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**Testimony before the Human Services Committee**  
March 19, 2019

**HB 7338 - An Act Increasing Funding for Elderly Nutrition, Ensuring Equitable Rates for Providers of Meals on Wheels and Collecting Data on Malnutrition.**

Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and distinguished members of the Human Services Committee - my name is Amy Porter, Commissioner of the Department of Rehabilitation Services (DORS), and I thank you for the opportunity to offer testimony on **HB 7338 - An Act Increasing Funding for Elderly Nutrition, Ensuring Equitable Rates for Providers of Meals on Wheels and Collecting Data on Malnutrition.**

While we understand the underlying motivations behind this bill, for several reasons we cannot offer our support for Section 2 of the bill, which addresses the Department of Rehabilitation Services.

First, Section 2 seeks to place Elderly Nutrition Providers (ENPs) on an equal footing with Area Agencies on Aging (AAAs) in the consultative process DORS must undertake when we design formulas for funding. It should be noted that the five Connecticut Area Agencies on Aging are statutorily fixed entities that we currently work with directly and collaboratively to provide important services to older adults across the state. The AAAs are also an explicit part of the federal framework and design of service delivery. Elderly Nutrition Providers, on the other hand, are parties to a competitive bidding process. It cannot be presumed that a particular ENP or group of ENPs will always be the provider because it cannot be presumed in advance that any one of them will win the contract award. Also, if the current ENPs are given an elevated position in the formula design process, others bidding for future contracts may feel that they have been placed at a disadvantage to another bidder that was on the "inside" of the process. We want to avoid even the possibility of a real or perceived conflict of interest. While it might be thought that this problem can be addressed by including all ENPs, it cannot be known at any given time what potential groups will bid to be an ENP in the future. Tomorrow's ENP could be an entity unknown to us today. In addition, there are yet other existing ENPs working with DSS' Connecticut Home Care Program for Elders; it is unclear if they are meant to be included in this proposal.

Second, while our department does sympathize with the burden placed on some AAAs and ENPs in delivering meals to rural and less densely populated areas, this is only one of several factors we take into account when determining the formula for distribution of funds. To be specific, the federal Older Americans Act, which controls our federal funding and programming, requires consideration of the geographical distribution of older individuals as well as older individuals with greatest economic and social need, with particular attention to low-income minority

individuals. With this guidance, Connecticut's State Plan on Aging lays out six criteria in evaluating need – 1) the total number of individuals 60 and older, 2) the number of minority individuals 60 and older, 3) the number of individuals with disabilities 60 and older, 4) the number of individuals with low income 60 and older, 5) the number of individuals living in a rural area 60 and older and 6) the number of low-income minority individuals 60 and older. As you can see, these criteria already include a consideration for the demands of a rural population. If Connecticut were to single out and elevate the “rural” factor – for the first time in state statute - it could disrupt the careful balancing of factors required of us under federal law. Also, any advantage or added weight given to rural factors in our formula might have to come at the expense of the other factors, namely, disability, minority and low-income status.

There are some other concerns. As noted, the bill would insert the ENPs into a more prominent position in the formula development process. However, the formula we developed encompasses more programs than just Elderly Nutrition (Title IIIC of the Older Americans Act); it also affects disbursements for Supportive Services, Health Promotion and Family Caregiver Support under Titles IIIB, IIID and IIIE of the OAA, respectively. There is no necessary connection between the ENPs and these other programs and therefore no programmatic justification for providing them with a role with such broad potential impact.

On a more technical level, we note that the bill requires us to use 2020 Census data but that data is not yet ready for use. In addition, in making specific reference to the 2020 Census, the language does not provide for later years when the baseline date will come from the 2030 Census or 2040 Census, etc. Also, while “meals on wheels” is a very common usage to describe our service, it is also used to refer to the similar service provided by DSS and so it is not clear if it is our program alone that is being discussed in the bill.

Lastly, under federal law, when our agency develops these formulas for disbursement, we solicit and accept input from any interested parties including ENPs. This is an official and important part of the process. We happily accept their input and use their insights currently as we work to disburse these funds as thoughtfully, intelligently and productively as we can. We will continue our practice of listening to the community we serve and also to our important partners in that work.

Thank you for your attention and for allowing me the opportunity to offer this testimony. I look forward to continuing to work with you on this important matter and to answer any questions you might have.