Testimony

House Bill 1012 – Department of Human Services and Health Aging Services Budget

Senate Appropriations – Human Resources Division

March 18, 2025

Chairman Dever and members of the committee, my name is Roger Reich. I am the executive director of Minot Commission on Aging providing services for senior citizens in the seven counties in North Central North Dakota. I am also a member of the North Dakota Senior Services Providers, an association of agencies that provide Older American Act Services to the senior population of this state.

Attached to my testimony is a copy of a Feeding Grandma 2025. This is our seventh in a series that we have provided during the legislative session. Each session we have updated it to provide the most current and in-depth data on senior hunger, how our programs help prevent this from happening in North Dakota and why it is one of the most cost-effective methods for keeping seniors in their homes.

The basic premise behind this handout is that providing a stable source of healthy, nutrient dense meals is a key factor in successful aging. In addition, because this service is very cost effective – the cost of providing senior meals for a year equals the cost of two days in the hospital or ten days in a nursing home – it makes good fiscal sense for our state and for the people we serve.

However, the Senior Nutrition Program is so much more than just a meal. At senior centers, it is a chance for our seniors to engage and socialize with other seniors. In addition, our "Meals on Wheels" programs provide meals to our most vulnerable seniors, those that are unable to leave their homes. Home delivered meals also provide our homebound senior with a daily well-ness check. Many times, this might be the only human contact our seniors have throughout their day. This happens every day in our most rural communities and in our largest cities.

In the state of North Dakota the total population of adults age 60+: 176,929 (22.9%).

- Seniors experiencing limited or uncertain access to adequate food (marginally food secure: 9,923 (5.5%)
- Seniors experiencing reduced quality, variety, or desirability of diet (low food secure): 5,365 (3.0%)
- Seniors experiencing reduced food intake (very low food secure): 1,668 (.0.9%)

- Senior households receiving Supplemental Nutrition Assistance Program (SNAP): 6,050 (5.3%)
- Seniors eating less than 1 vegetable a day: 18.8%
- Seniors eating less than 1 fruit a day 34.1%

Social Isolation

- Seniors living alone: 45,932 (27.9%)
- State ranking for risk of social isolation at 65+: 17th in the U.S.

Poverty

- Seniors living below the poverty line:
 - o Supplemental poverty measure: 14,450 (8.5%)
 - Official poverty measure: 14,631 (9.0%)
- Seniors age 65+ who lack income to pay for basic living needs
 - Singles: 44.0%Couples: 21.4%

Health Care Cost

- Total Medicare spending: \$1,197,587,193
- Medicaid spending for nursing facilities: \$270,369,951.00
- Managed Care Medicaid spending: \$421,898,240.00
- Medicare beneficiaries who are dually eligible for Medicaid: 18,120 (13%)
- Cost of 1 day in a hospital: \$2,140.00
- Cost of 1 day in a nursing home: \$394.00

Over the past few sessions, our senior meal programs have had great support from legislators in adding state dollars to the Aging Services budget to work toward our Associations goal – to have enough combined Federal Title III and State Fund so that ALL senior meals provided by Title III agencies receive the unit rate of reimbursement of \$7.62 for congregate and \$\$8.89 for home delivered meals. This rate is not intended to cover the full cost of the meal. The total cost, estimated to be \$12.98 in 2024 about a 12% increase from 2021, are covered with participants' program income contributions, required local match, NSIP dollars and additional funds raised locally. We are also asking that we that we receive a cost of living rate increase the same, as the rest of the DHHS will receive.

Thank you for your time I am happy to answer and questions you might have.