



March 21, 2024

The Honorable Bernie Sanders  
Chairman  
Senate Committee on Health, Education,  
Labor and Pensions  
Washington, DC 20510

The Honorable Bill Cassidy  
Ranking Member  
Senate Committee on Health, Education,  
Labor and Pensions  
Washington, DC 20510

The Honorable Bob Casey  
Chairman  
Senate Special Committee on Aging  
Washington, DC 20510

The Honorable Mike Braun  
Ranking Member  
Senate Special Committee on Aging  
Washington, DC 20510

The Honorable Tim Kaine  
231 Russell Senate Office Building  
Washington, DC 20510

The Honorable Susan Collins  
Ranking Member  
Senate Committee on Appropriations  
Washington, DC 20510

The Honorable Edward Markey  
225 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Markwayne Mullin  
330 Hart Senate Office Building  
Washington, DC 20510

Submitted electronically at [OAA@help.senate.gov](mailto:OAA@help.senate.gov)

Dear Chairman Sanders, Ranking Member Cassidy, Chairman Casey, Ranking Member Braun, and Ranking Member Collins, Senators Kaine, Markey and Mullin:

LeadingAge appreciates the Committee's attention to older adults through solicitation of feedback on what matters most to older adults and providers of critical aging services within the scope of the reauthorization of the Older Americans Act (OAA).

We represent more than 5,400 nonprofit and mission-driven aging services providers and other organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the continuum of services for people as they age, including those with disabilities. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home.

LeadingAge members are integral contributors to their communities, serving individuals across the care continuum using a wide range of funding sources and programs. Many of our members work

closely with local Area Agencies on Aging (AAA), and with their state units on aging, as referral sources, contracted providers, hubs for education, and trusted collaborative partners.

As advocates for high quality long-term services and supports across the aging services continuum, LeadingAge applauds the stakeholder process and is encouraged by your attention to our aging demographic and the providers that serve them. The Office of the Assistant Secretary for Planning and Evaluation reports<sup>1</sup> that more than half of individuals who survive to age 85 will require some paid long-term services and supports. From a study conducted last year, KFF reports<sup>2</sup> that nearly half of all individuals over 65 believe that Medicare will pay for an extended stay for themselves or a loved one in a nursing home. From the same study, forty percent of individuals fail to understand that Medicaid (not Medicare) is the payer for nursing or home care for low-income individuals. Poor understanding of the long term supports and services landscape and cost of care often puts these critical services out of reach for many older adults and their care partners. This is particularly striking as most older adults report their strong desire to age and receive care in their homes.<sup>3</sup>

LeadingAge supports increased investment and program flexibility for in-home and community-based providers that allow older adults to age in the setting of their choice. We applaud the finalized rule that codifies many of the flexibilities permitted during the Public Health Emergency (PHE), such as grab and go meals for pick-up at congregate settings. We encourage continued opportunities for provider innovation that allows them to meet the needs of older adults more fully.

*Increased funding for OAA programs that support aging in place.*

Many LeadingAge members work closely with their state units on aging, area agencies on aging, and other aging network partners to utilize OAA funds to deliver services in the home and community. Our adult day members rely on their aging network partners for referrals and for funds. Residents and clients across our providers utilize nutrition, transportation, respite, and other critical OAA funded services. Our affordable housing members rely on the aging network to help connect residents with needed services. The populations that need these types of services are only growing – stagnant funding is not an option. Bold investments in the OAA infrastructure and the services supported by it are essential – we are already desperately behind in prioritizing the needs of our aging population. Stagnant or small increases in funding for OAA would only exacerbate the existing issues.

This imperative is reflected in the work we do with members to understand how their services and service delivery models respond to the preferences and needs of their clients. One poignant example came in a recent conversation a small group discussed transitioning to offer shorter minimum units of home care. These members cited their primary concern as *older adults going without services* that

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<sup>1</sup> Accessed 3/17/24: <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>

<sup>2</sup> Accessed 3/17/24: <https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/#:~:text=Nearly%20one%20in%20four%20adults,smaller%20shares%20of%20younger%20adults.>

<sup>3</sup> Davis, M. R. (2022, November 1). *77 percent of older adults want to remain in their homes as they age*. AARP. <https://www.aarp.org/home-family/your-home/info-2021/home-and-community-preferences-survey.html>

are necessary to support their activities of daily living. We encourage increased investment in programs that open pathways to affordable and accessible community care. Our members increasingly report the exhaustion and burnout of family caregivers who care for their loved one alone, often without support. These ongoing caregiving demands have a significant negative impact on the caregivers' physical and mental health.

LeadingAge strongly encourages increased funding to support responsive and accessible respite care and other programs to support family caregivers like the Care Corps demonstration grants, the Alzheimer's Disease program grants, and the National Family Caregiver Support program have members trying innovations such as the Care of Older Persons in their Environments (COPE)<sup>4</sup> and other interventions with funding from ACL – funding and flexibility for these types of experiments should remain and be bolstered.

We must also make investments in the paid, professional caregiver workforce – both through OAA and through other mechanisms under the jurisdiction of this Committee. We encourage the Committee to continue thinking boldly on the issue of the aging service workforce and look forward to continuing to partner on these efforts.

#### *The role of SHIPs and post-acute care*

It is also critical that the State Health Insurance Assistance Program receive increased funding. The choices for Medicare enrollment continue to become more complex. More than half of Medicare beneficiaries are enrolled in Medicare Advantage; in some areas, there are up to 60% of beneficiaries in Medicare Advantage.<sup>5</sup> The average Medicare beneficiary has access to 43 Medicare Advantage plans, which is more than double the number of plans offered in 2018.<sup>6</sup> The number of D-SNPs has nearly doubled since 2019.<sup>7</sup> Most plans offer some level of extra benefits.<sup>8</sup> This level of complexity is well beyond what was envisioned when the State Health Insurance Assistance Program was established – more funding is critical to ensure beneficiaries have access to unbiased information about critical enrollment options. At LeadingAge, we often hear from our providers that their residents and clients made choices that they now regret because of the available network, because of delays in care due to prior authorization, and because of services cut short due to denials of coverage by plans. Once again, unbiased counseling about how to make these decisions and what the consequences are of these decisions is of paramount importance and must be adequately funded.

#### *Strategic Plan on Aging Act and ICC on Healthy Aging and Age-Friendly Communities*

LeadingAge is supportive of S.3827, the *Strategic Plan on Aging Act*. The bill would create a new, nationwide grant program under OAA to incentivize and support states' efforts to create their own strategic plans for aging. There are currently at least 24 states that are implementing, developing, or

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<sup>4</sup><https://drexel.edu/cnhp/research/centers/agewell/Research-Studies/COPE/>

<sup>5</sup> <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>

<sup>6</sup> <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>

<sup>7</sup> <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>

<sup>8</sup> <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>

initiating a comprehensive plan to address the needs of older adults; these plans are commonly referred to by states as Master Plans for Aging or Multisector Plans for Aging. These plans are cross-sector, state-led strategic planning resources that can help states transform the infrastructure and coordination of services for their aging populations. We hope to see this bill enacted under OAA.

We are also supportive of the work being done by the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities, which is exploring how to create national plans focused on supporting the ability of older individuals to age in place and access preventative health care, promote age-friendly communities, and address access for older adults to long-term care services and supports. We support funding for a 2025 White House Conference on Aging. We support all initiatives under OAA to further coordinate aging policy.

In addition, LeadingAge believes that, ultimately, we need an office on aging policy in the White House.<sup>9</sup> Authority to ensure an “all of government” approach to the challenges faced by our aging population and to ensure true interagency coordination should reside at the highest levels of government.

#### *Support Intentional Coordination on Older Adult Homelessness*

Older adults are now the fastest growing age group of people experiencing homelessness, comprising nearly half of the homeless population, and their numbers are estimated to triple by 2030. In 2021, 2.35 million older adult renters (ages 62 and older) had worst case housing needs, meaning they have incomes below 50% of area median income, they do not receive government housing assistance, and they spend at least half of their incomes for housing costs. This is an increase of 1.35 million older adult households since 1999.

At the direction of Congress, HUD reports to Congress on the number of worst-case housing needs households because such households are a main predictor of homelessness. As our nation ages, the number of older adults’ households with worst case housing needs is expected to continue, just as it has over the past two decades. The increase is largely attributable to the aging of older adult renters with very low incomes and the lack of housing affordable to them.

The reauthorization of the OAA can help achieve the U.S. Interagency Council on Homelessness’s strategy to prevent homelessness and reduce housing instability among older adults by strengthening coordination between Continuums of Care, Area Agencies on Aging, and Aging and Disability Resource Centers.

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. The Continuums of Care submit a single application to receive U.S. Department of Housing and Urban Development Homeless Assistance Grant funding and to coordinate how these funds are best used and by which groups. This streamlining of precious

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<sup>9</sup> <https://leadingage.org/leadingage-to-white-house-america-needs-an-office-on-aging-policy/>

resources is critical to efforts aimed at preventing and ending homelessness in the Continuums' respective geographies.

In the upcoming OAA reauthorization, LeadingAge urges the Committee to include increased funding authorization for Title II's Aging Network Support Activities to provide new funding for the National Eldercare Locator to partner with the Continuums of Care on services for older adults experiencing or at risk of homelessness. LeadingAge also urges the Committee to include increased funding authorization for Title III's Area Agencies on Aging and State Units on Aging to better coordinate and partner with state and local Continuums of Care to better serve older adults experiencing or at risk of homelessness.

LeadingAge appreciates the ongoing support of members of the Senate HELP Committee in assessing and promoting access to the full continuum of community-based services for older adults. OAA funded services provide vital support for families, family caregivers, and older adults. We are grateful for the opportunity to provide comments to support members in prioritizing OAA programs and look forward to continued dialog with Congress on aging services. If you have any questions about LeadingAge comments, please contact Nicole Howell at [nhowell@leadingage.org](mailto:nhowell@leadingage.org)

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan". The signature is written in a cursive, flowing style.

Katie Smith Sloan  
President & CEO