

Older Americans Act



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ANALYSIS OF KEY PROVISIONS

Analysis of Key Provisions in the Supporting Older Americans Act of 2020, H.R. 4334

For n4a Members Only

Supporting Older Americans Act of 2020, H.R. 4334, as compared to Current Law, P.L. 114-144

Objective: This document was compiled by the National Association of Area Agencies on Aging (n4a) to assess changes to the Older Americans Act (OAA) included in the *Supporting Older Americans Act of 2020, H.R. 4334*—the bipartisan and bicameral compromise legislation to reauthorize the OAA. The analysis focuses on implications for Area Agencies on Aging, Title VI Native American aging programs and other Aging Network stakeholders.

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Summary of Changes	Selected Legislative Details																																																		
<p>Authorization of Appropriations</p> <ul style="list-style-type: none"> The Supporting Older Americans Act of 2020, H.R. 4334, authorizes a 7 percent across-the-board increase for OAA programs in FY 2020, and a 6 percent year-over-year increase in funding for FYs 2021-2024. Total authorized increase in funding is 35 percent between FY 2020 and FY 2024. <p><i>Note: Funding authorizations do not guarantee appropriations, and it will be up to advocates to continue to push for increased funding for OAA each and every year. Funding authorizations do not limit the ability of appropriators to fund programs above authorized levels.</i></p>	<p>Title II:</p> <p align="center">AoA Administration General</p> <table border="1"> <tr><td>FY 2020</td><td>\$43,937,410</td></tr> <tr><td>FY 2021</td><td>\$46,573,655</td></tr> <tr><td>FY 2022</td><td>\$49,368,074</td></tr> <tr><td>FY 2023</td><td>\$52,330,158</td></tr> <tr><td>FY 2024</td><td>\$55,469,968</td></tr> </table> <p align="center">Eldercare Locator</p> <table border="1"> <tr><td>FY 2020</td><td>\$2,180,660</td></tr> <tr><td>FY 2021</td><td>\$2,311,500</td></tr> <tr><td>FY 2022</td><td>\$2,450,190</td></tr> <tr><td>FY 2023</td><td>\$2,597,201</td></tr> <tr><td>FY 2024</td><td>\$2,753,003</td></tr> </table> <p align="center">Pension Counseling</p> <table border="1"> <tr><td>FY 2020</td><td>\$1,988,060</td></tr> <tr><td>FY 2021</td><td>\$2,107,344</td></tr> <tr><td>FY 2022</td><td>\$2,233,784</td></tr> <tr><td>FY 2023</td><td>\$2,367,811</td></tr> <tr><td>FY 2024</td><td>\$2,509,880</td></tr> </table> <p align="center">Elder Rights Support Activities</p> <table border="1"> <tr><td>FY 2020</td><td>\$1,371,740</td></tr> <tr><td>FY 2021</td><td>\$1,454,044</td></tr> <tr><td>FY 2022</td><td>\$1,541,287</td></tr> <tr><td>FY 2023</td><td>\$1,633,764</td></tr> <tr><td>FY 2024</td><td>\$1,731,790</td></tr> </table> <p align="center">Aging and Disability Resource Centers</p> <table border="1"> <tr><td>FY 2020</td><td>\$8,687,330</td></tr> <tr><td>FY 2021</td><td>\$9,208,570</td></tr> <tr><td>FY 2022</td><td>\$9,761,084</td></tr> <tr><td>FY 2023</td><td>\$10,346,749</td></tr> <tr><td>FY 2024</td><td>\$10,967,554</td></tr> </table> <p>TITLE III:</p>	FY 2020	\$43,937,410	FY 2021	\$46,573,655	FY 2022	\$49,368,074	FY 2023	\$52,330,158	FY 2024	\$55,469,968	FY 2020	\$2,180,660	FY 2021	\$2,311,500	FY 2022	\$2,450,190	FY 2023	\$2,597,201	FY 2024	\$2,753,003	FY 2020	\$1,988,060	FY 2021	\$2,107,344	FY 2022	\$2,233,784	FY 2023	\$2,367,811	FY 2024	\$2,509,880	FY 2020	\$1,371,740	FY 2021	\$1,454,044	FY 2022	\$1,541,287	FY 2023	\$1,633,764	FY 2024	\$1,731,790	FY 2020	\$8,687,330	FY 2021	\$9,208,570	FY 2022	\$9,761,084	FY 2023	\$10,346,749	FY 2024	\$10,967,554
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	<p>Title IV: Section 411(b)</p>											
	<p style="text-align: center;">Aging Network Support Activities</p> <table border="1"> <tr><td>FY 2020</td><td>\$14,514,550</td></tr> <tr><td>FY 2021</td><td>\$15,385,423</td></tr> <tr><td>FY 2022</td><td>\$16,308,548</td></tr> <tr><td>FY 2023</td><td>\$17,287,061</td></tr> <tr><td>FY 2024</td><td>\$18,324,285</td></tr> </table>		FY 2020	\$14,514,550	FY 2021	\$15,385,423	FY 2022	\$16,308,548	FY 2023	\$17,287,061	FY 2024	\$18,324,285
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<p>Funding Formula Hold Harmless Provisions</p>	<p>SEC. 204: HOLD HARMLESS FORMULA. (a) In General.—Section 304(a)(3)(D) of the Older Americans Act of 1965 (42 U.S.C. 3024(a)(3)(D)) is amended to read as follows: “(D) (i) In this subparagraph and paragraph (5):</p>																																								

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<ul style="list-style-type: none"> Eliminates the Hold Harmless provision for OAA Title III C-2, Home-Delivered Meals and Title III D, Disease Prevention and Health Promotion. <i>n4a believes this is possibly due to the fact that funding growth for III C2 has grown sufficiently large to no longer trigger the hold harmless and possibly because Title III D funding is so insufficient. However, the Senators who brokered the hold harmless compromise have not publicly explained their reasoning.</i> <p><u>TWO COMPONENTS TO COMPROMISE:</u></p> <ul style="list-style-type: none"> ONE: The hold harmless (HH) compromise stipulates for Titles III B, Supportive Services and III C1, Congregate Meals: Future appropriations that are equal to, or less than, FY 2019 funding will trigger a harm-reduction formula that decreases the hold harmless by .25% year-over-year compared to FY 2019 for affected states. <i>Example: If funding in FY 2020 is equal to, or less than, FY 2019, then no state would receive less than 99.75% of what it received in FY 2019. If the same is true in FY 2021, then no state would receive less than 99.50% of what it received in FY 2019.</i> TWO: The HH compromise also stipulates that future appropriations that are greater than FY 2019 will trigger two calculations: 1) The amount that is 	<p>“(I) The term ‘allot’ means allot under this subsection from a sum appropriated under section 303(a) or 303(b)(1), as the case may be. “(II) The term ‘covered fiscal year’ means any of fiscal years 2020 through 2029. “(ii) If the sum appropriated under section 303(a) or 303(b)(1) for a particular fiscal year is less than or equal to the sum appropriated under section 303(a) or 303(b)(1), respectively, for fiscal year 2019, amounts shall be allotted to States from the sum appropriated for the particular year in accordance with paragraphs (1) and (2), and subparagraphs (A) through (C) as applicable, but no State shall be allotted an amount that is less than— “(I) for fiscal year 2020, 99.75 percent of the corresponding sum appropriated for fiscal year 2019; “(II) for fiscal year 2021, 99.50 percent of that sum; “(III) for fiscal year 2022, 99.25 percent of that sum; “(IV) for fiscal year 2023, 99.00 percent of that sum; “(V) for fiscal year 2024, 98.75 percent of that sum; “(VI) for fiscal year 2025, 98.50 percent of that sum; “(VII) for fiscal year 2026, 98.25 percent of that sum; “(VIII) for fiscal year 2027, 98.00 percent of that sum; “(IX) for fiscal year 2028, 97.75 percent of that sum; and “(X) for fiscal year 2029, 97.50 percent of that sum. “(iii) If the sum appropriated under section 303(a) or 303(b)(1) for a particular covered fiscal year is greater than the sum appropriated under section 303(a) or 303(b)(1), respectively, for fiscal year 2019, the allotments to States from the sum appropriated for the particular year shall be calculated as follows: “(I) From the portion equal to the corresponding sum appropriated for fiscal year 2019, amounts shall be allotted in accordance with paragraphs (1) and (2), and subparagraphs (A) through (C) as applicable, but no State shall be allotted an amount that is less than the percentage specified in clause (ii), for that particular year, of the corresponding sum appropriated for fiscal year 2019. “(II) From the remainder, amounts shall be allotted in accordance with paragraph (1), subparagraphs (A) through (C) as applicable, and paragraph (2) to the extent needed to meet the requirements of those subparagraphs. (b) Repeal.—Section 304(a)(3)(D) of the Older Americans Act of 1965 (42 U.S.C. 3024(a)(3)(D)) is repealed effective October 1, 2029.</p>

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<p>appropriated above FY 2019 will be allocated to states on a population-based formula only; and 2) the amount that is equal to FY 2019 funding will be allocated using the HH strategy outlined above.</p> <p><i>For example, if funding in FY 2022 is \$2 million more than in FY 2019, then \$2 million will be allocated according to a strictly population-based calculation. The amount that is equal to FY 2019 will be allocated to ensure that no state receives less than 99.25% of what it received in FY 2019.</i></p> <ul style="list-style-type: none"> The HH compromise is authorized through FY 2029 unless Congress revises it in the next reauthorization. 	
<p>Business Partnerships and Acumen</p> <ul style="list-style-type: none"> Language codifies the obligation of the Assistant secretary on Aging to provide technical assistance opportunities to Aging Network stakeholders focused on building business acumen. Language in the bill clarifies that AAAs can, outside of the OAA, engage in private pay, integrated care and other arrangements to expand services. <i>This was a key n4a priority and was carried over from the previous House and Senate bills.</i> 	<p>SEC. 118. BUSINESS ACUMEN PROVISIONS AND CLARIFICATION REGARDING OUTSIDE FUNDING FOR AREA AGENCIES ON AGING. AREA AGENCIES ON AGING.</p> <p>(a) ASSISTANCE RELATING TO GROWING AND SUSTAINING CAPACITY.—Section 202(b)(9) (42 U.S.C. 19 3012(b)(9)) is amended—</p> <p>(3) by adding at the end the following: “(C) activities for increasing business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and caregivers most effectively;”.</p> <p>(b) CLARIFYING PARTNERSHIPS FOR AREA AGENCIES ON AGING.—Section 306 (42 U.S.C. 3026) is amended by adding at the end the following: “(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through— “(1) contracts with health care payers; “(2) consumer private pay programs; or “(3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.”</p> <p>(c) CONFORMING AMENDMENT.—Section 307(a) is amended— — 20 (1) by striking paragraph (26); and 21 (2) by redesignating paragraphs (27) through 22 (30) as paragraphs (26) through (29).</p>

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<ul style="list-style-type: none"> Includes a conforming amendment that legislative counsel deemed necessary to address statutory conflict. 	
<p>Consumer-Related Contributions</p> <ul style="list-style-type: none"> Requires states, upon request from an Area Agency on Aging, to make available any state policies related to cost-sharing and consumer contributions. <i>This was an n4a request after hearing from AAA members that sometimes there is a lack of clarity around permissible cost-sharing arrangements for consumers.</i> Does not require state to develop a cost-sharing policy if it does not already have one. Also does not change any cost-sharing parameters already in the Act. <i>To be clear, this provision in no way expands cost sharing.</i> 	<p>SEC. 315 is amended by adding at the end the following: “(e) RESPONSE TO AREA AGENCIES ON AGING.— “(1) IN GENERAL.—Upon request from an area agency on aging, the State shall make available any policies or guidance pertaining to policies established under this section.</p> <p>“(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall require a State to develop policies or guidance pertaining to policies established 1 under this section.”.</p>
<p>Innovation Center</p> <ul style="list-style-type: none"> Establishes a Research, Demonstration and Evaluation Center at the Administration on Aging and requires a director to lead the center. <i>This was a key priority for n4a, and we worked in collaboration NCOA, GSA and ADvancing States. The intent was to promote additional demo and evaluation of the benefits of HCBS—including identifying opportunities for</i> 	<p>SEC. 127: RESEARCH AND EVALUATION. Section 201 is amended by adding at the end the following:</p> <p>“(g) (1) The Assistant Secretary shall, as appropriate, coordinate the research and evaluation functions of this Act under a Research, Demonstration, and Evaluation Center for the Aging Network (in this subsection referred to as the ‘Center’), which shall be headed by a director designated by the Assistant Secretary from individuals described in paragraph (4).</p> <p>“(2) The purpose of the Center shall be—</p> <p>“(A) to coordinate, as appropriate, research, research dissemination, evaluation, demonstration projects, and related activities carried out under this Act;</p> <p>“(B) to provide assessment of the programs and interventions authorized under this Act; and</p> <p>“(C) to increase the repository of information on evidence-based programs and interventions available to the aging network, which information shall be applicable to existing programs</p>

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<p><i>community-focused services to improve health care outcomes and reduce care costs.</i></p> <ul style="list-style-type: none"> The Center is responsible for conducting, promoting and coordinating research within the Aging Network. Provides for an evaluation mechanism for Center activities to Congress and the HHS Secretary. DOES NOT include any additional authorization of funding for this Center. <i>The House-passed bill authorized \$20 million annually for Center activities. Securing funding for this Center will now be an appropriations advocacy priority.</i> 	<p>and interventions and help in the development of new evidence-based programs and interventions.</p> <p>“(3) Activities of the Center shall include, as appropriate, conducting, promoting, coordinating, and providing support for—</p> <p>“(A) research and evaluation activities that support the objectives of this Act, including—</p> <p>“(i) evaluation of new and existing programs and interventions authorized by this Act; and</p> <p>“(ii) research on and assessment of the relationship between programs and interventions under this Act and the health outcomes, social determinants of health, quality of life, and independence of individuals served under this Act;</p> <p>“(B) demonstration projects that support the objectives of the Act, including activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations , and promote partnerships among aging services, community-based organizations, and Medicare and Medicaid providers, plans, and health (including public health) systems;</p> <p>“(C) outreach and dissemination of research findings; and</p> <p>“(D) technical assistance related to the activities described in this subparagraph.</p> <p>“(4) The director shall be an individual with substantial knowledge of and experience in aging and health policy, and research administration.</p> <p>“(5) Not later than October 1, 2020, and at 5-year intervals thereafter, the director shall prepare and publish in the Federal Register for public comment a draft of a 5-year plan that—</p> <p>“(A) outlines priorities for research, research dissemination, evaluation, and related activities;</p> <p>“(B) explains the basis for such priorities; and</p> <p>“(C) describes how the plan will meet the needs of underserved populations.</p> <p>“(6) The director shall coordinate, as appropriate, research, research dissemination, evaluation, and demonstration projects, and related activities with appropriate agency program staff, and, as appropriate, with other Federal departments and agencies involved in research in the field of aging.</p> <p>“(7) Not later than December 31, 2020, and annually thereafter, the director shall prepare, and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, the Special Committee on Aging of the Senate, and the Committee on Education and Labor of the House of Representatives, a report on the activities funded under this section and title IV.</p> <p>“(8) The director shall, as appropriate, consult with experts on aging research and evaluation and aging network stakeholders on the implementation of the activities described under paragraph (3) of this subsection.</p>

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	<p>“(9) The director shall coordinate, as appropriate, all research and evaluation authorities under this Act.”.</p> <p>(b) EVALUATION.—Section 206 (42 U.S.C. 3017) is amended— “(b) Not later than July 1, 2020, the Secretary shall provide, directly or through grant or contract, for an evaluation of programs under this Act, which shall include, to the extent practicable, an analysis of the relationship of such programs, including demonstration projects under title IV of this Act, to health care expenditures under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.). The Secretary shall oversee analyses of data obtained in connection with program evaluation to evaluate, where feasible, the relationship of programs under this Act to health care expenditures, including under the Medicare and Medicaid programs.”.</p> <p>(c) REPORT ON HEALTH CARE EXPENDITURES.— Section 207 (42 U.S.C. 3018) is amended “(d) The Assistant Secretary shall provide the evaluation required under section 206(b) to “(1) the Committee on Health, Education, Labor, and Pensions of the Senate; “(2) the Committee on Appropriations of the Senate; “(3) the Special Committee on Aging of the Senate; “(4) the Committee on Education and Labor of the House of Representatives; and “(5) the Committee on Appropriations of the House of Representatives.”.</p>
<p>Title VI HCBS Demonstration Authority</p> <ul style="list-style-type: none"> Establishes a demonstration program under OAA Title VI Native American aging programs to award competitive grant funding of not more than 5 percent of Title VI Parts A/B funds to encourage Title VI programs to enhance supportive services to Native elders. <i>This was a key n4a priority.</i> Clarifies that funding can only be directed toward competitive grants if 	<p>SEC. 501. ENHANCING GRANTS 16 FOR NATIVE AMERICANS</p> <p>“SEC. 644. FUNDING SET ASIDE. “Of the funds appropriated under section 643(1) for a fiscal year, not more than 5 percent shall be made available to carry out part D for such fiscal year, provided that for such fiscal year— “(1) the funds appropriated for parts A and B are greater than the funds appropriated for fiscal year 2019; and “(2) the Assistant Secretary makes available for parts A and B no less than the amount of resources made available for fiscal year 2019.”;</p> <p>“PART D—SUPPORTIVE SERVICES FOR HEALTHY AGING AND INDEPENDENCE “SEC. 636. PROGRAM. “(a) IN GENERAL.—The Assistant Secretary may carry out a competitive demonstration program for making grants to tribal organizations or organizations serving Native Hawaiians with applications approved under parts A and B, to pay for the Federal share of carrying out programs, to enable the organizations described in this subsection to build their capacity to provide a wider range of in-home and community supportive services to enable older individuals to maintain their health and independence and to avoid long-term care facility placement. “(b) SUPPORTIVE SERVICES.— “(1) IN GENERAL.—Subject to paragraph (2), supportive services described in subsection (a) may include any of the activities described in section 321(a). “(2) PRIORITY.—The Assistant Secretary, in making</p>

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<p>total funding for Title VI Parts A/B is greater than funding in FY 2019.</p>	<p>grants under this section, shall give priority to organizations that will use the grant funds for supportive services described in subsection (a) that are for in-home assistance, transportation, information and referral, case management, health and wellness programs, legal services, family caregiver support services, and other services that directly support the independence of the older individuals served. “(3) RULE OF CONSTRUCTION.—Nothing in this section shall be construed or interpreted to prohibit the provision of supportive services under part A or B.”.</p>
<p>Family Caregiver Provisions</p> <ul style="list-style-type: none"> Removes the 10 percent funding cap under OAA Title III E NFCSP services provided to older relative caregivers. <i>This was a key priority for n4a and the Administration. n4a offered this recommendation in large part to respond to the increasing prevalence of older relatives taking care of younger children in the wake of the opioid epidemic.</i> The provision requires that state report to AoA the amount of funding that is expended for services for older relative caregivers and the effect on service availability for caregivers of older adults. Defines and authorizes the use of caregiver assessments within the core services authorized under Title III E NFCSP. Does not require the use of these assessments, <i>which n4a opposed.</i> 	<p>SEC 218: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM CAP. (a) Federal Share.—Section 373(g)(2) of the Older Americans Act of 1965 is amended by striking subparagraph (C). (b) Monitoring The Impact Of The Elimination Of The Cap On Funds For Older Relative Caregivers.— (1) REPORT.—Not later than 18 months after the date of the enactment of this Act, and annually thereafter, the Assistant Secretary shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the impact of the amendment made by subsection (a) to eliminate the limitation on funds that States may allocate to provide support services to older relative caregivers in the National Family Caregiver Support Program established under part E of title III of the Older Americans Act of 1965 (42 U.S.C. 3030s—3030s–2). Each such report shall also be made available to the public. (2) CONTENTS.—For purposes of reports required by paragraph (1), each State that receives an allotment under such National Family Caregiver Support Program for fiscal year 2020 or a subsequent fiscal year shall report to the Assistant Secretary for the fiscal year involved the amount of funds of the total Federal and non-Federal shares described in section 373(h)(2) of the Older Americans Act of 1965 used by the State to provide support services for older relative caregivers and the amount of such funds so used for family caregivers.</p> <p>SEC. 217: CAREGIVER ASSESSMENTS. (a) Definition Of Caregiver Assessment.—Section 372(a) of the Older Americans Act of 1965 (42 U.S.C. 3030s(a)) is amended by adding at the end the following: “(1) CAREGIVER ASSESSMENT.—The term ‘caregiver assessment’ means a defined process of gathering information to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately target recommendations for support</p>

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<ul style="list-style-type: none"> • Directs the Asst. Secretary to identify and make publicly available best practices associated with the use of caregiver assessments. • Allows the Asst. Secretary to award funds to projects of national significance that improve supports for and research about family caregivers. • Requires the Assist. Sec. to provide technical assistance to promote the use of family caregiver assessments. • Requires the Asst. Sec. to evaluate and report on the use of caregiver assessments by Aging Network stakeholders. 	<p>services described in section 373(b). Such assessment shall be administered through direct contact with the caregiver, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction. (b) GENERAL AUTHORITY.—Section 373 (42 U.S.C. 8 3030s–1) is amended— by inserting “which may be informed through the use of caregiver assessments,” after “provided,”; (2) in subsection (e)(3), in the first sentence, by inserting “, including caregiver assessments used in the State,” after “mechanisms”; by inserting after subsection (d) the following:</p> <p>“(e) BEST PRACTICES.—Not later than 1 year after the date of enactment of the Supporting Older Americans Act of 2020 and every 5 years thereafter, the Assistant Secretary shall—</p> <p>“(1) identify best practices relating to the programs carried out under this section and section 631, regarding— “(A) the use of procedures and tools to monitor and evaluate the performance of the programs carried out under such sections; “(B) the use of evidence-based caregiver support services; and “(C) any other issue determined relevant by the Assistant Secretary; and “(2) make available, including on the website of the Administration and pursuant to section 202(a)(34), best practices described in paragraph (1), to carry out the programs under this section and section 631.”; and (5) by adding at the end the following:</p> <p>“(i) ACTIVITIES OF NATIONAL SIGNIFICANCE.—The Assistant Secretary may award funds authorized under this section to States, public agencies, private nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for conducting activities of national significance that “(1) promote quality and continuous improvement in the support provided to family caregivers and older relative caregivers through programs carried out under this section and section 631; and “(2) include, with respect to such programs, program evaluation, training, technical assistance, and research.</p> <p>“(j) TECHNICAL ASSISTANCE FOR CAREGIVER ASSESSMENTS.—Not later than 1 year after the date of enactment of the Supporting Older Americans Act of 2020, the Assistant Secretary, in consultation with stakeholders with appropriate expertise and, as appropriate, informed by the strategy developed under the RAISE Family Caregivers Act shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance may include sharing available tools or templates, comprehensive assessment protocols, and best practices ...</p> <p>(c) REPORT ON CAREGIVER ASSESSMENTS (1) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Assistant Secretary shall issue a report on the use of caregiver assessments by area agencies on aging, entities contracting with such agencies, and tribal organizations... (2) SUBMISSION.—Not later than 6 months after the issuance of the report specified in paragraph (1), the Assistant Secretary shall submit the report to the</p>

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<ul style="list-style-type: none"> Extends by one year the authorization for the RAISE Family Caregivers Act, which established the federal Advisory Council to develop a national strategy around supporting family caregivers. Extends by one year the authorization for the Supporting Grandparents Raising Grandchildren Act, which established the federal Advisory Council to develop a national strategy around supporting older relative caregivers. 	<p>committees of the Senate and the House of Representatives with jurisdiction over this Act, and the Special Committee on Aging of the Senate.</p> <p>SEC. 122. FAMILY CAREGIVERS. (a) ADMINISTRATION.—Section 202 as amended by section 114 is further amended by adding at the end the following: “(i) The Assistant Secretary shall carry out the RAISE Family Caregivers Act (42 U.S.C. 3030s note).”. (b) SUNSET.—Section 6 of the RAISE Family Caregivers Act (42 U.S.C. 3030s note) is amended by striking “3 years” and inserting “4 years”.</p> <p>SEC. 605. EXTENSION OF THE SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT. Section 3(f) of the Supporting Grandparents Raising Grandchildren Act (Public Law 115–196) is amended by striking “3” and inserting “4”.</p>
<p>Nutrition Services</p> <ul style="list-style-type: none"> Encourages states, AAAs, and providers to address any administrative barriers preventing funding for nutrition services from being directed where there is most need. <i>n4a collaborated on this provision with the Meals on Wheels America and others to ensure maximum flexibility under the current transfer authority between OAA Title III C1 and C2 programs.</i> Requires the Asst. Sec. to conduct a study of unmet nutrition services needs. Also requires the Asst. Sec. to make recommendations about studying unmet needs for other OAA services. 	<p>SEC. 210. IMPROVEMENTS TO NUTRITION PROGRAMS. Section 308(b)(4) is amended by adding at the end the following: “(D) The State, in consultation with area agencies on aging, shall ensure the process used by the State in transferring funds under this paragraph (including requirements relating to the authority and timing of such transfers) is simplified and clarified to reduce administrative barriers and direct limited resources to the greatest nutrition service needs at the community level. Such process shall be modified to attempt to lessen the administrative barriers of such transfers, and help direct limited resources to where they are needed the most as the unmet need for nutrition services grows.”.</p> <p>SEC. 216. NUTRITION SERVICES STUDY. Subpart 3 of part C of title III is amended by adding at the end the following: “SEC. 339B. NUTRITION SERVICES IMPACT STUDY. “(a) STUDY.—“(1) IN GENERAL.—The Assistant Secretary shall perform a study to assess how to measure and evaluate the discrepancy between available services and the demand for such services in the home delivered nutrition services program and the congregate nutrition services program under this part, which shall include assessing various methods (such as those that States use) to measure and evaluate the 2 discrepancy (such as measurement through the length of waitlists).”.</p>

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<p><i>n4a worked to ensure that lawmakers understood the importance of ensuring that unmet needs across the Act are recognized and evaluated. According to internal n4a data, OAA Title III B Supportive Services often has the largest unmet need in communities.</i></p> <ul style="list-style-type: none"> Requires that the nutrition official under the Asst. Sec. has appropriate professional credentials. Adds reducing malnutrition to the purposes of the Act. Adds screening for malnutrition to routine health screenings in disease prevention and health promotion services. Clarifies flexibility for serving culturally appropriate and medically tailored meals within nutrition services. 	<p>“(b) RECOMMENDATIONS.—“(1) PREPARATION.—Not later than 3 years after the date of enactment of the Supporting Older Americans Act of 2020, the Assistant Secretary shall prepare recommendations—“(A) on how to measure and evaluate, with the least burden and the most effectiveness, the discrepancy described in subsection (a)(1) (such as measurement through the length of waitlists); and“(B) about whether studies similar to the study described in subsection (a) should be carried out for programs carried out under this Act, other than this part.</p> <p>SEC. 125. PROFESSIONAL STANDARDS FOR A NUTRITION OFFICIAL UNDER THE ASSISTANT SECRETARY. Section 205(a)(2)(D)(ii) as redesignated by section 124(c)(1), is amended to read as follows: “(ii) be a registered dietitian or registered dietitian nutritionist.”.</p> <p>106: MALNUTRITION. The Older Americans Act of 1965 is amended— (1) in section 102(14)(B), as amended by section 105(1), by inserting “(including screening for malnutrition)” after “nutrition screening”; and (2) in section 330(1), by striking “and food insecurity” and inserting “, food insecurity, and malnutrition”.</p> <p>SEC. 215. CULTURALLY APPROPRIATE, MEDICALLY TAILORED MEALS. Section 339(2)(A)(iii) is amended by inserting “, including meals adjusted for cultural considerations and preferences and medically tailored meals” before the comma at the end.</p>
<p>Addressing Social Isolation</p> <ul style="list-style-type: none"> Requires the Asst. Secretary to create and submit to Congress a plan to assist Aging Network stakeholders in addressing the negative health effects of social isolation among older individuals. Requires the HHS Secretary to review if/how programs under the Act address 	<p>SEC. 115. INCREASED FOCUS OF ASSISTANT SECRETARY ON NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION. Section 202(a) as amended by section 114(b), is further amended by adding at the end the following: “(33) with input from aging network stakeholders, including caregivers, develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about prevention of, detection of, and response to negative health effects associated with social isolation among older individuals, and submit a report to Congress on this effort by January 2021.”</p> <p>SEC. 126. REPORT ON SOCIAL ISOLATION (a) PREPARATION OF REPORT.— (1) IN GENERAL.—The Secretary shall, in carrying out activities under section 206(a) of the Older Americans Act of 1965, prepare a report on programs authorized by such Act and supported or funded by the Administration on Aging,</p>

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<p>the negative health effects associated with social isolation of older adults. The report includes a focus on screening for social isolation, prevalence of isolation in rural areas, public awareness and outreach activities. The report also requires the Secretary to make recommendations to Congress on reducing the negative health effects of social isolation.</p> <p><i>n4a worked closely with other advocates to ensure that the OAA reauthorization included a focus on reducing social isolation among older adults.</i></p> <ul style="list-style-type: none"> • Adds screening activities for social isolation and TBI to authorized health screening services under Title III B. • Adds supportive services that reduce social isolation and arts and cultural experiences to authorized supportive services under Title III B. • Adds programs addressing social isolation as authorized demonstration programs under Title IV. 	<p>that include a focus on addressing the negative health effects associated with social isolation through targeting older individuals identified as being in greatest social need, as appropriate. (2) IMPACT.—Such report shall identify— (A) whether social isolation is being adequately addressed under such programs, including, to the extent practicable— (i) the prevalence of social isolation in rural areas and in urban areas; (ii) the negative public health effects associated with social isolation; and (iii) the role of preventive measures or of services, including nutrition services, in addressing the negative health effects associated with social isolation among older individuals; and (B) public awareness of and efforts to address the negative health effects associated with social isolation. (3) TYPES OF PROGRAMS.—Such report shall identify whether programs described in paragraph (1)— (A) support projects in local communities and involve diverse sectors associated with such communities to decrease the negative health effects associated with social isolation among older individuals and caregivers;(B) support outreach activities to screen older individuals for negative health effects associated with social isolation; and (C) include a focus on decreasing the negative health effects associated with social isolation. (4) RECOMMENDATIONS.—Such report shall, as appropriate, include recommendations for reducing the negative health effects associated with social isolation and to address any negative health effects identified under clauses (ii) and (iii) of subparagraph (A), and subparagraph (B), of paragraph (2).</p> <p>SEC. 213. SCREENING FOR NEGATIVE HEALTH EFFECTS ASSOCIATED WITH SOCIAL ISOLATION AND TRAUMATIC BRAIN INJURY. Section 321(a)(8) is amended— (1) by striking “screening and” and inserting “screening, screening for negative health effects associated with social isolation,”; and (2) by inserting “, and traumatic brain injury screening” after “falls prevention services screening”.</p> <p>SEC. 214. SUPPORTIVE SERVICES AND SENIOR CENTERS. (a) IN GENERAL.—Section 321(a) is amended—by inserting after paragraph (24) the following: “(25) services that promote or support social connectedness and reduce negative health effects associated with social isolation; and”. (b) SUPPORTIVE SERVICES.—Section 321(a)(7) is amended by inserting “cultural experiences (including the arts),” after “art therapy,”</p> <p>SEC. 304. DEMONSTRATION TO ADDRESS NEGATIVE HEALTH IMPACTS ASSOCIATED WITH SOCIAL ISOLATION. Section 411(a, as amended by 4 sections 119, 120, and 303, is further amended— by redesignating paragraph (18) as paragraph (19); and 93) by inserting after paragraph (17), the following: “(18) projects that address negative health effects associated with social isolation among older individuals; and”.</p>

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<p>Interagency Coordination</p> <ul style="list-style-type: none"> Updates the authorized Interagency Coordinating Committee on Healthy Aging to include a focus on promoting age-friendly communities. Includes a focus for the Committee on coordination with the CDC, the NIA, CMS, HUD and other federal agencies to reduce and prevent falls. Also defines the term age-friendly community and allows the Asst. Sec. to provide TA to disseminate best practices to the field to implement age-friendly communities. Requires the Asst. Sec. to coordinate with other federal leaders to identify, develop, evaluate and disseminate best practices and technical assistance aimed at promoting evidence-based suicide prevention strategies targeting older adults. 	<p>SEC. 124. MODERNIZING THE INTERAGENCY COORDINATING COMMITTEE ON HEALTHY AGING AND AGE-FRIENDLY COMMUNITIES. (a) FEDERAL AGENCY CONSULTATION.—Section 11 203(b) by adding at the end the following: “(20) section 393D of the Public Health Service Act, relating to safety of seniors.”. (b) MODERNIZATION.—Section 203(c) (42 U.S.C. 3013(c)) is amended— (1) in paragraph (1)— (B) inserting “Committee on Healthy Aging and Age-Friendly Communities”; and (C) by inserting “and the development of a national set of recommendations, in accordance with paragraph (6), to support the ability of older individuals to age in place and access homelessness prevention services, preventive health care, promote age-friendly communities, and address the ability of older individuals to access long-term care supports, including access to caregivers and home- and community-based health services”</p> <p>SEC. 123. INTERAGENCY COORDINATION. (a) IN GENERAL.—The Assistant Secretary shall, in performing the functions of the Administration on Aging under section 202(a)(5) related to health (including mental and behavioral health) services, coordinate with the Assistant Secretary for Mental Health and Substance Use and the Director of the Centers for Disease Control and Prevention— (1) in the planning, development, implementation, and evaluation of evidence-based policies, programs, practices, and other activities pertaining to the prevention of suicide among older individuals, including the implementation of evidence-based suicide prevention programs and strategies identified by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention and other entities, as applicable; and (2) in providing and incorporating technical assistance for the prevention of suicide among older individuals, including technical assistance related to the Suicide Prevention Technical Assistance Center 1 established under section 520C of the Public Health 2 Service Act.</p>
<p>Emergency Preparedness and Disaster Response</p> <ul style="list-style-type: none"> Requires the Asst. Sec. to publish an annual list of centers and demonstration projects funded under the Act. 	<p>SEC. 114. MODERNIZING THE REVIEW OF APPLICATIONS AND PROVIDING TECHNICAL ASSISTANCE FOR DISASTERS. (a) REVIEW OF APPLICATIONS.—Section 202 is amended— 1) by amending subsection (a)(4) to read as follows: “(4) administer the grants provided by this Act, but not approve an application submitted by an applicant for a grant for an activity under a provision of this Act for which such applicant previously received a grant under such provision unless the Assistant Secretary determines— “(A) the activity for which such application was submitted is being operated, or was operated, effectively to achieve its stated purpose; and “(B) such applicant has complied with the</p>

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<ul style="list-style-type: none"> Requires the Asst. Sec. to provide technical assistance and disseminate best practices pertaining to emergency preparedness and disaster response to Aging Network stakeholders. 	<p>assurances provided to the Assistant Secretary with the application for such previous grant.”; and (2) by adding at the end the following: “(h) The Assistant Secretary shall publish, on an annual basis, a list of centers and demonstration projects funded under each title of this Act. The Assistant Secretary shall ensure that this information is also directly provided to State agencies and area agencies on aging.”.</p> <p>(b) ADDRESSING THE NEEDS OF OLDER INDIVIDUALS IN DISASTERS.—Section 202(a) is amended— [by adding] “(32) provide technical assistance to, and share best practices with, State agencies and area agencies on aging on how to collaborate and coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, Federal agencies as appropriate, and any other institutions that have responsibility for disaster relief service delivery;”.</p>
<p>Updates to AAA Roles</p> <ul style="list-style-type: none"> References the collaborative role of AAAs and Centers for Independent Living (CILs) earlier in the ADRC definition. Encourages AAAs, when developing their area plans, to outline—to the extent possible—coordination opportunities with the state assistive technology entity. Adds facilitating access to assistive technology to demonstration grants authorized under Title IV. 	<p>SEC. 103. AGING AND DISABILITY RESOURCE CENTERS. Section 102(4) is amended— (1) in the matter preceding subparagraph (A), by inserting “, in collaboration with (as appropriate) area agencies on aging, centers for independent living, and other aging or disability entities” after “provides”; (2) in subparagraph (B)— (A) by inserting “services, supports, and” after “plan for long-term”; and (B) by inserting “and choices” after “desires”; and (3) in subparagraph (D), and inserting “part C of chapter 1 of title VII of the Rehabilitation Act of 1973, and other community-based entities, including other aging or disability entities,”.</p> <p>SEC. 104. ASSISTIVE TECHNOLOGY. The Older Americans Act of 1965 is amended— (1) in section 102(8) (42 U.S.C. 3002(8)), by adding at the end the following: “(C) The term ‘State assistive technology entity’ means the agency, office, or other entity designated under subsection (c)(1) of section of the Assistive Technology Act of 1998 (29 U.S.C. 3003) to carry out State activities under such section.”; (2) in section 306 (42 U.S.C. 3026)— (A) in subsection (a)(6)— (i) in subparagraph (G), by striking “; and” and inserting a semicolon; (ii) in subparagraph (H), by striking “appropriate;” and inserting “appropriate; and”; and (iii) by adding at the end the following: “(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;”; and (B) in subsection (b)(3)— by inserting after subparagraph (K) the following: “(L) assistive technology devices and services; and”; and (3) in section 411(a)— (A) in paragraph (2), by inserting “, aligned with evidence-based practice,” after “applied social research”; and (B) in paragraph (10), by</p>

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Summary of Changes	Selected Legislative Details
<ul style="list-style-type: none"> Requires AAAs and states to include outreach efforts to populations that were the focus of all resource centers funded within the Act in 2019. Also requires that they collect information regarding the service needs for populations that were the focus of resource centers and measure the effectiveness of the outreach. <i>This was a compromise that was added to the Act to ensure that the needs of LGBT and other potentially at-risk populations of older adults would be considered and identified. There was not sufficient support among lawmakers to add these populations to the targeting requirements, hence this compromise approach.</i> Directs AAAs to include holocaust survivors as a population at risk of institutionalization in developing the area plan. 	<p>inserting “consistent with section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d)” after “other technologies”.</p> <p>SEC. 207. COORDINATION WITH RESOURCE CENTERS. (a) AREA PLANS.—Section 306(a) is amended—by adding at the end the following: “(18) provide assurances that the area agency on aging will collect data to determine— “(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and “(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and “(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.”.</p> <p>(b) STATE PLANS.—Section 307(a) as amended by section 118(c), is further amended by adding at the end the following: “(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe— “(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; “(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and “(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).”.</p> <p>SEC. 205. OUTREACH EFFORTS. Section 306(a)(4)(B) is amended— (1) in clause (i)(VII), by inserting “, specifically including survivors of the Holocaust” after “placement”;</p>
<p>Long-Term Care Ombudsman and Elder Justice Activities</p> <ul style="list-style-type: none"> Updates the Maintenance-of-Effort funding provisions from 2000 to 2019 for the Long-Term Care Ombudsman Program in the area and state plans. 	<p>SEC. 206. STATE LONG-TERM CARE OMBUDSMAN PROGRAM MINIMUM FUNDING AND MAINTENANCE OF EFFORT. The Act is amended— (1) by amending section 306(a)(9) (42 U.S.C. 18 3026(a)(9)) to read as follows: “(9) provide assurances that— “(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and “(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;”; and (2) by amending section 307(a)(9) to read as follows: “(9) The plan shall provide assurances that—</p>

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Summary of Changes	Selected Legislative Details
<ul style="list-style-type: none"> Clarifies that volunteer ombudsman representatives are eligible to be reimbursed for costs incurred while serving as a volunteer. Updates state elder justice activities to include community outreach and expands multidisciplinary innovation activities. 	<p>“(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than the amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and “(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.”.</p> <p>SEC. 602. VOLUNTEER STATE LONG-TERM CARE OMBUDSMAN REPRESENTATIVES. Section 712(a)(5) is amended by adding at the end the following: “(E) RULE OF CONSTRUCTION FOR VOLUNTEER OMBUDSMAN REPRESENTATIVES.— Nothing in this paragraph shall be construed as prohibiting the program from providing and financially supporting recognition for an individual designated under subparagraph (A) as a volunteer to represent the Ombudsman program, or from reimbursing or otherwise providing financial support to such an individual for any costs, such as transportation costs, incurred by the individual in serving as such volunteer.”</p> <p>SEC. 603. PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION. Section 721(b)(12) is amended— (1) in subparagraph (C), by inserting “community outreach and education,” after “technical assistance,”; and (2) in subparagraph (F)— (A) by striking “studying” and inserting “implementing”; and (B) by inserting “, programs, and materials” after “practices”.</p>
<p>Workforce</p> <ul style="list-style-type: none"> Adds justice-involved individuals to targeted populations under OAA Title V Senior Community Service Employment Program (SCSEP). 	<p>SEC. 401. PRIORITY FOR THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM. (a) PRIORITY.—The Act is amended in section 503(a)(4)(c)— by adding “(v) eligible individuals who have been incarcerated within the last 5 years or are under supervision following release from prison or jail within the last 5 years;”; (2) in section 514(e)(1), by inserting “eligible individuals who have been incarcerated or are under supervision following release from prison or jail,” after “need,”; and (3) in section 518 – (A) by adding at the end the following: “(VI) have been incarcerated within the last 5 years or are under supervision following release from prison or jail within the last 5 years.”; and (B) by adding at the end the following: “(H) has been incarcerated within the last 5 years or is under supervision following release from prison or jail within the last 5 years.”. (b) TRANSITION PERIOD.—This section shall take effect 1 year after the date of enactment of this Act.</p>

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Summary of Changes	Selected Legislative Details
<ul style="list-style-type: none"> Authorizes a demonstration grant under Title IV to implement projects focused on recruitment, retention and career advancement of the direct-care workforce. 	<p>SEC. 119. DEMONSTRATION ON DIRECT CARE WORKERS. Section 411(a) (42 U.S.C. 3032(a)) is amended— (1) by redesignating paragraphs (13) and (14) as paragraphs (14) and (15), respectively; and (2) by inserting after paragraph (12) the following: “(13) in coordination with the Secretary of Labor, the demonstration of new strategies for the recruitment, retention, or advancement of direct care workers, and the soliciting, development, and implementation of strategies— “(A) to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers; and “(B) to provide education and workforce development programs for direct care workers that include supportive services and career planning;”.</p>
<p>Title IV Demonstration Grants</p> <ul style="list-style-type: none"> SEC. 302. Authorizes projects that address Traumatic Brain Injury (TBI) among older adults to be included in Title IV demonstration grant programs. SEC. 305. Modernizes the authority provided under Title IV grants to improve transportation options for older adults to include activities pertaining to contemporary forms of transportation and technology, including on-demand mobility options. SEC. 306. Updates existing Title IV grant authority for multigenerational projects to focus on direct services, social engagement, and volunteerism and prioritizing projects that administer multigenerational projects in the same facility. 	
<p>Definitional Updates</p> <ul style="list-style-type: none"> SEC. 102. Adds access to person-centered, trauma-informed services to the objectives of the Act. SECs. 105, 107, 108, 109, 110. Adds to the definition of disease prevention and health promotion programs: <ul style="list-style-type: none"> - screening for immunization status and vaccine preventable diseases; - preventing STDs; - chronic pain management; - screening for suicide risk; - screenings, coordination of treatment and other services for fall-related injuries, including TBIs; - services responding to public health emergencies and emerging health threats; - screening and coordination of services and care to address the negative health effects of social isolation 	

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Summary of Changes	Selected Legislative Details
	<ul style="list-style-type: none">• SEC. 111. Clarifies that board and care facilities are included with the definition of assisted living facility under OAA.• SEC. 112. Defines “person-centered, trauma-informed” provided under the Act as including a holistic approach to care, promoting dignity of victims of trauma, and incorporating evidence-based practices in providing care.• SEC. 113. Defines TBI in the Act in the same way that it is defined in the Public Health Service Act.
Additional Studies and Reports	
	<ul style="list-style-type: none">• SEC. 208. Requires the Asst. Secretary to submit to Congress information about existing senior legal hotlines, the effectiveness of these resources to provide legal assistance, recommendations regarding additional actions that should be taken related to senior legal hotlines.• SEC. 211. Requires the Asst. Sec. to review all reports submitted by states regarding data and outreach to older adults served by existing resource centers.• SEC. 604. Directs the Asst. Sec. to disseminate to Aging Network stakeholders the principles developed by ACL in 2017 pertaining to delivering person-directed services during serious illness or at end of life; to solicit feedback about these principles; and to submit a report to Congress detailing that feedback.• SEC. 606. Directs the Asst. Sec. to update a 2013 report outlining best practices for home and community-based ombudsmen services.• SEC. 607. Requires the Comptroller General of the United States to issue a report detailing all Federal resources and programs focused on evidence-based falls prevention, home assessments and home modifications for older adults and people with disabilities. The report is also required to outline demographic details about individuals served through each federal program; identify gaps and duplication across federal agencies; information about the outcomes of these programs; a review of coordination efforts among agencies; and an evaluation about how accessible current consumer resources are for older adults and people with disabilities.
Resource Centers and Modernization	
	<ul style="list-style-type: none">• SEC. 120. Establishes a national resource center to deliver technical assistance for Aging Network stakeholders in delivering trauma-informed care.

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Summary of Changes	Selected Legislative Details
	<ul style="list-style-type: none">• SEC. 121. Codifies the existing National Resource Center for Women and Retirement focused on developing tools and resources to enhance financial literacy and management, retirement planning, and fraud identification as well as provide TA to Aging Network stakeholders in furthering these objectives.• SEC. 117. Directs the Asst. Sec. to develop and provide technical assistance resources and training to Aging Network stakeholders pertaining to adapting evidence-based programs to diverse populations and in a variety of settings.• SEC. 201. Adds measuring the impacts related to social determinants of health (SDOH) for older individuals to the purpose of Title III services within the Act. <i>This is the first statutory instance that the term "social determinants of health" is used within the Act.</i>• SEC. 202. Clarifies existing authority within Title III E NFCSP and Title VII LTCOP to provide caregiver and ombudsmen services to those with Alzheimer's disease at any age. <i>This section does not change parameters for other services—it only clarifies the existing authority within the Act.</i>• SEC. 303. Puts into the Act the specific authority for falls prevention and chronic disease self-management activities conducted by AoA/ACL with non-OAA funding.

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