



**Testimony of Jess Maurer on Behalf of
The Maine Council on Aging
To Joint Standing Committee on Health & Human
Services**

**In Favor of LD 472 - An Act To Provide Meals to
Homebound Individuals & LD 474 Resolve, To
Ensure the Health and Wellness of Older Residents
of the State**

Submitted in Person on February 20, 2019

Senator Gratwick, Representative Hymanson and members of the Joint Standing Committee on Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 75 organizations, businesses and older community members working to ensure we can all live healthy, engaged and secure lives with choices and opportunities as we age at home and in community settings. I am testifying in favor of LDs 472 and 474.

Both bills attempt to solve the same problem – a growing and persistent wait list for one of the lowest cost, highest value interventions that keeps particularly vulnerable older and disabled adults healthy and living at home. I will address this core issue present in both bills and then discuss the other parts of each bill.

Meals on Wheels (MOW) is a targeted intervention that is only available to people 60 years of age or older, who are homebound and unable to leave their house without assistance, unable to prepare a meal and have no one available to prepare a meal. When funds are available, the program also serves disabled adults under 60 who meet the other requirements.

People who meet this criteria don't have family who can shop and cook for them. They aren't able to prepare food on their own, even if food is provided from a food pantry. While neighbors and community members might be able to provide a meal from time-to-time or even weekly, people who qualify for MOW need daily meals in order to survive. While the federal government does not permit the program to be means-tested, most MOW recipients are very low income people who could not otherwise afford to pay for such a service.

The annual per-person cost for this program is stunningly low, about \$1,850, and yields a correspondingly impressive return on investment. This single intervention of home delivered meals has been demonstrated to aid in wound healing, decrease loneliness, reduce avoidable hospital readmissions and delay entry into facility-based care for more than two years.

Two years ago, I stood before this committee offering similar testimony on a bill nearly identical to LD 472. At the time, the wait list for this service was around 200, but was expected to grow to 300 by the end of 2017. We were seeking \$500,000 in general funding to cover the wait list and to address growing demand. While the bill made it out of Committee and was carried over on the Special Appropriations table, it was not ultimately funded. From October 2017 until September 2018, the wait list for this program skyrocketed, with 1,500 people waiting for the service at some point during that period. 400 people are currently waiting for the program.

The cost to eliminate the current wait list is \$740,000. The cost to meet a wait list of 1,500 would be over \$3,000,000. Thus, we support LD 472, both in the fiscal note of \$1,500,000 and in directing the Department to forecast likely future demand and identify the appropriate level of funding needed in the future. The approach makes available sufficient funds to eliminate the wait list and partially meet demonstrated demand while the Department conducts its study.

LD 474 contains two additional provisions that we fully support. The first provision directs the Department to request a waiver of the asset test for the Supplemental Nutrition Assistance Program (SNAP) for households that include a person over the age of 60. This is driven by two compelling reasons. First, we want older people to save for their financial needs once they are no longer wage earners, particularly since most will have to pay out-of-pocket for home care needs. Second, we don't want any barriers to having a family member take an older person into their home to provide the support they need.

About a third of the 250,000 Mainers who are 65 or older live on social security alone, with an average income of about \$14,000. These people would otherwise qualify for SNAP but for any savings they might have that exceed the asset limits. Right now, low income older Mainers must constantly choose between paying for heat, health care, property taxes, food, transportation and utilities. Any asset test that eliminates an otherwise qualified person from receiving SNAP means that the person must either spend down their limited savings or go without. Our policies should always be in favor of healthy aging. Eliminating the asset test removes one barrier an older person has to maintaining their health through good nutrition. It also eliminates the chance that a family won't take a loved one in if they'll lose their benefits or that the older adult will be forced to use their savings to make up for the lost benefits until all the money is gone.

Finally, we wholeheartedly support the portion of the bill that directs the Department to apply for a demonstration waiver to provide home-delivered meals to individuals who are 60 years of age or older and who are homebound or at risk for readmission to a health care facility. Maine's area agencies on aging have demonstrated in multiple similar pilots with health care partners that the provision of meals to older people who are transitioning from hospital to home can reduce avoidable readmissions. Unfortunately, once grant funding for these interventions ends, so does the program. To date, no on-going funding has been found to pay for this highly effective intervention. MaineCare is the largest payment source for long term supports and services in Maine and age is the primary predictor of nursing facility admissions, most of which are precipitated by a hospitalization. We believe this pilot will demonstrate a reduction in readmissions, support longer independence at home, and generate measurable cost savings to the MaineCare program.

Thank you.