As Congress considers FY 2022 federal funding, there are difficult choices ahead for our nation and its leaders. n4a encourages lawmakers and the Administration to have thoughtful conversations about strategies to restore and sustain investments in our nation’s most effective federal programs while developing common-sense solutions to address the growing federal debt. The budget-making process should, but often does not, allow for honest, transparent debate over national revenue and spending priorities. We specifically oppose shutdowns of the federal government, as they create unnecessary confusion, inefficiencies and the risk of harm to older adults. Arbitrary budget caps that stymie the ability of policymakers to prepare for and respond to unforeseen events and national emergencies also risk hurting the highest risk populations—including older adults. Additionally, short-term continuing resolutions create instability at the state and local levels, so we encourage Congress to meet its appropriations process deadlines on a regular basis.

Invest in Cost-Effective Aging at Home and in the Community

Invest in Older Americans Act and other supportive services that help older adults live successfully and independently in their homes and communities, before, during and after COVID-19.
Older Americans Act (OAA)

Congress must make critical FY 2022 investments in OAA that reflect the urgent need for these programs and services in communities across the country. In recent years Congress has made strides toward recovering from the devastating effects of sequestration and budget caps by restoring and boosting funding for most OAA programs to better address the rapidly growing needs of our aging nation, but it was the significant emergency COVID-19 relief dollars Congress provided in 2020 and early 2021 that allowed the Aging Network to adapt programs to meet the new realities and escalating need. The need for these supports and services will remain high and continue to grow, even after the pandemic subsides, reflecting the now-identified need that was always there and the fact that the population of older adults and caregivers continues to grow. We call on Congress to take bold action by prioritizing the most cost-effective programs that directly address the demographic realities we face as a nation.

While all subtitles of OAA require immediate increases to meet the current and future needs of older adults, n4a’s members—who administer these programs locally and therefore witness the critical pressure points as the number of older adults rapidly grows—urge Congress to prioritize the following OAA services.

OAA Title III B Supportive Services is the bedrock of the Act, providing states and local agencies with flexible funding to provide a wide range of supportive services to older Americans—and providing resources that support the entire OAA system, such as information and referral/assistance systems, case management capacity and more, allowing the other Title III programs the freedom to specialize in one area (e.g., nutrition services, caregiver supports). However, these vital Title III B services are perpetually overlooked despite being one of the most valued sources of funding at the local program delivery level because of this flexibility, which allows the AAA to better meet the individual needs of older adults in a person-centered way.

Years of eroded funding prior to COVID-19 has resulted in local agencies losing ground in their ability to provide critical Title III B supportive services, which include in-home services for frail older adults, senior transportation programs, information and referral/assistance services, case management, home modification and repair, chore services, legal services and emergency/disaster response efforts. COVID-19 has shone a spotlight on how deep the need for these services is, and how instrumental this funding flexibility is in allowing local aging agencies to adapt to emergencies or changing trends among the communities they serve. Title III B services respond to the panoply of needs of the older adults at home and in communities by providing dozens of supportive services that, while not as well-known as the Act’s important nutrition programs, turn the OAA titles from a series of programs into a real system that serves older adults at the state and local level. Title III B funding is used to build out the information and referral systems run by AAAs that help consumers find the assistance they need; to offer case management to coordinate services and provide hands-on help to the most vulnerable clients; to provide transportation services that enable older
adults to get to OAA programs or to the doctor; and so much more.

Title III B is vital to keeping older adults from needing expensive nursing home care—which usually leads to their impoverishment and subsequent reliance on Medicaid.

To continue to meet current demand for services and the rising need for assistance from a growing aging population, we call on Congress to double OAA Title III B in FY 2022, for a funding level of $785 million.

Title VI Native American aging programs are a primary authority for funding aging services in Indian Country, where elders are the most economically disadvantaged in the nation. We encourage lawmakers to build on the 2020 COVID-19–relief funding for tribal aging programs and increase Title VI appropriations levels given the current and future needs of American Indian elders and the years of insufficient growth in funding to meet escalating need. We urge Congress to double funding for Title VI in FY 2022 to reach $70.4 million for Part A (nutrition and supportive services) and $21.6 million for Part C (family caregiver support).

The National Family Caregiver Support Program (NFCSP, Title III E) funds programs offered locally by AAAs that assist older caregivers and family members caring for older loved ones. The NFCSP offers a range of in-demand supports to family caregivers in every community. Unpaid family caregivers annually provide more than $470 billion in uncompensated care—an amount that rivals the entire federal Medicaid budget. Increases to this modest federal program that supports the 41.8 million caregivers for people age 50 and older could prevent billions in more expensive institutional care costs being borne by taxpayers. For FY 2022, we encourage Congress to, at a minimum, increase by 50 percent its appropriations for the National Family Caregiver Support Program to $377.8 million, the only national program supporting the family caregivers of older adults who provide the lion’s share of long-term care in this country.
The pandemic shone a brighter light on two pre-existing conditions among too many older Americans: **social isolation and loneliness**. Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day. Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death. Federally, social isolation and loneliness cost the Medicare program an estimated $6.7 billion annually—or an added $1,600 per socially isolated beneficiary. n4a leads **engAGED: The National Resource Center for Engaging Older Adults**, which is funded by the U.S. Administration on Aging under authority in the Older Americans Act. The Center is an important resource for assisting Aging Network professionals to get older adults connected to and engaged in their communities. **Given the high incidence of social isolation due to COVID-19 and steadily increasing numbers of older adults nationwide, n4a urges Congress to provide at least $1 million to AoA for engAGED to leverage the existing Aging Network infrastructure to combat social isolation and to create more safe social engagement opportunities for older adults across the country.**

The 2020 reauthorization of the OAA established a research, demonstration and evaluation center for the Aging Network under Title II to improve assessment and promote advancement of the relationship between OAA programs and services and health outcomes. These efforts are vital to fully realizing the efficacy and efficiency of both longstanding OAA programs as well as evaluating innovations in service delivery to a growing population of older adults—an effort that the Aging Network's response to the coronavirus crisis has made even more important. However, without funding, this research center will not realize these important goals. **As such, in FY 2022, we urge Congress to make the first investment in the updated vision of OAA Title II by investing $75 million.**

Additionally, the OAA Title VII Long-Term Care Ombudsman Program should be increased considerably, to at least $35 million in FY 2022 to reflect the expansions of its roles (into assisted living and to serve those younger than age 60) and the increased need—painfully highlighted by COVID-19—for advocates to serve those living in institutions and other congregate housing facilities.

**Other Appropriations Priorities**

n4a also believes the following appropriation actions for FY 2022 are critical to build and sustain a comprehensive system of home and community-based services that can meet the needs of the growing older adult
population while preventing unnecessary medical expenditures and costly institutionalization.

**Evidence-Based Prevention and Wellness**

Community interventions are proven tools that our nation has used to improve health outcomes and reduce costs. These programs have been rigorously evaluated to ensure that they improve the health and well-being of—or reduce the incidence of disease, disability and/or injury among—older adults.36

Supporting existing—and developing new—evidence-based prevention and wellness programs for older adults is imperative, given the nation’s aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have more than one chronic condition.37 Costs, both in terms of health care dollars and disability rates, are staggering. For all ages, health care spending on all chronic disease was $1.1 trillion in 2016, and the total cost to the economy was an estimated $3.7 trillion (20 percent of GDP).38 Among older adults, chronic
conditions account for nearly 95 percent of health care expenditures and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Congress and the Administration should protect and expand evidence-based programs, specifically:

**Older Americans Act Title III D:** This subtitle of the OAA delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult’s ability to live independently. Commonly used interventions address the risk of falls, chronic diseases, mental health and medication management. **However, at less than $25 million, appropriations for Title III D are woefully inadequate and should be doubled in FY 2022 to $50 million.**

**Chronic Disease and Falls Programs:** n4a urges Congress to increase funding for the Chronic Disease Self-Management Program (CDSMP) and falls prevention efforts administered through the U.S. Administration for Community Living (ACL) that are implemented locally. The Prevention and Public Health Fund currently provides the modest funding, $8 million and $5 million respectively, for these successful programs, and we urge Congress to significantly grow these activities and resources. We must invest in preventing the diseases and injuries that are a main driver of health care costs, and Congress should look beyond discretionary appropriations to find other ways to increase investment in these approaches.

**State Health Insurance Assistance Programs**

n4a requests that Congress increase funding for SHIPs in FY 2022 to meet the ever-growing need among Medicare beneficiaries for one-on-one unbiased assistance and personalized counseling. Administered by ACL, and leveraging the work of highly trained volunteers, SHIPs play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage and navigate the complicated and shifting landscape of Medicare choices. SHIP counseling assistance can save individual Medicare beneficiaries hundreds, or even thousands, of dollars every year.

SHIPs, which two-thirds of AAAs operate locally, help individuals whose complicated situations cannot be successfully addressed by 1.800.MEDICARE or www.medicare.gov, an important distinction.

**With 10,000 boomers becoming eligible for Medicare every day, n4a calls on Congress to increase SHIP funding to at least $79.5 million to reflect the growth in the older adult population and inflation over the past decade.**

**National Aging and Disability Transportation Center**

Transportation is one of the most pressing needs for older adults who live at home and in the community, and yet it can be extremely difficult for older adults to find reliable, accessible and affordable options to get to the doctor, the grocery store, religious services or social events—all of which are critical to staying healthy, engaged and independent while living in the community.
Appropriators should ensure that the FY 2022 Department of Transportation appropriations bill includes at least $5 million from the general fund for the Federal Transit Administration’s (FTA) Technical Assistance and Standards Development Program. This program funds the National Aging and Disability Transportation Center (NADTC), a partnership between n4a and Easterseals that provides technical assistance, education and support to the aging, disability and transit communities to increase the availability and accessibility of transportation options that address the mobility needs of older adults and people with disabilities. (For our recommendations for the surface transportation reauthorization due in 2021, see page 17.)

Community Care Corps

n4a also supports continuing the National Community Care Corps, an ACL demonstration program that is exploring models that engage trained volunteers to provide non-medical support to older adults and people with disabilities living at home, in order to supplement other caregiving options. Our request for FY 2022 is $5 million, which is an increase over its FY 2021 level of $4 million but mirrors its FY 2019 level.

Gap-Filling Block Grants

Local agencies rely upon myriad funding streams to successfully implement aging programs, including several federal block grants that serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. n4a supports at least sustained funding at FY 2021 levels for the Social Services Block Grant ($1.7 billion), Community Services Block Grant ($740 million), Low-Income Home Energy Assistance Program ($3.74 billion), Community Development Block Grant ($3.425 billion) and AmeriCorps Senior ($221 million).