



advocacy | action | answers on aging

**National Association of
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March 25, 2021

The Honorable Patty Murray, Chair
The Honorable Roy Blunt, Ranking Member
Senate Appropriations Subcommittee on Labor/HHS/Education
Washington, DC 20510

The Honorable Rosa DeLauro, Chair
The Honorable Tom Cole, Ranking Member
House Appropriations Subcommittee on Labor/HHS/Education
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman
DeLauro and Ranking Member Cole:

As your Subcommittees consider the FY 2022 Labor/HHS/Education appropriations in the coming months, the National Association of Area Agencies on Aging (n4a), which represents the country's 622 Area Agencies on Aging (AAAs) and advocates for the more than 260 Title VI Native American aging programs, urges you to prioritize Older Americans Act (OAA) and other aging programs that help older adults get the support they need to age successfully at home and in their communities.

If nothing else, COVID-19 has reinforced the idea that supporting aging programs and prioritizing smart aging policies is more important now than it ever has been. Immersed in an unprecedented and long-term shift of our country's age demographics, our nation is also reeling from an historic health and economic crisis shouldered by our nation's most vulnerable populations—with people 65 and older accounting for roughly four out of five pandemic deaths. The virus itself is not the only threat to older Americans resulting from the pandemic. Long-term and widespread social isolation and loneliness among older adults; racial, economic, and geographic inequities; a caregiving workforce in crisis; and inadequately resourced systems of care have all contributed to the pandemic's devastating consequences for older Americans and will remain a threat even as the pandemic ebbs.

That's why it is critical that Congress continue to invest in the most effective aging programs and services to better support older adults

and their caregivers, such as those provided in every community in the country by the Aging Network. The nationwide Aging Network in which AAAs play a local leadership role 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 the community as they age—whether through discretionary programs such as Older Americans Act or mandatory programs such as Medicaid home and community-based services. The range of AAA-provided supportive services for older Americans and their caregivers 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.

This wealth of institutional knowledge and community practice has proven critical during the COVID-19 health and economic emergency, with AAAs, Title VI aging programs and other vital Aging Network partners selflessly serving on the front lines and responding to the needs of older adults who face significantly increased risks. AAAs 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 and their partners provide have been essential to implementing successful federal and state-level campaigns to get life-saving vaccines into the arms of the highest-risk and often hardest-to-reach older adults.

As you consider funding levels for FY 2022, we urge you consider the following priorities identified by our members' experience in directly supporting older adults and caregivers in their communities:

- **Increase funding for all Older Americans Act programs and services. Building on the Supporting Older Americans Act of 2020**, invest in critical OAA services and supports at levels that more adequately address national needs and the growing population. Of particular importance to n4a are the following supportive and caregiver services within the Act, administered at the federal level by the Administration on Aging at the Administration for Community Living, which need sustained major investment to meet the growing need our members are seeing locally.
 - **Title III B Home and Community-Based Supportive Services, \$785 million**
 - **Title VI Grants for Native American Aging Programs, \$70.4 million for Part A (nutrition and supportive services) and \$21.6 million for Part C (family caregiver support)**
 - **Title III E National Family Caregiver Support Program, \$284 million**
 - **Title III D Evidence-Based Disease Prevention and Health Promotion, \$50 million**
 - \$1 million to the Administration on Aging for the engAGED: National Resource Center on Engaging Older Adults to help the Aging Network respond to the increasing incidence of social isolation among older adults
 - \$75 million for the newly authorized research and innovation center at the Administration on Aging
 - Title VII Long-Term Care Ombudsman Program, \$35 million

- **Invest in other key programs that support healthy aging at home and in the community, including:**
 - Evidence-based health and wellness programs
 - State Health Insurance Assistance Program (SHIP)
 - National Community Care Corps
 - Social Services Block Grant, LIHEAP, Community Services Block Grant and AmeriCorps Seniors
 - National Aging and Disability Transportation Center (T/HUD)

Additional details follow on our requests, which we hope will guide your work on the FY 2022 Labor/HHS/Education spending bill (and, in our final ask, the Transportation/HUD measure).

Older Americans Act

The OAA is the cornerstone of the nation’s non-Medicaid home and community-based services (HCBS) system, providing older adults with much-needed supports, including in-home care, congregate and home-delivered meals, adult day care, information and referral assistance, case management, transportation, legal services and caregiver support/respite. With investments in these vital OAA programs that support the health of older adults with these services, these OAA programs and services save Medicare—and the nation—money in the short and long-term.

The significant emergency COVID-relief dollars Congress provided through OAA allowed the Aging Network to adapt programs to meet the new realities and the dramatically escalating need experienced by all AAAs. While estimates in the degree of growth vary by program and by community, most of our members told us they saw at least a 50 percent increase in clients on average across all programs. A majority also reported that existing clients needed a higher level of service once the pandemic struck. However, even post-pandemic, our collective experience tells us that the need for these supports and services will remain high and continue to grow. There are two major reasons for this:

- The demand for these services was already and still is growing in every community as the older population continues to grow. There are simply more older adults and caregivers who need assistance in every community. By 2030, one in five Americans will be age 65 or older, an unprecedented percentage of the general population.
- Our members have told us that most of the new clients they began serving due to COVID-19 will still need help to age well at home even when fully vaccinated. And so many older adults have declined cognitively and physically during COVID-19, that we expect additional need for AAA services in the months and year ahead. n4a believes this will, sadly, be a widespread phenomenon as families and communities reunite in the coming months and realize the harm done to many older adults from social isolation. Another COVID-related factor will be that more and more older adults and their families will turn to home and community-based services like those provided by AAAs, rather than institutions such as nursing homes, for their long-term care needs.

It's time for a reset to expand the reach of and investment in these programs to reflect the realities of a rapidly aging nation recovering from an ongoing pandemic.

That is why we urge Congress to prioritize increased investments particularly for Title III B Supportive Services, Title VI Native American Aging Programs, and Title III E National Family Caregiver Support Program.

OAA Title III B Supportive Services provides states and local agencies with flexible funding to provide a wide range of supportive services to older Americans. Years of eroded funding pre-pandemic have 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, transportation, information and referral/assistance services, case management, home modification and repair, chore services, legal services, and all the other gap-filling programs offered by the Aging Network not already provided for in the other titles.

The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping seniors from needing expensive nursing home care—which usually leads to their impoverishment and subsequent need to rely on Medicaid to meet critical health care needs. COVID-19 has shone a spotlight on how deep the need for these services is, as well as how this funding flexibility is instrumental in allowing Area Agencies on Aging to adapt to emergencies or changing trends. It is Title III B that AAAs are currently drawing from to conduct outreach/education on vaccinations, to provide assistance in getting vaccination appointments and in providing companion care and transportation to appointments. It is the glue that holds the rest of the Act together at the local level, thanks to the broad set of services it covers.

To continue to meet current demand for services as well as meet the rising need as more and more people require assistance as they age, we call on Congress to double its appropriations for OAA Title III B in FY 2022, resulting in a funding level of \$785 million.

Title VI Grants to Indians (Native American Aging Programs), Parts A (nutrition services) and C (caregivers) 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-relief funding for tribal aging programs and increase Title VI appropriations levels given the current and future needs of American Indian elders and the pre-pandemic 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) funds programs offered locally by AAAs that assist older caregivers and family members who are 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. Steady and sustained increases for these modest federal programs that support the 41 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 \$284 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.

Additionally, beyond those top priorities, n4a urges the following funding levels for three other OAA programs.

Title III D of the Older Americans Act 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. *Woefully inadequate at under \$25 million, requests that appropriations for Title III D be doubled in FY 2022 to \$50 million.*

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 and engaged in their communities. *Given the high incidence of social isolation due to COVID-19 and steadily increasing numbers of older adults nationwide, we request a modest \$1 million investment in this effort 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 IV** 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 response of Area Agencies on Aging and others in the Aging Network 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 IV with \$75 million.***

The OAA Title VII Long-Term Care Ombudsman Program should be increased 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.

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

In addition to doubling appropriations for Older Americans Act III D, Congress should protect and expand other federal sources of funding for evidence-based programs, specifically the Chronic Disease Self-Management (CDSMP) and fall prevention efforts administered through the U.S. Administration for Community Living (ACL) but implemented locally.

State Health Insurance Assistance Programs

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—and two-thirds of AAAs operate the local SHIP. SHIP counseling assistance can save individual Medicare beneficiaries hundreds, or even thousands, of dollars every year. ***n4a calls on Congress to increase SHIP funding to at least \$79.5 million to reflect the increasing number of clients and the growing complexity of Medicare.***

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 mirroring its FY 2019 level.***

Gap-Filling Programs

Local agencies rely upon myriad funding streams to successfully implement aging programs, including several federal block grants that serve older adults at risk of hunger, abuse, unsafe living conditions and unnecessary institutionalization. n4a supports at least sustained funding at FY 2021 levels for the Social Services Block Grant (\$1.7 billion), Community Services Block

Grant (\$740 million), Low-Income Home Energy Assistance Program (\$3.74 billion) and AmeriCorps Seniors (\$224 million).

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. *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.* Doing so would support the continued ability of this program to provide 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, including though the FTA-funded National Aging and Disability Transportation Center (NADTC), co-led by n4a and Easterseals.

Thank you for your consideration of our recommendations. Should you have any questions, please feel free to contact [me](#) or [n4a's policy staff](#).

Sincerely,



Sandy Markwood
Chief Executive Officer

cc:

Chairman Patrick Leahy, Senate Appropriations Committee
Ranking Member Richard Shelby, Senate Appropriations Committee
Chairwoman Rosa DeLauro, House Appropriations Committee
Ranking Member Kay Granger, House Appropriations Committee
Members of the House and Senate Labor/HHS/Education Subcommittee
Chairman Brian Schatz, Senate Transportation/Housing Subcommittee
Ranking Member Susan Collins, Senate Transportation/Housing Subcommittee
Chairman David Price, House Transportation/HUD Subcommittee
Ranking Member Mario Diaz-Balart, House Transportation/HUD Subcommittee