

PUBLIC POLICY & AGING E-NEWSLETTER

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This bimonthly e-newsletter highlights key developments and viewpoints in the field of aging policy from a wide variety of sources, including articles and reports circulating in the media, academy, think tanks, private sector, government and nonprofit organizations.

The goal of this email publication is to reach teachers, students, and citizens interested in aging-related issues, especially those who may not have sufficient access to policy information disseminated both in Washington and around the country.

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I. WHAT'S HAPPENING IN WASHINGTON?

A. Kathy J. Greenlee Sworn-In as U.S. Assistant Secretary for Aging: Kathy J. Greenlee, former Kansas Secretary of Aging, was [sworn-in](#) by Department of Health and Human Services (HHS) Secretary Kathleen Sebelius on June 29, 2009. She was [nominated by President Barack Obama](#) on May 4, 2009 and was unanimously confirmed by the U.S. Senate as the 4th Assistant Secretary for Aging at HHS on June 25, 2009.

B. The 2009 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds: The U.S. Social Security Administration (SSA) has released its [2009 Trustees Report](#) that presents the current and projected financial status of the trust funds. To download SSA's summary of the report, click [here](#). The National Academy of Social Insurance also has prepared a [brief](#) summarizing and commenting on the Trustees Report.

C. Employment Support for the Transition to Retirement: Can a New Program Help Older Workers Continue to Work and Protect Those Who Cannot?: This AARP Public Policy Institute [research paper](#) proposes a new program--Employment Support for the Transition to Retirement (ESTR)--that would make it easier for employers to adopt policies that encourage later retirement. ESTR would offer many benefits including wage and health insurance subsidies, disability benefits, extended unemployment benefits, and employment counseling. This paper identifies the need for such a program, proposes eligibility and benefit design, predicts financing and administration costs, and compares ESTR with other similar proposals.

II. WHAT'S HAPPENING AROUND THE COUNTRY? A. State Health Care Briefs 2009: Why Health Care Reform is Important: This [set of briefs](#), prepared by the AARP Public Policy Institute, provides a one-page overview of facts on health care data for each of the 50 states and the District of Columbia. Each brief presents information about the state's older population, the uninsured, Medicare beneficiaries including those who fall into the "doughnut hole," hospital re-admissions among Medicare beneficiaries, the distribution of Medicaid long-term care funds, and prescription drug spending.

B. SSI Recipients by State and County, 2008: The U.S. Social Security Administration just released its 2008 [data tables](#) describing recipients of Supplemental Security Income (SSI). Three data tables are available for each of the 50 states, the District of Columbia, and the Northern Mariana Islands. The first presents the number of recipients in each state and describes them based on eligibility category and age; the second displays the payment amounts made in each state; and the third identifies the number of recipients in each county of each state.

C. Care Transitions Project: The Centers for Medicare and Medicaid Services (CMS) has announced the 14 sites chosen for its Care Transitions Project. This project aims to improve health care transitions so that patients, their caregivers, and their entire team of providers have what they need to keep patients from returning to the hospital for ongoing care needs. The Care Transitions Project [website](#) links to information about each project.

III. THIS ISSUE'S MAJOR POLICY STORY: HEALTH CARE REFORM

I remember Wilbur Cohen telling me about a year or so before he died that we could expect major health care reforms to be enacted by 1995. With a passing nod to the historian Arthur Meier Schlesinger, Jr., Cohen felt that the nation's reform impulse yielded major social legislation roughly every 30 years. The University of Wisconsin grad was Edwin Witte's assistant in 1935 and a major architect of Medicare and Medicaid in 1965. As the former Health, Education, and Welfare Secretary, Cohen could not have predicted the miscalculations that doomed major reforms during Bill Clinton's presidency. But if he were alive today, Cohen surely would be one of the major players insisting that the time for bold action is now. And despite the recession (or partly because of it) things do seem auspicious for a major overhaul of the health-care systems. To those of us who are watching developments from outside Washington, DC, it sometimes is difficult to tell which issue(s) will receive the most attention. So, this part of the Public Policy & Aging E-Newsletter serves as a guide to the perplexed. From within these documents will probably emerge a complex structure that we all hope will build on strengths in the American way of delivering health care as it takes account of the likely needs of an aging population.

--Andy Achenbaum

A. Side-by-Side Comparison of Major Health Care Reform Proposals: The Kaiser Family Foundation has developed an interactive, regularly updated, [side-by-side comparison](#) of the leading comprehensive health care reform proposals across a number of key characteristics and plan components. Comparisons include proposals that have been formally introduced as legislation as well as those that have been offered as principles or in white paper form. This tool is part of the Kaiser Family Foundation's broader collection of [resources on health reform](#).

B. The Future of Long-Term Care: What is Its Place in the Health Reform Debate?: The Urban Institute's Urban-Brookings Tax Policy Center recently published a [report](#) that assesses several federal legislative proposals to restructure the delivery and financing of long-term care services, for which demand and cost are escalating. These proposals fall under three categories: shifting the focus of Medicaid long-term benefits and chronic disease management to home care, expanding the long-term care and geriatric workforce, and restructuring the means of finance to either enhance private long-term care insurance, build a core government insurance model, or incorporate public/private hybrids.

C. Providing More Long-Term Support and Services at Home: Why It's Critical for Health Reform: AARP's Public Policy Institute released a [fact sheet](#) summarizing how home and community-based long-term care services (HCBS) provide a cost-effective way to address the health care needs of many older adults. It proposes several policy options for Medicaid HCBS, including broadening the scope of covered services, enhancing federal Medicaid matches to states to expand HCBS, allowing Medicaid HCBS beneficiaries to retain more assets to pay for home modifications or health services not covered by Medicaid, and allowing Medicaid HCBS waiver programs to serve people with lower levels of functional disability than those required for people in nursing homes.

D. Health Insurance Coverage for Older Adults: Implications of a Medicare Buy-In: A new Kaiser Family Foundation [policy brief](#) describes one health reform proposal that has received support from key legislators: a Medicare buy-in for people ages 55 to 64. The brief profiles the 4 million uninsured

individuals aged 55 to 64, and illustrates how such a buy-in could be structured. It concludes that ultimately, the number of people helped by such an expansion of Medicare will depend on the design of the buy-in, including the level of premiums and whether the program provides additional subsidies for beneficiaries.

E. Health System Modernization Will Reduce the Deficit: A [report](#) from the Center for American Progress Action Fund and the Democratic Leadership Council argues that health system modernization has the potential to save the federal government nearly \$600 billion in health spending over the next decade, and \$9 trillion over the next 25 years. It identifies some problems in the current system, which include oversupply of well-reimbursed services, failure of chronic care management, insufficient competition in insurance, needless administrative complexity, inappropriate end of life care, and other inefficiencies. Suggested reforms consist of infrastructure investments, payment system reform, and greater consumer involvement. The report explains that over time, resulting savings will not only more than offset the cost of covering all Americans, but also will play a critical role in restoring long-term fiscal balance.

IV. WORTH NOTING

A. Report to the Congress: Improving Incentives in the Medicare Program: A [report](#) released by the U.S. Medicare Payment Advisory Commission (MedPAC) examines issues affecting the Medicare program, and recommends more effective incentives that Congress could offer to Medicare providers in order to produce appropriate, high-quality care at efficient prices. This report's topics include Medicare's role in graduate medical education, Medicare and Medicare Advantage payment systems, and care management for beneficiaries with chronic conditions.

B. Genworth Financial Interactive Cost of Care Map: Genworth Financial has created an [interactive U.S. map](#) that allows users to compare their state or region's median cost of long-term care to other areas in the country. Click on a state or region to view and calculate current and projected long-term care costs. Scroll down the page to learn more about long-term care and long-term care options.

C. NIHSeniorHealth: Medicare Basics for Caregivers: The National Institute on Aging's health website for older adults, NIHSeniorHealth, now offers a reader-friendly [overview of Medicare benefits](#) and related resources. Information topics include Medicare, prescription drug coverage, medical condition management, continuing care options, and links to additional resources.

V. WHAT'S HAPPENING ABROAD?

A. China's Long March to Retirement Reform: The Graying of the Middle Kingdom Revisited: This Center for Strategic and International Studies (CSIS) [report](#) warns that the aging of China's population could usher in a new era of slower economic growth and mounting social stress as tens of millions of Chinese arrive at old age over the next few decades without pensions or adequate family support. The report evaluates recent government efforts to prepare for the challenge and outlines a new reform plan that would create a national and fully portable system of funded retirement accounts that would allow a growing share of China's elderly to enjoy a comfortable retirement without overburdening China's smaller working generation.

B. Canada's Aging Population: Seizing the Opportunity: Developed by the Special Senate Committee on Aging, this [final report](#) to the government reviews public programs and services for seniors, identifies the gaps that exist in meeting the needs of Canada's aging population, and makes recommendations for service delivery in the future. The report urges the federal government to promote active and healthy

aging, combat ageism, lead and coordinate research and educational initiatives, address the needs of older workers, engage in pension reform and income security reform, and facilitate the desire of Canadians to age in their communities and homes of choice.

C. The 2009 Ageing Report: Underlying Assumptions and Projection Methodologies for the EU-27 Member States (2007-2060): This [report](#), published by the Economic and Financial Affairs (ECOFIN) Council, describes the age-related expenditure projections for all European Union member states from 2009 to 2060. It includes costs for pensions, health care, long-term care, education, and unemployment transfers. The long-term projections show in which countries, when, and to what extent aging pressures will accelerate as the baby boom generation retires and average life span in the EU continues to increase. The projections help highlight immediate and future policy challenges that demographic trends pose for governments.

VI. PERSPECTIVES ON POLICY: ROB HUDSON, EDITOR, [PP&AR](#)

The latest issue of Public Policy & Aging Report examines "Livable and Sustainable Communities." It reviews both the current status of community-based housing options for older adults and some of the controversies associated with those options.

In the lead article, Jon Pynoos and Caroline Cicero track the United States' progress in the development of aging-friendly communities. These include home modification and community-level innovations designed to lessen isolation and increase social interaction. Stephen Golant's article offers support for appropriate community alternatives for seniors, while suggesting that "aging in place" may be an inappropriate option for many elders due to flawed data about its actual appeal, financial barriers, and local policies promoting aging in place. Next, Kathryn Lawler and Cathie Berger explore the Atlanta Regional Commission (ARC)'s engagement in comprehensive planning and design activities to promote the idea that "place matters." Finally, Andrew Blechman profiles The Villages, an age-restricted community in central Florida. He critiques this upscale option, noting that private ownership impinges on traditional public functions and that troublesome intergenerational and racial issues lurk in the background of such a community.

This issue also features a collection of profiles of innovative approaches to livable and sustainable communities.

To purchase the current issue of PP&AR, or to subscribe, click [here](#), and then click on "NAAS Publications."

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