2021 POLICY PRIORITIES
Promote the health, security and well-being of older adults

National Association of Area Agencies on Aging
Every year, the National Association of Area Agencies on Aging, which represents America’s national network of 622 Area Agencies on Aging and provides a voice in the nation’s capital for the more than 260 Title VI Native American Aging Programs, develops a set of its top policy priorities that guide our legislative and administrative advocacy efforts for the year.

As a nation we are no longer preparing for an historic demographic shift—we are, in fact, deeply immersed in the challenges, realities, necessities and opportunities of a society with a rapidly growing number of older adults. And COVID-19’s tragedies have only brought the varied needs of this population even more to the forefront. This demographic reality must inform policy debates and decisions across a spectrum of critical issues.

n4a’s 2021 Policy Priorities reflect our targeted priorities and are based on our members’ experience in directly supporting older adults and caregivers in their communities, including the urgent need to:

**Build** Better Policies for Our Rapidly Aging Nation Informed by COVID-19 Tragedies and Successes

**Create** Opportunities for Community Living and Healthy Aging

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

While these are n4a’s top priorities, we stress that in order for a rapidly growing population to age well at home and in the community, there are many more policy changes that must be made to reflect a cross section of needs that include, but are not limited to, accessible transportation, affordable housing and long-term care options, a well-trained caregiving workforce, a person and family-centered approach to providing services, and attainable and effective technology solutions.
The nation and our federal policy leaders are facing an historic challenge to defeat the COVID-19 virus and its devastating effects. The early months of the Biden Administration and the 117th Congress have seen a necessary shift toward responding to this monumental challenge with the seriousness required. However, it is not enough to successfully surmount the ongoing threat of the pandemic and its particularly negative outcomes for the aging and health policy is informed by the lessons learned from COVID-19 and that it evolves accordingly. As we move toward recovery from an historic health and economic crisis, the COVID-19 pandemic must force policy leaders to reevaluate our collective approach to aging and prioritize the smartest policies, practices and programs.
nearly 70 million older Americans who are at highest risk. We must also ensure that we never again allow for such tragic consequences among older Americans.

To collectively heal and begin to emerge from the darkest days of our national ordeal, policymakers must fully understand the disproportionate ravages of the coronavirus pandemic on older adults—including the human-driven factors that exacerbated the virus’ impact. Of the hundreds of thousands of Americans lost to COVID-19, 80 percent were age 65 or older and 60 percent were age 75 or older. Furthermore, older Americans who contract the coronavirus have a five to 13 times higher risk of hospitalization and a 90 to 630 times higher risk of death than younger adults. Older adults of color suffer even greater rates of death, with one study showing African Americans ages 65 to 74 died of COVID-19 five times as often as whites.

But it wasn’t just the virus itself that threatened older adults during the pandemic. Long-term and widespread social isolation and loneliness among older adults; racial, economic, and geographic inequities; a caregiving workforce in crisis; and outdated systems of care have all contributed to the pandemic’s devastating consequences for older Americans.

These tragedies strengthen n4a’s commitment to reforming and re-envisioning our nation’s collective approach to aging to promote maximum safety, health and well-being of all older Americans, including equitable access to services and supports for those who need them the most.

Policy Solutions Must Reflect the Nation’s Aging Realities and Opportunities

The call to action to guarantee COVID-19’s avoidable tragedies are never repeated is especially clarion as the country experiences an extraordinary demographic shift. The population of older adults—both in the U.S. and globally—is growing faster than ever before.

Fortunately, many solutions exist—and have for decades—to enable policy leaders to refocus how we respond to a rapidly aging nation; ensure that older adults never again bear the disastrous burden of a pandemic; and to emerge from our shared national tragedy recognizing the assets

According to US Census Data, in 2018, 16 percent of—or 52 million—Americans were 65 or older.

With an estimated 10,000 people turning 65 each day:

» by 2030, an estimated 73 million—or one in five Americans—will be 65 or older; and
» by 2034, older adults are expected to outnumber children under 18 for the first time in history.

The aging population is also becoming more diverse, with the proportion of non-white older adults significantly increasing in the next several decades. Among this rapidly growing—and increasingly diverse—demographic cohort, there is an overwhelming desire to age in their homes rather than in institutional settings.
and opportunities that have long existed to promote health and independence for older Americans. The pandemic not only brought into sharp focus the consequences of failing to sufficiently address the needs of an aging nation, but it has also spotlighted the importance of strengthening the networks and systems already in place to support older adults.

As society rouses from our national nightmare, the nationwide Aging Network is a critical partner in fully realizing policy opportunities to maximize the health, safety, and independence of older adults so they can live at home and in their communities as they age. Since they were created, AAAs, Title VI Native American aging programs and their Aging Network partners have provided a broad range of supportive services for older Americans, caregivers and, increasingly, people with disabilities that include, but are not limited to, information and assistance, in-home supportive services, congregate and home-delivered meals, transportation, evidence-based health and wellness programs, and caregiver support.

The Aging Network’s Contributions During the Pandemic

These are precisely the supports and services that have been instrumental in national and local efforts to help high-risk older adults and others stay safe and healthy during the pandemic. Furthermore, the longstanding policy, advocacy and investment priorities of Aging Network advocates and stakeholders are the strategies that have supported many older adults and caregivers during the pandemic.
During the many months of the COVID-19 health and economic emergency, AAAs, Title VI programs and other vital Aging Network partners have selflessly served on the front lines responding to the COVID-19 pandemic by meeting the needs of older adults who face significantly increased risks from the virus. Relying on nearly 50 years of expertise providing support to enable older Americans to stay safe and healthy in their homes, this nationwide network has efficiently and effectively accommodated the dramatically changing and growing needs for aging services by deploying rapid-response innovations to address pandemic-related challenges.

The case is clear for including the insights and expertise of Aging Network stakeholders in executing a robust, long-term and effective strategy to both defeat the virus and recover from the pandemic’s devastation. In a survey of n4a members released last summer, #AAAsAtWork for Older Adults: A Snapshot of Area Agency on Aging Responses to COVID-19, 93 percent of respondents reported serving more clients since the start of the pandemic, and 69 percent saw an increase in demand for their services among existing clients. AAAs are also reporting that a portion of the increased demand is coming from older adults and their families wanting to avoid the dangers of institutional care during a pandemic. In response to the unprecedented and rapid growth in demand for services—such as home-delivered meals, caregiver supports, wellness checks and information and referral assistance—almost overnight AAAs revamped their critical supportive programs to address the expanding needs of their clients and ensure that they were
positioned to meet the new needs of other older adults in their communities.

AAAs, Title VI programs and others in the Aging Network have also been—and will continue to be—vital partners in the rollout and adoption of vaccination strategies. The outreach, education, coordination and wrap-around supportive services that AAAs provide have been essential to implementing successful federal and state-level plans to get life-saving vaccines into the arms of the highest-risk and often hardest-to-reach older adults. Because AAAs are the local leadership entity within the Aging Network and they are required under existing federal law to prioritize and target outreach and services to those most in need—specifically racial minorities and other populations with greatest social and economic need—the nationwide network of AAAs is best positioned to support efforts that focus on and connect with the older adults most affected by racial and/or socioeconomic health disparities in this pandemic and beyond.

The COVID-19 crisis has also increased the visibility of the Aging Network’s services, and policymakers must realize that the new levels of high demand are unlikely to subside with the end of the current crisis.
Strengthen Health and Aging Services Systems Using Lessons Learned from COVID-19

While the COVID-19 pandemic continues to unearth the ramifications of failing to fully invest in home and community-based services (HCBS) for this rapidly growing segment of the population and their caregivers, federal policy leaders must now focus on fixing the endemic misalignment between widespread HCBS needs and existing long-term care options. COVID-19 only exacerbated this imbalance and illuminated new hazards to our country’s over-reliance on the less-preferred, more expensive facility-based long-term care. As such, we must reinvest in a national long-term care strategy that meets rising need, respects individual preferences and drives sound fiscal solutions.

In addition to rebalancing long-term care to better reflect the needs and preferences of older adults, n4a urges policymakers to take the following realities and solutions into consideration.

- **Policy leaders must do everything possible to address the devastating negative health consequences of social isolation and loneliness.** We must take the many innovations developed during the pandemic, as well as tested methods from before, and build a society where all, but especially older adults, are connected to others and to their communities. This should be a critical public health goal.

- **Family caregivers need more support—and they need it now.** We must invest in these caregivers in myriad ways, to support them in doing these critical jobs.

Without informal caregivers supporting a rapidly aging population, we will face, at minimum, national challenges including increased Medicaid and Medicare spending, and, at worst, the unnecessary suffering of older adults.

Our nation does not have the long-term care workforce it needs. The alarms were raised long before COVID-19, but the conversation is even more pressing now. We do not have enough direct care workers to support the numbers of older adults we know will need personal, in-home or in-institution support. The pay is low, the work is hard and the career ladder is nonexistent, yet we will need millions more of these undervalued workers in the next two decades.

- **Technology is a component of a solution, but not a cure-all.** The coronavirus pandemic has exacerbated the consequences of our national digital divide for people of all ages. The Aging Network used every new tool at its disposal to continue to reach and serve their older adult clients and technology tools made that possible. Yet too many older adults lack the ability to successfully use new technologies to connect to people or services, whether because of physical or cognitive challenges, because it’s financially out of reach or because there is not broadband coverage where they live. The Aging Network has pioneered many solutions to these challenges and will, in many cases, continue using the online options they created as older adults and the nation adjust to life once the pandemic wanes, but policymakers must understand that further investment and support will be needed to ensure older adults aren’t left behind because of technology.
Create Opportunities for Community Living and Healthy Aging

Strengthen community options that make it possible for older adults to age well and safely at home and in the community. Recognize the pivotal role that the Aging Network plays in addressing the social determinants of health and bridging the gap between the acute care and long-term services and supports systems.

There may be only one near-universal opinion among the nation’s 56 million adults who are older than age 65: an estimated 80 percent of them want to age well in their own homes and communities, and not in institutions such as nursing homes. This goal transcends generational and political boundaries and is a commitment that both Republicans and Democrats have espoused as an important aim. The good news is that this approach is also the most cost-effective for consumers and taxpayers!

To assist millions of aging Americans in meeting this goal, state and local aging agencies develop and provide older adults with local services and supports that help them to age with health, independence and dignity in their homes and communities. A
nationwide Aging Network—consisting of states, 622 Area Agencies on Aging (AAAs), more than 260 Title VI Native American Aging Programs, and tens of thousands of local service providers—was founded on the principle of giving states and local governments flexibility to determine, coordinate and deliver the supports and services that they know most effectively and efficiently serve older adults and caregivers in their communities.

AAAs foster the development and coordination of these critical home and community-based services (HCBS) for older adults and their caregivers, then work with local providers and vendors to deliver them. Examples of these vital services include in-home care, homemaker services, transportation, caregiver support, home-delivered meals and so much more.

By assisting older adults on the front end, the Aging Network helps them avoid unnecessary and more expensive institutional nursing home care and reduces the instances in which older adults must spend down their resources in order to become eligible for Medicaid benefits. Delaying or preventing nursing home institutionalization saves federal and state governments tens of thousands of dollars per person each year. As the population of older adults grows, it is critical that the Administration and Congress place greater emphasis on federal policies and programs that strengthen HCBS, most particularly the following vital programs and services.

**Older Americans Act Programs and Services**

Signed into law in 1965 alongside Medicare and Medicaid, and renewed in 2020 with broad bipartisan support, the Older Americans Act (OAA) is much smaller and depends on discretionary funding streams (and funding leveraged at state and local levels) rather than the mandatory spending used to fund federal health care programs. OAA is especially important to millions of older adults whose incomes are not low enough to make them eligible for Medicaid assistance, but who do not have sufficient financial resources to fully pay for the in-home and community-based supports they need to remain independent. The OAA not only fills those gaps but helps reduce long-term Medicaid expenditures by delaying or preventing individuals from spending down their resources to become eligible for the long-term care provided by Medicaid.

Each year, through the OAA, nearly 11 million older Americans receive
critical support from the Aging Network in the form of in-home personal care, home-delivered and congregate meals, transportation, disease prevention/health promotion, legal services, elder abuse prevention and intervention, and other supports essential to maintaining their independence. During the COVID-19 crisis, the Aging Network has served more older adults than ever. Thanks to a series of emergency relief funds, AAAs reached millions more older adults with life-saving assistance. (Estimates vary locally but anecdotally, n4a members are commonly reporting that client rosters increased by 50 to 100 percent on average throughout the pandemic.) Additionally, the OAA funds vital assistance for millions of family caregivers of older adults through the National Family Caregiver Support Program (NFCSP, Title III E), which provides grants to AAAs and Title VI programs to help family members care for their frail, ill or disabled loved ones.

OAA programs and services save taxpayer dollars by enabling older adults to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly care paid for by Medicare and Medicaid. By supporting the health of older adults with evidence-based wellness programs, nutrition services, medication management and many more in-home and community options, OAA programs and services save Medicare—and the nation—money. Local OAA programs delay and can prevent the need for higher-level or more expensive (i.e., nursing home) care paid for by Medicaid, postponing impoverishment and eligibility for the means-tested Medicaid long-term care program.

In addition to federal investments, AAAs leverage state, local and private funding to build comprehensive systems of HCBS in their communities. Surveys from the Administration on Aging (AoA), part of the U.S. Administration for Community Living (ACL), show that every $1 in federal funding for the OAA leverages nearly an additional $3 in state, local and private funding. Furthermore, AAAs engage hundreds of thousands of volunteers who donate millions of volunteer hours each year, further leveraging public and private investments.

To support the ability of older adults to age at home and in the community, lawmakers should provide critically needed increases for OAA and other AoA/ACL programs within the U.S. Department of Health and Human Services’ (HHS) FY 2022 budget. The most recent bipartisan reauthorization of the Act includes a recommended funding increase of six percent for FY 2022—but
that recommendation was made before COVID-19 fully unveiled the incredible need for these essential programs that exists in communities around the country.

Appropriators must recognize that the foundational capacity of these programs must be dramatically increased to meet the need that will exist even as the pandemic wanes. We must prevent a post-pandemic funding cliff that would require agencies to stop serving older adults who depend on these services to live independently at home. Such a terrible cliff would not only create suffering, but it is incredibly short-sighted, as less-healthy older adults drive up health care costs borne by Medicare. Without in-home supports many will turn to more expensive nursing homes, which is ultimately paid for by Medicaid in nearly all cases. Now is the time to properly invest in these much-needed, cost-saving programs. (For details, see page 23.)

**Medicaid Home and Community-Based Services**

The OAA philosophy of providing the services and supports needed to maintain the independence of older adults also drives the federal-state Medicaid home and community-based services (HCBS) waiver programs. Historically, two-thirds of AAAs play a key role in their state’s Medicaid HCBS programs, often performing assessments, leading case management and coordinating services.

**Medicaid Is a Lifeline for Older Adults**

When considering short or long-term policy changes to Medicaid, it is important that Congress and the Administration understand the realities facing older adults receiving Medicaid. The federal-state Medicaid partnership is the backbone of our nation’s current LTSS (long-term services and supports) system and the HCBS waivers that enable millions of vulnerable older adults and people with disabilities to retain their independence.

Our twin crises of the pandemic and the resulting economic pain has or soon will put pressure on states to reduce or limit their Medicaid expenditures. That’s why n4a has long called for an increased HCBS Federal Medical Assistance Percentage (FMAP), and adequate state/local funding to offset the increasing need in communities nationwide. Without this federal assistance, states may look to shift costs to consumers, or to attempt risky models that would drain Medicaid, putting older adults who most need our nation’s support in harm’s way. The American Rescue Plan Act made important inroads on these issues, with a one-year FMAP increase of 10 percentage points for Medicaid HCBS and significant relief for state and local governments, but more may need to be done in subsequent recovery packages to ensure that older adults who need in-home help to stay out of nursing homes can get the assistance they need.

Additionally, federal and state policymakers must respect the role that the Aging Network has served in developing
and providing Medicaid HCBS, both in traditional waiver programs and managed care initiatives. n4a supports innovation in these areas but this innovation must not drive the unnecessary duplication or reinvention of existing systems that already serve older adults well.

**Rebalancing to Save Money and Expand Access**

As the largest public funding source for LTSS, Medicaid has been and will be further affected by the rapid growth of our nation’s aging population. Rebalancing efforts—designed to correct for Medicaid’s inherent bias toward more expensive, less-desired, and often more dangerous institutional care—must be supported and expanded, and at the very least preserved.

We are appreciative of Congress’ late 2020 passage of a three-year Money Follows the Person reauthorization, which is the longest-running effort to support people transitioning from nursing homes back to the community.

But much more can be done to address this imbalance and expand access to Medicaid HCBS. We salute the Biden Administration’s proposals to eliminate waiting lists for HCBS, a key part of ensuring that older adults and people with disabilities have access to these more affordable, more desired services and can avoid unnecessary nursing home care. We hope Congress will go further and consider:

- Removing the institutional bias by not allowing states to make HCBS anything less than the required service it should be, just as nursing home and other facility-based care is required in all states. This would go a long way to rebalancing care for older adults: 59 percent of older adults and adults with physical disabilities receiving Medicaid LTSS care live in institutional settings.\(^{11}\)

- Originally part of the Affordable Care Act’s rebalancing efforts, the Balancing Incentive Program (BIP) provided eligible states with enhanced flexibility and new funding to reform and rebalance their LTSS systems. However, because BIP expired in 2016, the next evolution of these rebalancing efforts is long overdue and should be authorized and funded in 2021. One measure, the bipartisan HCBS Infrastructure Improvement Act, would make investments in strengthening HCBS infrastructure to improve integration and accelerate initiatives that address the social determinants of health by addressing information technology, transportation, housing, workforce and caregiver supports.\(^{12}\)
Supporting Consumers and Families

Social Engagement and Older Adults

It’s widely known that staying engaged and socially connected has tremendous health benefits and, conversely, that social isolation and loneliness among older adults causes personal suffering and national expense. 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.

To reduce isolation and avoid these negative health outcomes, we must create communities that support adults as they age—whether that’s through an age-friendly or dementia-friendly public initiative, or via intentional consideration of an aging population in all of a state, local government or community’s policies and practices—or both! n4a leads engAGED: The National Resource Center for Engaging Older Adults, which is funded by the U.S. Administration on Aging, and administers a national public-private partnership to create communities that support people living with dementia: Dementia Friendly America. Both efforts promote and support communities’ efforts to engage older adults.

Caregivers in Crisis

Caregivers play a critically important role in the lives of our nation’s older adults. Every year 53 million unpaid caregivers (41.8 million of whom provide care to someone age 50 or older) provide more than $470 billion worth of support to family and friends. The financial value of this unpaid care rivals the entire federal Medicaid budget. Whether they recognize it or not, communities, states and the federal government depend on the work of unpaid caregivers to meet the HCBS needs of our nation’s growing aging population.

Caregivers of people living with dementia face particularly difficult financial, physical
and emotional challenges. More than 5.8 million older Americans are living with Alzheimer’s disease or other forms of dementia today, and experts project that, without significant medical breakthroughs, this number will more than double to reach 14 million by 2050.¹⁰

Caregiver programs—such as the OAA’s National Family Caregiver Support Program—that support (through training, respite, support groups and other programs) those who care for friends and family members as they age, though extremely valuable, do not begin to meet the need for these services due to limited funding. We urge Congress to expand federal funding for current caregiver support programs and to explore policy solutions to ensure that caregiver support becomes a vital component of state and federal LTSS-delivery reform.

Specifically, we ask that FY 2022 appropriations for the Older Americans Act National Family Caregiver Support Program (Title III E) are significantly increased to reflect need expressed in communities across the country. [See page 24 for more details.]
n4a also supports continuing the **National Community Care Corps**, an ACL demonstration program that is funding models that engage trained volunteers to provide non-medical support to older adults and people with disabilities living in the community, in order to supplement other caregiving options. *(See page 28 for more details.)*

**Transportation Options**

The functional and health issues that may affect people as they age can often result in many older adults losing their ability to drive. While it is important to help enable older drivers to stay safe for as long as possible, it is equally important to ensure that transportation alternatives are available in communities nationwide and that older adults and their caregivers are informed of existing transportation services that address their varying mobility needs. It is no surprise then that the need for transportation was consistently the number one reason older adults and caregivers contacted the national [Eldercare Locator](https://eldercareinfo.cdc.gov) for information and assistance prior to the onset of COVID-19. Access to mobility options is critical for connecting older adults not only to health care but also to other destinations that enable them to engage in their community—a situation that the coronavirus crisis and challenges accessing health services, home and community-based supports, and critical vaccination opportunities have only highlighted. Accessible transportation also helps to curb risks associated with the growing problems of social isolation and loneliness.

n4a looks forward to working with Congress and the Biden Administration on bold, responsible policy changes to expand accessible transportation options to older adults and people with disabilities, including the following pressing issues during upcoming debates on federal funding priorities and throughout the impending surface transportation reauthorization process.

» The [National Aging and Disability Transportation Center](https://n4a.org/nadtc) (NADTC), co-administered by n4a and Easterseals, was funded by the Federal Transit Administration beginning in FY 2016 to work with communities to increase the availability and accessibility of transportation services for older adults and people with disabilities. NADTC works directly with transportation professionals and other community transportation providers and stakeholders by providing best practices information and one-on-one assistance, as well as funding small community innovation grants. The next reauthorization bill should expand upon current federal efforts to foster mobility options in communities and disseminate best practices through NADTC and include funding that adequately addresses the growing need for accessible transportation infrastructure and service options for an aging nation.

» Another critical component to promoting transportation options for older adults is to ensure that volunteer drivers, an important resource in many communities for filling transportation gaps, are well supported. Current law has created chilling effects on the ability of aging and transportation programs to recruit and retain volunteer drivers. Bipartisan proposals to both update the volunteer driver reimbursement rate and ensure that there is no tax penalty for volunteer drivers should be considered by Congress in 2021.
Medicare

For more than 55 years, Medicare has provided vital acute health care coverage to older adults and people with disabilities. In 2020, Medicare covered nearly 63 million beneficiaries—or nearly one out of every six Americans. Medicare is the country’s largest health care payer, spending nearly $800 billion in 2019, or 21 percent of total federal expenditures.

The COVID-19 pandemic has also radically shifted the course of the nation’s largest health care program. Amid the health and economic crisis, Congress and the previous administration implemented unprecedented flexibility aimed at ensuring that health care providers could meet the rapidly shifting needs of beneficiaries and respond to the public health emergency. According to an August 2020 study from the Commonwealth Fund, more than 200 Medicare policies and regulations were modified in response to the coronavirus crisis—including the dramatic acceleration and adoption of telehealth. While most of these policy adaptations are expected to expire, it is certain that COVID-19 has upended how health care—including through the nation’s largest payer—is delivered now and into the future.

For one example, the rapid expansion into telehealth, although done to respond to an emergency and perhaps not fully vetted by
all stakeholders, has meant that many older adults in rural areas now have easier access to medical and mental health services. In some cases, older adults living in rural areas have access to these services for the first time due to changes made in response to COVID-19. This reminds us that post-emergency, a robust policy conversation should be had to ensure that the needs of all consumers, but especially older adults, are taken into consideration as health care policy advances. There should not be a one-size-fits-all solution in a country of such diversity and with geographic, income, access and other inequities.

**Addressing SDOH through Supplemental Benefits in Medicare Advantage**

While the long-term effect of the pandemic on Medicare spending is yet unclear, what is certain is that Medicare will continue to be a driving factor in emerging opportunities to improve care and lower costs. Furthermore, because the coronavirus crisis has spotlighted the importance of supporting access to community-based services that address SDOH, which largely drive health outcomes and costs, policymakers must include and pay for opportunities to address these emerging realities for an aging population.

Despite the growing awareness of the inherent value of social services that address SDOH and help older adults get and stay healthy and independent, Medicare investments still do not reflect the growing need. Research has shown that non-medical risk factors in the physical environment and individual behaviors account for 80 percent of the factors that influence overall health. Unfortunately, the vast majority of health care funding is directed toward acute care and historically, a wide gap has existed between social services and medical systems. To bridge this gap, it is imperative that intersections, partnerships, coordination processes and payment systems recognize the value that both bring to the table rather than medicalize social services, which will undoubtedly lead to higher costs and reduced consumer satisfaction.

In 2018, the Centers for Medicare & Medicaid Services (CMS) adopted an expanded definition of Health-Related Supplemental Benefits through Medicare Advantage (MA) and implemented the 2018 Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act. Both efforts expanded options for MA plans to address non-medical risk factors for high-risk, high-cost and chronically ill beneficiaries, many of whom are older adults served by AAAs and Title VI programs. Since 2018, these efforts to improve care integration and increase access to services that promote health at home and in the community under Medicare have grown exponentially as Medicare Advantage plans have recognized that these services can meet the health needs of beneficiaries while reducing the cost of care. These services became particularly attractive during the pandemic, under stay-at-home recommendations.

However, barriers, such as inconsistent and incomplete guidance from CMS on supplemental benefits are challenging to work around and may continue to hamper further adoption once flexibilities granted due to COVID-19 expire. To address these challenges and to give MA and CBO networks the time necessary to realize these opportunities, we encourage
Congress and the Administration to promote additional efforts to address SDOH through Medicare and accelerate the incorporation of existing social services infrastructures, particularly the Aging Network, into government and industry efforts that improve the health of older adults. Additional recommendations on SSBCI implementation should be considered by CMS and lawmakers, including the Guiding Principles for New Flexibility Under SSBCI, which n4a has endorsed.

Preserving and Expanding Care Options in Traditional Medicare

The 117th Congress and the Biden Administration also have an opportunity to ensure that the tragic lessons learned from the coronavirus crisis advance forward-looking proposals for Medicare to ensure that the growing population of Medicare beneficiaries have access to comprehensive coverage options under original, Fee-For-Service (FFS) Medicare. Historically, FFS Medicare has not covered dental, vision or hearing care, despite the fact that these services are critical to maintaining health.
In 2021, policymakers should consider legislative solutions to remedy this historically myopic view of health care coverage under traditional Medicare and seriously consider opportunities to expand FFS Medicare to provide basic oral, hearing and vision care. Evidence shows that neglecting these medical needs can lead to deterioration in overall health, including an increased risk of dementia, social isolation and falls—resulting in increased health care costs over the lifespan.

Previous administrative and congressional action has primarily focused on expanding access to health-related supplemental services through Medicare Advantage. However, the case for improving care integration is equally compelling for all Medicare beneficiaries, not just the roughly 24 million or 36 percent of Medicare beneficiaries who are enrolled in MA plans. We encourage policymakers to explore solutions that level the playing field between traditional FFS Medicare and MA to ensure that effective interventions are equally available to all Medicare beneficiaries.

**Non-Biased Selection and Beneficiary Education is Essential**

As Medicare grows more complex, it is essential that robust efforts are made to ensure that new and existing beneficiaries are as educated as possible about their benefits and how to use them. Existing efforts to provide non-biased, person-centered assistance in the form of the State Health Insurance Assistance Programs (see page 27) should be greatly expanded, to ensure that those who need the most help selecting a benefit plan for themselves are able to do so. This is in the best interest of consumers, plans and the taxpayer because education on how to most effectively use plan benefits drives better health. The need is documented: a 2019 survey conducted by Anthem with n4a found that 59 percent of older Americans find navigating the health care system difficult, and more than half of non-retired older adults need more help understanding their benefits. Nearly eight in 10 caregivers believe that they would be able to better help the person they care for manage their health if they better understood their benefits.

Given the significant role AAAs have long played in providing Medicare education (two-thirds operate the local SHIP and nearly all provide basic education), their longstanding reputation for non-biased counseling, and the increased public awareness of and reliance on these resources in the wake of the pandemic, it’s essential that any changes reflect this existing strength and resource.

**Tap Into the Value of the Aging Network**

n4a appreciates that in recent years, CMS has recognized the value and importance of community-based organizations—in particular, AAAs—in achieving positive patient health outcomes. However, we urge the Biden Administration (specifically CMS) and the 117th Congress to more effectively ensure that AAAs are not only included as the long-standing, trusted community sources to bridge the gap between acute and community-based care settings, but that they are also appropriately and adequately compensated for the services they provide to ensure that health care providers meet patient care goals. Again, COVID-19 has illuminated the value provided by existing cost-efficient home and community-based services systems such as those provided by AAAs, Title VI programs and others in the Aging Network. Policymakers must include these systems in future reforms.
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 $283.4 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

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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 ($745 million), Low-Income Home Energy Assistance Program ($3.75 billion), Community Development Block Grant ($3.45 billion) and AmeriCorps Senior ($224 million).
Notes

7. U.S. Census Bureau, 2017 National Population Projections Tables
10. Administration for Community Living, Data-at-a-Glance (SPR), https://agid.acl.gov/DataGlance/SPR


24. Ibid.


29. National Association of Area Agencies on Aging, 8 in 10 Older Americans Believe They Are Prepared to Age Well, But Need Help Understanding Their Benefits and Navigating the Health Care System, https://www.n4a.org/content.asp?admin=Y&contentid=1002.

30. Ibid.

31. AARP Public Policy Institute, Valuing the Invaluable: 2019 Update—Charting a Path Forward


33. AARP, Caregiving in the U.S. 2020.


35. National Academies of Sciences, Engineering, and Medicine, Social Isolation and Loneliness in Older Adults, and Hughes et al., A Short Scale for Measuring Loneliness in Large Surveys.


37. RAND Corporation, Multiple Chronic Conditions in the United States, https://www.rand.org/pubs/tools/TL221.html


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The National Association of Area Agencies on Aging (n4a)
n4a’s primary mission is to build the capacity of our members so they can help older adults and people with disabilities live well with dignity and choices in their homes and communities for as long as possible. We are a 501(c)(3) membership association representing America’s national network of 622 Area Agencies on Aging (AAAs) and providing a voice in the nation’s capital for the more than 260 Title VI Native American aging programs.

Whether it is helping Washington set priorities, building the capacity of our members, raising the visibility of AAAs and Title VI programs nationwide, offering training and educational events, or working to drive excellence in the fields of I&R/A, transportation, business acumen, healthy aging, older adult engagement, livable and dementia-friendly communities, n4a is dedicated to supporting the success of its members.