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Chairman Lamar Alexander
Ranking Member Patty Murray
U.S. Senate Committee on Health, Education, Labor and
Pensions (HELP)
Washington, DC 20510

Dear Chairman Alexander, Ranking Member Murray and
Members of the Senate HELP Committee:

On behalf of the National Association of Area Agencies on Aging (n4a), which serves as the advocacy voice in Washington, DC for the 622 Area Agencies on Aging (AAAs) and the more than 250 Title VI Native American aging programs, we are writing to offer our sincere appreciation for your commitment to advancing a bipartisan bill to reauthorize the Older Americans Act (OAA). We are pleased to provide feedback and technical assistance on the Senate's draft reauthorization bill, *Modernization of the Older Americans Act (MOAA) Amendments*.

For more than 50 years, OAA programs and services have been essential to ensuring that older Americans age with independence, health and dignity in their homes and communities. Achieving reauthorization means that these programs can continue delivering cost-effective home and community-based services that enable people to remain at home and in their communities, stay healthy and engaged, and preserve their independence for as long as possible.

Overall, n4a supports the bipartisan progress that the Senate bill makes toward reauthorization of these vital programs. We remain committed to working with HELP Committee leadership and members of the bipartisan Aging and HELP Committees' working group to reauthorize the OAA in a timely fashion, potentially before its expiration on September 30, 2019.

Analysis and Technical Assistance Regarding the Modernization of the Older Americans Act Amendments

On behalf of n4a's leadership and members, we thank you for your dedication to advancing this critical legislation and we look forward to continuing to work with you on a bipartisan process. Area Agencies on Aging and Title VI Native American aging programs are steeped in, and care deeply about, nearly every aspect of the Act.

As such, n4a has extensive comments about many of the provisions included in MOAA. Our response details the provisions that we support as-is and those we believe could be improved with suggested changes. Proposals in the draft bill about which n4a is neutral are not included in our response. Please feel free to reach out anytime to n4a's policy staff for additional information: Amy Gotwals, Chief, Public Policy & External Affairs, (agotwals@n4a.org) and Autumn Campbell, Director, Public Policy & Advocacy, (acampbell@n4a.org), 202.872.0888. Please also refer to the n4a Policy Brief, [*Recommendations for the Reauthorization of the Older Americans Act*](#), sent to Congress in February 2019 for additional background about n4a's positions and priorities for OAA reauthorization.

n4a Supports the Following MOAA Provisions With No Changes

The following provisions have our support as-is, with no additional comments or recommendations. We believe that these proposals make appropriate updates to the OAA, and hope they are included as the bipartisan process moves forward.

- ***Sec. 102, Aging and Disability Resource Centers***, to better recognize the important role that Area Agencies on Aging, Centers for Independent Living and other aging and disability groups play in a state's creation of Aging and Disability Resource Centers;
- ***Sec. 104, National Resource Center for Women and Retirement***, codifies the National Resource Center for Women and Retirement;
- ***Sec. 111, Family Caregivers***, extends the authorization for the RAISE Family Caregivers Act from three to eight years; and
- ***Sec. 302, Technical assistance and innovation to improve transportation for older adults***, modernizes existing grant programs to enhance access to information about transportation options for older adults.

Technical Assistance Regarding Key n4a Priorities for OAA Reauthorization (In Priority Order)

Sec. 109, Business Partnerships, clarifies that OAA Sec. 212 applies to AAAs and directs AoA to provide technical assistance on developing business relationships if requested by grantees.

Concern: n4a appreciates this provisions' recognition of the Aging Network's ongoing activities to build business acumen and of the need for sufficient flexibility in the Act to leverage additional revenues to better support OAA programs and services. However, our priority, as detailed in the Durbin-Kaine OAA bill, [S. 1017](#), is for language that makes clear that the AAA role detailed in the Act does not restrict a designated AAA from forming business relationships with health care entities of any kind, whether nonprofits or for-profits, for activities occurring beyond the scope of the OAA or without OAA funds. Amending only Sec. 212, which applies specifically to the use of OAA funds, does not address or solve the problem that n4a has raised. While we don't oppose the change as-written, we urge the addition of our language amending Sec. 306 of the Act.

Recommendation: n4a recommends that the MOAA be amended to include the following language: Section 306 of the Older Americans Act of 1965 (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 under 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 in the planning and service area supported by the area agency on aging.”

Sec. 103, Assistive Technology, requires AAAs coordinate with state assistive technology programs.

Concerns: n4a has several concerns with this section. Primarily, it adds a requirement to the area plan that AAAs coordinate with the state assistive technology entity to ensure access to and acquisition of assistive technology. This is unnecessary, restrictive, potentially burdensome, and varies from the other area-plan directives because it requires the AAA to work directly with a state program that is not the designated state unit on aging. The examples of other state programs referenced in the area plan include the state's mental and behavioral health services agency, and the state's elder justice entity, but both references include coordination with the state unit. The area plan is a LOCAL plan and so this local-to-state requirement is inappropriate.

While we support encouraging AAAs to tap the full potential of assistive technologies for their clients, and welcome fostering new partnerships with the state entities

responsible for providing such technologies, the requirement for AAAs to build this into their area plans or promise to “ensure access to, and acquisition of” assistive technologies is onerous. We support removing this recommendation.

Additionally, we oppose inserting “assistive technology devices and services” into Sec. 306(b)(3). In previous reauthorizations of the Act, n4a worked with Congress to include the language of Sec. 306(b)(3). The current language reflects the appropriate role of AAAs in coordinating efforts around building livable communities and planning for a growing aging population. It is specifically and entirely a planning authority. The specific reference to assistive technology does not fit, is not necessary, and alters the intent of 306 (b)(3). We strongly recommend striking this provision.

Further, we have questions about inserting “aligned with evidence-based practice” and if this would unnecessarily restrict the Administration on Aging’s (AoA) ability to fund research in the delivery of services to older adults. We are unclear as to the need for this language, so cannot speak to the wisdom of its inclusion.

Finally, we raise a concern about adding “consistent with section 508” of the Rehab Act in the Title IV authority to enable grant programs and demonstrations involving use of technology to improve service delivery. Is this necessary? Does it apply to all of the aforementioned activities listed in Sec. 411(a)(10) or just “other technologies”? We appreciate that this language is not as strong as “meets the requirements of” Section 508, but still raise a caution on the limitations this could pose for future grantees.

Recommendation: Strike lines 6-25 on page 6 and lines 1-6 on page 7 for the reasons mentioned above.

Sec. 204, Senior Legal Hotlines, adds specific references to this singular type of legal services provision and requires AoA to report on existing statewide systems.

Concern: While we have no objection to a report evaluating statewide senior legal hotlines, we strongly object to the five unnecessary additions of language on senior legal hotlines across the Act. The explicit reference to a statewide senior legal hotline included in language regarding legal services, legal developer services and III B unfortunately gives undue prominence to this one mechanism to provide legal services. We are concerned that this specific reference may be interpreted as congressional prioritization by future Congresses. n4a maintains that it is important to keep descriptions of services in the Act as broad as possible to allow for state and local flexibility and innovation. Given that we see no evidence of a need to highlight that such hotlines are an appropriate use of OAA legal services funding, we oppose the language additions as currently written.

Recommendation: Strike all of Sec. 204 on pages 28 to 30 of the bill with the exception of Sec. 204 (f), the AoA report.

Sec. 206, Nutrition Improvements, includes encouraging language to states on nutrition transfer processes and establishes a definition for a nutrition service provider.

Support: We support part (a) of Sec. 206, which encourages states to work with AAAs to ensure the process of transferring funds within Title III C of the Act is as simple and clear as possible to better enable AAAs and providers to meet the local nutritional needs of older adults. This provision is not as strong as we had hoped it might be, as it will be open to state interpretation. However, we appreciate the recognition of the challenges faced by AAAs—and subsequently service providers. We understand that some states have asked for a simplified III C transfer process between federal and state entities and would welcome additional ideas to address that aspect of this issue.

Concern: Part (b) of Sec. 206, which adds a definition of nutrition service provider to the Act, does not have our full support. Fundamentally, we believe adding this definition is unnecessary. The Act does not provide similar guidance on every type of service provider, nor should it. Instead, the OAA outlines the types of *services* that states, AAAs and local providers should be delivering. Our AAA members contract with a wide range of providers (including, but not limited to, independent nonprofits, governmental entities, private companies and individuals) to ensure that they are using OAA dollars to provide the best possible services to the greatest possible number of older adults, while meeting all of the targeting and quality requirements established within the Act. While AAAs contract with nutrition service providers, they also contract with legal services providers, transportation providers, case management providers, health promotion programs, technology companies to support Information and Referral systems, adult day care facilities, and many others given the incredible breadth of the Act and the local flexibility it wisely contains. Our concern is that in the future, establishing definitions for specific provider types could restrict the flexibility of AAAs to develop and implement programs.

While we appreciate that the proposed language includes a wide range of possible entities, including private companies, and stresses that a combination of such entities is also acceptable as a service provider (e.g., a AAA and their for-profit vendor work together to provide meals and socialization in a rural area), our strong preference is to remove this provision altogether.

Recommendations: Strike Sec. 206 (b) (lines 23-24 on page 31, lines 1-25 on page 32 and 1-15 on page 33). Retain Sec. 206(a) provision.

Sec. 210, National Family Caregiver Support Program, defines a caregiver assessment and stresses its use under OAA III E; requires identifying best practices and a study evaluating the use of caregiver assessments; and eliminates the 10 percent funding cap on serving grandfamilies.

Support: The straight-forward elimination of the III E cap on funds expended in serving grandparents and other older relatives raising grandfamilies has our full support. We appreciate this simple change, as it will provide added flexibility to states and AAAs that are serving increasing numbers of adults age 55 and older who need support while raising relative children.

Concerns: We appreciate that the bill does not *require* caregiver assessments for all III E services, but rather encourages their use in several ways and provides a broad-enough definition to maintain state and local control and flexibility. It's important to note that AAAs already screen caregivers for services before providing access to community options under III E or other funding sources. While our members did not think these changes were necessary, n4a accepts the compromises reflected in this measure. However, we have concerns about specific language in the best practices report, the technical assistance and the report on caregiver assessments. These concerns are detailed following our recommendations.

Recommendations: On page 39, line 20, strike “evidence-based” or add “or other” after evidence-based and before “caregiver support services.” We should not be limiting this best-practices report only to evidence-based caregiver support services, as this is an extremely high bar that would only serve to ignore the many effective programs currently used within the Aging Network. Congress may wish to call out evidence-based caregiver programs in the report, but it should not exclude the not-yet-evidence-based or emerging programs more commonly funded under III E.

On page 41, section (3) (lines 8-10), insert “and local” after State and before “services.” Caregivers are not connected to direct services at the state level under OAA, they are assessed and served at the local level. The best practice report should reflect current best practices for serving caregivers.

We recommend amending section (D) on page 42 by ending that section after “caregivers” on line 10, thus striking the examples provided on lines 11-16. This specification and examples are not warranted or needed. AoA should study the use of caregiver assessments across all eligible populations in III E of the Act. Because most caregivers served under the Act arguably care for someone with a disability or illness (by virtue of the need for caregiving), the first example does not need to be specified. We are also uncertain if the Network has data on assessments of caregivers with disabilities, and we believe such specification is unwarranted and unhelpful.

Sec. 108, Social Isolation Report, the production of a report on addressing the negative impacts associated with social isolation.

Concerns: While we strongly support the inclusion of this report in the Committee's bill, we have wording recommendations to better reflect what the Aging Network is currently doing to address and reduce the negative impacts associated with social isolation.

Recommendations: In Sec. 108 (a)(2) on page 16, line 17, strike “including nutrition services.” This unfairly recognizes just one of the social engagement (and social isolation–reducing) activities carried out under the Act, including health and wellness classes, outreach, adult day services, Title V employment programs and many more. Nutrition does not need the extra reference, as it already well-known within the OAA.

In Sec. 108(a)(3)(B) on page 17, add “promote the screening of and” after “activities” and before “screen older individuals.” The Aging Network is not widely conducting such screenings now, although that is a role that should be explored in this report and considered for expansion. By adding promotion of screenings to this section, we believe AoA will be able to collect more and better data for the report.

In Sec. 108(a)(3)(C) on page 17, strike “decreasing” and replace with “addressing.” Again, this report should recognize where the Aging Network is now, and to say programs decreased negative health effects is beyond the scope of what they can now prove. While we believe our programs have positive effects on the health and well-being of older adults we serve, this is an outcome that is beyond the scope of the Network’s ability to measure at this time, especially absent significant additional resources (such as in Title IV).

Sec. 112, Innovation, Demonstration and Evaluation, modernizes the Act’s Title IV.

Support/Concerns: One of n4a’s top priorities for OAA reauthorization is a revitalization of and investment in Title IV, the research and demonstration authority of the Act. In partnership with GSA, NCOA and NASUAD and Senator Casey, we developed a proposal to provide the necessary resources and authority to AoA to foster research, demonstration, innovation and evaluation within the Act. We appreciate the attempt within the bill to address data and evaluation needs, but we are concerned that without significant additional investment, this language will potentially create a burden on AoA. Additional text edits are suggested in the attached redline of the bill.

Recommendation: To ensure that the provision modernizes Title IV without setting unrealistic expectations given current resources, we strongly believe the demonstration project language in Sec. 112(C) should not include the priorities currently listed. The examples cited do not reflect the existing OAA programs and services that are most likely to demonstrate that they affect the social determinants of health, health outcomes or health expenditures. These examples, should the Committee wish to keep these options in Title IV, should be moved elsewhere and not as prioritization within the new Title IV authorities.

Sec. 209, Nutrition Services study, to review existing policies for measuring unmet need within III C.

Concern: We object only to limiting this report to III C nutrition programs. In a 2018 survey of n4a members, AAAs reported that their longest waiting lists and highest levels of unmet needs are for III B Supportive Services, followed by III C2 home-delivered meals and then III E caregiver services. This study must be broadened beyond nutrition services under III C.

Recommendation: On page 36, amend the title of Sec. 209 to “Nutrition and Supportive Services Study.” Amend Sec. 339B to add “and Supportive” after “Nutrition” and before “Services Impact Study.” Amend Sec. 339B (a)(1) to read: “...and the demand for such services in the home delivered nutrition services program, the congregate nutrition services program, the supportive services program and the caregiver support services program, which shall include...”

A simpler way would be to merely say “...and the demand for such services under subtitles III B, C, D and E, which shall include...”

Additional Feedback and Technical Assistance Regarding Other Provisions within MOAA

Sec. 506, Home modification, requires a GAO study on home modification programs for older adults and people with disabilities.

Note: Although we are ever mindful of keeping the Act’s clear focus on adults over age 60, we accept that the broadening of this report from Sen. King’s original bill to include programs that serve people younger than age 60 with disabilities is an effective use of GAO resources. We urge Congress to ensure that any future updates to the OAA or other response to the report preserves OAA resources and authority and first serves older adults’ home modification needs.

Sec. 303, Grant program for multigenerational collaboration to improve existing grant program for multigenerational collaborations.

Concern: While we support most of this section and appreciate the importance of intergenerational collaboration, we believe that the changes to eligible organizations will undermine existing national technical assistance efforts that are currently supported in this section. Local or statewide demonstrations are more useful if they are accompanied by national-level technical assistance. These national efforts provide important support to state and local subgrantee(s) and facilitate broader dissemination of local best practices, lessons learned, and/or other information to entities in the Aging Network and beyond. National technical assistance programs expand the reach and impact of each federal dollar and, ultimately, bring projects to scale.

Recommendation: Strike the updates to eligible organizations made on pages 48 and 49 of the bill.

Sec. 107, *Modernizing the Interagency Coordinating Committee on Health Aging and Age-Friendly Communities*, which includes adding supporting age-friendly communities as part of the activities and recommendations of the Committee.

Concern: n4a supports the intent of this section and endorsed the underlying bill from Senator Peters introducing this concept. However, we are concerned that some of the language in this section is unclear or too narrowly written.

Recommendation: It is unclear what “home and community-based *health services*” are in Sec. 107(a)(1)(C). Therefore, n4a recommends striking the word health from line 22 on page 11.

We also recommend striking “or other entities supporting age-friendly communities” from lines 16-18 in Sec. 107(a)(3)(F), which unnecessarily limits the scope of expertise that AoA can tap to implement this provision. Replace it with “or other entities supporting healthy aging and age-friendly or dementia-friendly communities.” This addition keeps the breadth of the interagency coordination committee intact and recognizes the important role of dementia-friendly communities in supporting the 80 percent of individuals with Alzheimer’s disease and other dementias who live in the community.

Sec. 208, *Cost-sharing and Other Practices*, to require a GAO study on practices authorized under the Act pertaining to contracting, cost-sharing, waivers and voluntary contributions and the effects of those practices on access to services.

Concern: While n4a has no objection to the study, we believe the language regarding “waiver practices” is open to interpretation and should be clarified. There are currently several waiver processes authorized within the Act. If the study outlined in Sec. 208 pertains only to cost-sharing practices, n4a recommends including that specificity to avoid confusion.

Recommendation: n4a recommends adding clarifying language to line 15 of Sec. 208(b)(1)(A), “*cost-sharing waiver use and cost-sharing waiver use policies...*”. (Emphasis added.)

Sec. 304, *Grants for health, independence, and longevity*, allows grantees to use funds under section 411 for planning the placement of volunteers in communities to assist family caregivers, older individuals, and individuals with disabilities in maintaining independence by providing non-medical care.

Concern: n4a supports the substance of the language, as it is codifying the Care Corps demonstration included in the FY 2019 omnibus appropriations bill. However, this language does not belong in this section because the activities described under Sec. 304 are not planning activities. The activities outlined under Sec. 411(a)(9) (42 U.S.C. 3032(a)(9)), which n4a worked with Congress on in a prior reauthorization, pertain solely to planning activities to prepare for an aging population. Using volunteer caregivers, while a worthy possible activity within a comprehensive plan for addressing demographic changes, is not and should not be considered a planning activity that AoA, states and AAAs should focus on.

Recommendation: Move the caregiver corps language to Sec. 411(a)(11), which authorizes projects of “national significance to promote quality and continuous improvement in the support provided to family and other informal caregivers...”. This is a more appropriate place to include this specific activity and demonstration effort. Alternatively, we recommend adding the language as a new (14) before “any other activities” at the end of Sec. 411(a).

Sec. 504. Prevention of Elder Abuse, adds “community outreach and education” to a state’s duties under Title VII programs for the prevention of elder abuse, neglect and exploitation.

Concern: Without additional authorized funding for Title VII, we cannot support these changes, which add more duties to states (and if the state so chooses, to AAAs).

Recommendation: Soften or remove the language in Sec. 504.

If a provision in the bill is not otherwise addressed in this letter, it means our position is neutral at this time. As always, we stand ready to provide additional technical assistance or clarification on these and any other provisions being considered by the Committee.

Other Top Priorities for Consideration During Reauthorization

Again, n4a appreciates the Senate’s commitment to expediting a bipartisan reauthorization of the Older Americans Act. However, we believe that to truly achieve the goals of modernizing the Act and building the capacity of these programs and services to meet the needs of a rapidly growing population of older adults and caregivers, Congress must address inherent funding insufficiencies.

n4a’s top priority for reauthorization is supporting bold investments in existing efficient, trusted OAA services and supports. As n4a’s [*Recommendations for The Reauthorization of the Older Americans Act*](#) detail, investments in the Act have declined since 2010. Factoring increasing costs and a rapidly growing population, funding for the OAA would require a 23 percent increase to

\$2.5 billion to simply restore the service capacity of the Aging Network that has been lost since 2010. As the Senate considers authorization levels for OAA programs and services, we urge lawmakers to, at a minimum, restore the capacity of the Aging Network that has been lost in the last decade.

Additionally, OAA provides the primary authority for funding services to elders in Indian country. American Indian elders are the most economically disadvantaged older adults in the nation and there has long been a lack of proper investment in these programs, which exacerbates the challenges American Indian elders face. **n4a believes that the Senate should continue to pursue opportunities to invest in Title VI** to support authorization for a wider range of supportive services than is feasible with current funding and capacity, such as transportation and health and wellness programs.

With appreciation for the hard work and thoughtful consideration of this vital Act that you and your staff members have done over the past several months, we stand ready to discuss any of our concerns or recommendations further, and, ultimately, to advance the strongest possible bipartisan OAA reauthorization this year.

Sincerely,



Sandy Markwood
Chief Executive Officer

CC:

Senate Special Committee on Aging Chairman Susan Collins
Senate Special Committee on Aging Ranking Minority Member Bob Casey
Members of the Senate HELP Committee