commissioner in August 1986. In November 1987, the current amendments to the Act were signed into law. The new amendments

required a direct reporting relationship between the Commissioner and the Secretary of the Department of Health and Human Services.

Other significant sections of these amendments established an Office for American Indian, Alaskan Native, and Native Hawaiians Programs, authorized a new service program for Native Hawaiians under Title VI, and placed increased emphasis on services to low-income minority elderly. The 1987 Amendments also provided new expenditure authorities under Title III for in-home services, meeting the “special needs” of older persons, health promotion, and combating elder abuse.

In 1989, Dr. Joyce T. Berry, who had held numerous posts with the Administration on Aging, became the Acting U.S. Commissioner on Aging, and was sworn in as the Seventh Commissioner on Aging on March 23, 1990. The agency budget had grown from \$7.5 to over \$700 million. Initiatives were targeted to address the needs of low-income elderly and those who suffer from Alzheimer’s Disease and related disorders, as well as informal caregivers.

Since the Silver Anniversary in 1990, changes have continued to be a part of the history of the Older Americans Act. The early 90’s proved to be an unsettling time for the programs of the Older Americans Act. The proposed fourth White House Conference on Aging to be held in May 1991 was postponed. In 1992, the Older Americans Act was reauthorized but regulations were put on hold for implementation. However, from the reauthorization the Commissioner on Agings title was changed to Assistant Secretary of Aging to upgrade to visibility and authority of the Administration on Aging. Dr. Fernando Torres-Gil was approved as the Assistant Secretary of Aging in 1993.

The Administration on Aging budget climbed to almost \$800 million in FY’94 and to almost \$900 million in FY’95. Funding for Older Americans Act programs and other government programs became a major dilemma during the mid-1990’s. The nation experienced a shut down of government in FY’96; aging programs operated for an entire year under continuing resolutions and were continually struggling with rumors of rescission bills that would cut aging services.

During FY’95 the Older Americans Act celebrated its 30<sup>th</sup> anniversary and the fourth White House Conference on Aging finally took place in May 1995. President Bill Clinton envisioned a grassroots conference that set a precedent of an estimated 800 pre-conference events including approximately 120,000 people.

The next Reauthorization of the Older American’s Act was schedule for 1996. A one-year extension was requested. One of the two issues delaying the Reauthorization was the future status of the Senior Community Service Employment Program (SCSEP) and whether it would stay with the Department of Labor or be transferred to the Administration on Aging.

“Reinventing Government” was the lingo for the 90’s and February 1996 brought reorganization to the Administration on Aging. The Agency was consolidated into two

basic units: 1) programs and 2) internal administration. The Older Americans Act also experienced reorganization in the allocation process by consolidating Titles B, III-D, and VI into one pot of money. Elder rights, ombudsman, elder abuse and benefits counseling services (Title VII) were eliminated for funding although some funding was placed in Title III. Final allocations for FY'96 saw a decrease of almost \$50 million.

In June 1996 Fernando Torres-Gill announced his resignation as assistant secretary for aging. Robyn Stone was announced as the Acting Assistant Secretary. Six months later, Robyn Stone announced her plans to leave her position as Acting Assistant Secretary for Aging.

As the aging network moved toward the FY'98 fiscal year there were many unresolved issues. While William Benson was the acting assistant secretary for aging, the selection process is not yet complete for the new Assistant Secretary of Aging. Advocates continued to work toward the reauthorization of the Older Americans Act before the beginning of FY'98. Managed Care, Health Care Reform, and the future of Social Security all provided critical challenges for the Aging Network.

During the FY'98 Janet Takamura was appointed as the new Assistant Secretary for Aging. The issue of minority targeting and Title V still seemed to be unresolved issues and the Older Americans Act was yet to be reauthorized going into the FY'99 year.

Thirty-five years after the OAA was signed, President William Jefferson Clinton signed the Older Americans Act Amendments of 2000 into law on November 13, 2000. Public Law 106-501 extends the Act's programs through FY 2005.

The reauthorized Act maintains the seven distinct titles, and also contains an important new program. The National Family Caregiver Support Program, of \$125 million in grants to state agencies for FY 2001, will help hundreds of thousands of family members who are struggling to care for their older loved ones who are ill or have disabilities. Family caregivers have always been the mainstay underpinning long-term care (LTC) for older persons in this country. Among non-institutionalized persons needing assistance with activities of daily living (ADLs), two-thirds depend solely on family and friends and another one-fourth supplement family care with services from paid providers. Only a little more than five percent rely exclusively on paid services.

The year 2001 will have many changes and challenges. President George W. Bush has appointed Wisconsin Governor Tommy G. Thompson as the new Secretary of Health and Human Services (HHS). Josefina Carbonell from Miami, Florida was finally confirmed as the Assistant Secretary for Aging. These appointees will be important to the continued promotion of dignity and independence of older America.

In his Jan. 29, 2002 State of the Union address, the President renewed his commitment to provide prescription drug coverage in Medicare, based on the framework for bipartisan legislation that he proposed in July 2001. The framework would give seniors better health care options, including making Medicare prescription drug coverage

available to all seniors and providing better preventive coverage and better protection against high medical costs. Because the Medicare drug benefit and other improvements will take several years to set up, HHS is also taking steps now to improve Medicare benefits immediately, including developing a Medicare-endorsed prescription drug card program and helping states implement comprehensive drug coverage for low-income beneficiaries as quickly as possible.

HHS' budget for programs to provide services and assistance for older Americans and their caregivers totaled \$252.4 billion in fiscal year 2002, including \$212.3 billion in Medicare and \$36.8 billion in Medicaid.

Landmark legislation passed in 2003 with major changes to Medicare, Medicare Modernization Act of 2003. This new law preserves and strengthens the current Medicare programs, adds important new prescription drug and preventive benefits, and provides extra help to people with low incomes.

The first implementation of new prescription benefits started in 2004 with the distribution of the Medicare-Approved Drug Discount Cards. A discount card with the Medicare Seal of Approval is expected to help save consumers 10-25% on the costs of prescription drugs.

December, 2005, the fifth White House Conference on Aging which occurs every ten years, was held in Washington, DC. The top priority for the Conference was reauthorization of the Older Americans Act by June, 2006.

In June 2006, the Older Americans Act was reauthorized. The current reauthorization of the Older Americans Act includes a proposal to pilot Choices for Independence, a \$28 million demonstration project to promote consumer-directed and community-based long term care options. Choices aims to strengthen the nation's capacity to promote the dignity and independence of older people and meet the challenges associated with the aging of the baby boom generation.

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