

Conduct a thorough review of all federal programs and services designed to assist seniors with their housing needs

Facilitate the "aging in place" of seniors

Make recommendations about how to reduce duplication among programs and how to more effectively coordinate programs and services

Collect and disseminate data and information on seniors and their needs

Maintain an updated website with information on how seniors can access housing and services that fit their needs

Work with States to coordinate programs and services at the State and local level

Implement the recommendation of the 1999 Congressionally established Seniors Commission that the federal government streamline and consolidate its programs and services for seniors

This Interagency Council will be comprised of the Secretaries (or designees) of the agencies which operate programs for seniors: HUD, HHS, DOT, Agriculture, Treasury, Labor, Veterans Affairs, as well as the Commissioner of the Social Security Administration, the Administrator of the Centers for Medicare and Medicaid Services and the Administrator of the Administration on Aging.

The legislation authorizes \$1.5 million per year for 5 years to pay for staff and other expenses.

The legislation is supported by many organizations involved in housing and services for seniors, including: AARP (American Association of Retired Persons), NAHRO (the National Association of Housing and Redevelopment Officials), AAHSA (American Association of Homes and Services for the Aging), the Elderly Housing Coalition, and the National Low Income Housing Coalition.

#### AGING NEEDS IN THE UNITED STATES

Our Nation's Senior Population is Rapidly Growing, and Americans are Living Longer Than Ever Before.

The senior population (age 65 and older) is expected to double by 2030, from 36 million to 70 million, one-fifth of the Nation's population.

By 2050 there will be over 86 million seniors, an increase of 147% since 2000.

The average American life expectancy is anticipated to increase from 76 to 81 by 2060.

By 2020 the number of seniors over age 85 is expected to double to 7 million and then double again to 14 million by 2040.

Seniors Want to Age in Place.

82% of Americans age 45 and older say that even if they need help caring for themselves, they prefer receiving services that allow them to stay in their current home.

89% of those 55 and older desire to age in place, up from 84% in 1992.

To Facilitate Aging in Place, Services Must Be Connected to Housing.

While many seniors want to remain at home, over 18% of seniors (over 5.8 million) who do not reside in nursing facilities have difficulty performing their daily activities without assistance, and over one million of these seniors are severely impaired, requiring assistance with many of their basic tasks.

Many other seniors, those that can perform their daily functions, still require access to health care, transportation and other services.

In fact, nearly 20% of seniors have significant long-term care needs.

It is predicted that both shrinking family size and increasing workforce participation by women could make informal care less available (women currently provide the majority of such care), leading to a greater reliance on care from other sources.

In 2005, \$129 billion will be spent on paid care for seniors; roughly \$15,000 per senior.

To pay for long-term care, many seniors rely on government funding—Medicaid (39%) and Medicare (20%), while 36% of seniors pay out-of-pocket expenses.

Today, approximately one-third of all Medicaid spending pays for long-term care, making Medicaid our Nation's largest source of payment for such services and supports.

Medicaid spent a total of \$83.8 billion for long-term care services in 2003.

Of those over age 85, roughly 55% are impaired and require long-term care.

A Florida study showed that more than 34% of seniors in government-assisted housing have no family to turn to if sick or disabled.

Many Seniors Are Not in a Financial Position to Pay for the Housing and/or Services They Need.

There are nearly six times as many seniors in need of affordable housing as are currently served in rent-assisted housing.

81% of seniors are homeowners, but: 44% of those have incomes of less than 50% of Area Median Income; 40% have no savings; 26% have less than \$25,000 saved.

35% of senior renters are severely rent burdened and pay more than 50% of their income for rent.

The median income of older persons in 2002 was \$19,436 for males and \$11,406 for females.

In home support services are expensive and can cost from \$140–\$200 per day, or up to \$73,000 per year.

Roughly one-third of seniors who enter a nursing home are eligible for Medicaid upon admission; another third deplete their assets paying for care and then turn to Medicaid to pay for the portion of care that exceeds their income.

Nuring Homes: Without services, seniors find it difficult to remain outside of nursing homes or other institutional settings.

One third of seniors leave their homes to go to nursing homes.

Nursing home costs average \$60,000 per year; these costs are expected to rise at least 5% annually.

Almost 20% of seniors over age 85 live in nursing homes, compared with less than 2% of seniors age 65–84.

65% of nursing home admissions are directly from hospitals, giving families little time to explore other options.

The Congressionally established Seniors Commission found in their 2002 report that the unsynchronized federal housing and health policies often lead to premature institutionalization.

Assisted Living Facilities: Many seniors could be well served in assisted living facilities, an immediate step between aging in place and nursing homes.

Assisted living is the fastest growing type of senior housing in the United States, accounting for roughly 75% of all new senior housing produced in recent years.

The typical assisted living resident is a widowed White woman, age 85.

Roughly 50% of assisted living residents have Alzheimer's disease or other cognitive impairment.

In 2002, over 36,000 assisted living facilities served approximately 910,000 residents.

Assisted living costs between \$2,100 and \$2,900 a month, and is primarily private pay. Few people have private insurance coverage, and public subsidies are limited.

In 2002, 41 states provided at least some Medicaid coverage for assisted living (serving about 102,000 elderly Medicaid beneficiaries), but this covered personal care services, not room and board.

Programs and Services for Seniors are Fragmented: Regardless of where seniors live, it is clear that housing and services must be linked.

The 1999 Congressionally established Seniors Commission found that "the most striking

characteristic of seniors' housing and health care in this country is the disconnection of one field from another."

The Seniors Commission also found that "the time has come for coordination among Federal and State agencies and administrators."

What these facts illustrate is that there is tremendous stress on seniors and on their families to find, maintain and afford housing; to acquire and pay for personal care assistance or long term care; and to access other needed services that can keep them independent and enable them to stay connected to their communities and age in place.

Senator Sarbanes has introduced an Interagency Council on Meeting the Housing and Service Needs of Seniors, to better coordinate housing programs and related services so that seniors can age in place and access needed services.

Mr. GRASSLEY. I ask unanimous consent that the committee-reported amendment be agreed to, the bill as amended be read a third time and passed, the motion to reconsider be laid on the table, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 705), as amended, was read the third time and passed.

#### UNANIMOUS CONSENT AGREEMENT—H.J. RES. 72

Mr. FRIST. Mr. President, I ask unanimous consent that when the Senate proceeds to H.J. Res. 72 on Friday, that Senator HARKIN be recognized in order to offer an amendment related to CSBG, which is at the desk. I further ask consent that there be 20 minutes for debate in relation to the amendment, no other amendments be in order, and that following that debate the Senate proceed to a vote in relation to the Harkin amendment; further, that following that vote, the joint resolution be read a third time and the Senate proceed to a vote on the joint resolution, with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### WIRED FOR HEALTH CARE QUALITY ACT

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 178, S. 1418.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1418) to enhance the adoption of a nationwide interoperable health information technology system and to improve the quality and reduce the costs of health care in the United States.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment.

(Strike the part shown in black brackets and insert the part shown in italic.)