



October 28, 2009

The Honorable Harry Reid  
Senate Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Tom Harkin  
Senate HELP Committee Chairman  
United States Senate  
Washington, DC 20510

The Honorable Max Baucus  
Senate Finance Committee Chairman  
United States Senate  
Washington, DC 20510

The Honorable Chris Dodd  
Senate HELP Subcommittee Chairman  
United States Senate  
Washington, DC 20510

Dear Leader Reid, Chairman Baucus, Chairman Dodd and Chairman Harkin:

**President**  
Irene B. Collins  
Alabama

The National Association of State Units on Aging (NASUA) commends your efforts on health care reform and strongly supports the Senate's efforts to incorporate prevention measures. By keeping people at risk of chronic diseases healthier, health promotion and disease prevention reduces the incidence of hospitalization and shortens the length of hospital stays saving Medicare dollars.<sup>i</sup>

**1st Vice President**  
James Toews  
Oregon

As you move forward, we hope you will consider the following issues of concern to NASUA, the State Aging Directors and the seniors we serve. With regard to the **Senate Health Education Labor and Pensions (HELP) Committee's bill, S. 1679, the Affordable Health Choices Act:**

**2nd Vice President**  
Carol Sala  
Nevada

**Secretary**  
Maria Greene  
Georgia

Sec. 302 – Prevention and Public Health Investment Fund. This section of S. 1679 creates “a dedicated, stable funding stream for prevention, wellness, and public health activities authorized by the Public Health Service Act (§302).” Unfortunately, this funding stream for prevention excludes programs administered by the Administration on Aging (AoA) that are authorized by the Older Americans Act, such as evidence-based health promotion and disease prevention programs.

**Treasurer**  
Charles D. Johnson  
Illinois

The Secretary of Health and Human Services (Secretary) through the Centers for Medicaid and Medicare (CMS) and the Administration on Aging (AoA) have for several years been demonstrating evidence-based health promotion and disease prevention programs. These programs are based on 26 models recommended by the Centers for Disease Control (CDC).<sup>ii</sup> They are delivered in communities through the Aging Services Network (AoA, State Units on Aging, Area Agencies on Aging and Title VI Native American entities), have been proven effective,<sup>iii</sup> and they are a cost-efficient compliment to clinical interventions.

**Immediate Past President**  
Patricia A. Polansky  
New Jersey

**Past President**  
Kathy Leitch  
Washington

Programs authorized by the Older Americans Act should not be excluded from eligibility for funding where the goal is to improve the health of all Americans, including seniors and individuals with disabilities – populations already served by the majority of State Aging Units.

Rather than limiting the Prevention and Public Health Fund to programs authorized by the Public Health Service Act, we urge you to also give authority to the Secretary of HHS to grant funding under this section (302) for programs authorized by the Older Americans Act.

Sec. 321 – Community Transformation Grants. This section directs the Secretary of HHS to work with the CDC Director to award grants to State and local government agencies, community-based organizations, and Indian tribes for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, address health disparities, and develop a stronger evidence-base of effective prevention programming.

The Secretary should also work with the Assistant Secretary for Aging in awarding grants under Section 321, and grantees should be required to collaborate and coordinate these activities with the Aging Services Network.

Sec. 322 – Healthy Aging, Living Well. This section of the bill would provide funding for 5-year pilot programs to provide public health community interventions, screenings, and clinical referrals with the goal of improving the health status of the pre-Medicare-eligible population to help control chronic disease and reduce Medicare costs. Pilot programs would evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals aged 55-64 years with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk. This proposal aims to replicate some of the services that have already been piloted by AoA, but does not allow any funding to go to AoA or the Aging Services Network for these purposes.

As mentioned previously, the Aging Services Network already serves at-risk Americans aged 60 and older with evidence-based health promotion and disease prevention programs and interventions. These programs have been piloted and proven effective and could be extended to the population aged 55-59 years. Additionally, AoA has piloted Aging and Disability Resource Centers (ADRCs),<sup>iv</sup> which are local agencies that provide people of all ages and abilities with information and assistance including case management, screening and referral to community programs and interventions.

The Aging Services Network is poised to serve the pre-Medicare-eligible population with the same case management, screening, referral and evidence-based health promotion and disease prevention programs it provides for the 60+ population. It is critical that these existing AoA programs be incorporated in your vision and made eligible for this funding.

Rather than acting solely through the CDC, the Secretary should also be required to collaborate with the Assistant Secretary on Aging in awarding grants authorized by Section 322. Additionally, those grants should not be limited to state and local health departments. The Secretary should have the flexibility to provide funding to all of the appropriate state agencies, including the State Units on Aging through which these services are already provided, as well as Area Agencies on Aging.

I appreciate your attention to our concerns and look forward to hearing back from you. Please feel free to contact me or Peggie Rice, NASUA's Director of Policy and Legislative Affairs if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Martha X Roherty". The signature is written in a cursive, flowing style.

Martha Roherty  
Executive Director

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<sup>i</sup> Research on the efficacy and cost savings of health promotion and disease prevention programs: [Sobel - 2002 Permanente Journal.pdf](#)

<sup>ii</sup> The following are 26 CDC-recommended evidence based health promotion and disease prevention programs models used by AoA:

[http://nasua.org/issues/federal\\_policy/documents/RecommendedEvidenceBasedPrograms.pdf](http://nasua.org/issues/federal_policy/documents/RecommendedEvidenceBasedPrograms.pdf)

<sup>iii</sup> About AoA Disease Prevention and Wellness Programs:

[http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Evidence\\_Based/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Evidence_Based/index.aspx)

<sup>iv</sup> Administration on Aging information about Aging and Disability Resource Centers (ADRCs):

[http://www.aoa.gov/AoAroot/AoA\\_Programs/HCLTC/ADRC/index.aspx](http://www.aoa.gov/AoAroot/AoA_Programs/HCLTC/ADRC/index.aspx)