

May 2023

The Honorable Patty Murray, Chairman
The Honorable Susan Collins, Ranking Member
Senate Appropriations Committee
Washington, DC 20510

The Honorable Kay Granger, Chairwoman
The Honorable Rosa DeLauro, Ranking Member
House Appropriations Committee
Washington DC, 20515

Dear Chairman Murray, Ranking Member Collins, Chair Granger, and Ranking Member DeLauro:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 68 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in policy-making arenas. LCAO thanks you for your efforts to support older Americans as they age at home and in the community.

We ask that you strengthen programs serving older Americans as you move forward with the fiscal year 2024 appropriations process. Many of the federal programs under the jurisdiction of your Appropriations Subcommittees are critical to helping millions of older adults age with dignity, health, and independence in their homes and communities and providing vital support to their family caregivers.

Increased investment is of paramount importance to address existing shortfalls and impact of inflation, increase availability to address the growing older adult population, and improve and expand access to services for at-risk older adults and their caregivers.

At this time, we urge Congress to fund programs and services for older adults at levels that reflect the true and growing need in communities across the country and that, in turn, will help to build a stronger and more equitable American economy. For example, the Social Security Administration (SSA) has over \$600 million in fixed annual inflationary costs that are needed for employees' salaries and benefits, office rent, and guard costs, and cannot be shifted to meet other priorities. Adult Protective Services cases are increasing without staff to meet the need. Senior nutrition programs are additionally navigating inflation, supply chain challenges and rising gas prices, leaving them scrambling to successfully serve the growing number of individuals in need. Adding cuts to these current challenges would be detrimental to important services including loss of meals, reduced ability to oversee nursing homes, longer wait times at call centers, among other challenges.

We encourage you to pass FY 2024 appropriations, without continuing resolutions, that include the following funding levels that prioritize and promote the dignity, health, and independence of older adults.

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Administration for Community Living

Older Americans Act	Title III B Supportive Services	\$820 million
	Title III C-1 and C-2 Nutrition Services and Nutrition Services Incentive Program	\$1.284 billion
	Title III D Preventive Health Services	\$53 million
	Title III E National Family Caregiver Support Program	\$410 million (includes \$500,000 for the RAISE Family Advisory Council)
	Title IV Chronic Disease Self-Management Education	\$16 million
	Title IV Falls Prevention	\$15 million
	Title IV Demonstration on the Direct Care Workforce	\$11 million
	Title VI Native American and Native Alaskan/Hawaiian Aging Programs: Parts A/B Nutrition Services	\$76.52 million
	Title VI Native American and Native Alaskan/Hawaiian Aging Programs: Part C Caregiver Supports	\$24 million
	Title VII Long-Term Care Ombudsman Programs	\$70 million
	Title VII LTCOP Assisted Living Residents	\$65 million
	Title II and IV Aging Network Support Activities	\$60 million
	Title II Research, Demonstration and Evaluation Center	\$10 million

	Title II National Resource Center on Women & Retirement	\$575,000
	Aging and Disability Resource Centers	\$102.1 million
	Community Care Corps Grants	\$5.5 million
	Holocaust Survivor Assistance Program	\$10 million
Medicare State Health Insurance Assistance Programs (SHIPs)		at least \$80 million
Elder Justice Activities	Elder Rights Support Activities	\$20 million
	Adult Protective Services State Grants	\$100 million
	Long-Term Care Ombudsman Program	\$50 million
Lifespan Respite Care Program		\$14.2 million
Alzheimer's Disease Program Initiative (ADPI)		\$37 million
Department of Labor		
Older Americans Act	Title V Senior Community Service Employment Program (SCSEP)	\$540.3 million
Administration for Children and Families		
Community Services Block Grant		\$800 million
Low-Income Home Energy Assistance Program (LIHEAP)		\$4.1 billion
Social Services Block Grant		\$1.7 billion
Centers for Disease Control and Prevention		
Safety of Seniors Act Falls Prevention		\$6.1 million

BOLD Act Initiatives	\$30 million
Health Resources and Services Administration	
Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA)	\$82 million
National Institutes of Health	
National Institute on Aging	\$4,035 million
Centers for Medicare and Medicaid Services	
Medicaid Home and Community-Based Services	\$150 billion
Medicaid Quality Reporting	\$278 million
Medicare Enrollment Cross Agency Pilot	\$20 million
Medicare Low Income Programs	\$5.8 million
Corporation for National and Community Service	
AmeriCorps Seniors	\$253.04 million (Includes \$131.335 million for the Foster Grandparent Program, \$58.705 million for the Senior Companion Program and \$63.0 million for RSVP)
Social Security Administration	
Limitation on Administrative Expenses	\$14.8 billion
Department of Agriculture	
Commodity Supplemental Food Program	\$338.64

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Department of Health and Human Services: Administration for Community Living

America's older adult population continues to grow at an unprecedented rate—a trend driven primarily by the aging Baby Boomer generation—and is rapidly changing the demographic composition and health needs of the country. In the past decade alone, the population of older adults age 65 and older increased by [38 percent](#), and average life expectancy continued to climb. Older people accounted for about [17 percent](#) of the population in 2020, and with each passing day, an additional [10,000 individuals turn 65](#). As a result, a projected 81 million—or more than [one in five](#)—people in America will be 65 or older by 2040. Among this growing population of older adults, about 80 percent have at least one chronic condition; 4.9 million live in poverty; the unemployment rate of older workers with low incomes is nearly three times higher than the overall jobless rate; and 9.5 million older adults age 60 or older face the threat of hunger (that is, are marginally food insecure). The Administration for Community Living provides key services and supports to older adults and should be funded accordingly.

Older Americans Act Programs

The OAA is the backbone of our nation's home and community support system. It equips older adults and their caregivers with vital resources and essential services that include home care, congregate and home-delivered meals, case management, caregiver support, transportation, health promotion and disease prevention, legal services, elder abuse prevention, community service employment opportunities for older adults with low incomes, and ombudsman programs for residents of long-term care facilities.

For 55 years, OAA programs have demonstrated a unique ability to provide these quality services while enhancing and protecting federal resources. On average, funding for OAA programs represents less than one-third of one percent (0.0031) of federal discretionary spending but offer an incredible return on investment by leveraging state, local, and private dollars, as well as volunteerism, to help more than 11 million older adults and family caregivers age in place every year. Together, these services save taxpayer dollars by enabling older people to remain independent and healthy in their own homes, where most prefer to be, avoiding more costly facility-based care paid for through Medicare and Medicaid.

For years, OAA funding has not kept pace with inflation or the growing population eligible for services. This financial reality has made it increasingly difficult for the Aging Network to maintain existing services, let alone to meet escalating needs and keep pace with a growing population. The supplemental funding Congress provided to the Aging Network to respond to the COVID-19 pandemic was critical to help older adults most at-risk of COVID-19 and in greatest need receive services in their communities. The demand for these essential services, however, is not decreasing even as the relief funds are running out. The pandemic sharply underscored the value of and critical need for additional investment in OAA programs.

We encourage lawmakers to reinvest in vital home and community-based services for older Americans and family caregivers in FY 2024. Unless otherwise stated, we urge Congress to fund OAA programs, at a minimum, double FY 2023 enacted levels. Such funding levels are an important step toward maintaining the service capacity of the Aging Network.

OAA Title III B Supportive Services

Title III B Supportive Services provide flexible local funding to deliver a range of critical supportive services to older adults. Assistance for essential activities of daily living include in-home services for frail older adults, transportation, information and referral/assistance services, case management, home modification and repair, chore services, legal services, social engagement activities and all the other gap-filling programs offered by the Aging Network not already provided for in the other titles of the OAA. The critical flexibility of this funding stream gives agencies greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping older adults from needing costlier long-term care services—which usually leads to their impoverishment and subsequent need to rely on Medicaid to meet long-term 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 agencies and providers to adapt to emergencies while also addressing the changing trends of an aging population. To continue to meet current demand as well as the rise in service needs for a growing demographic, we request Congress invest in aging America and provide at least \$820 million for OAA Title III B Supportive Services in FY 2024, which builds on the President’s recommended increase. .

OAA Title III C Nutrition Programs

More than two million older adults receive OAA-funded nutritious meals every year, and for the majority of these individuals, each meal represents half or more of their total daily food intake. Along with delivering nutritious meals, these programs provide critical opportunities to address social isolation and loneliness, safety and wellness checks, and connection to essential community services. Senior nutrition services, whether home-delivered or congregate meals, produce concrete results and help improve the health and quality of life of our nation’s older adults and enable them to live independently in their homes and communities while reducing health care expenditures, such as unnecessary trips to the emergency department and admissions to hospitals and nursing homes. The number of older adults served through OAA nutrition programs has increased drastically through the COVID-19 pandemic, while local programs continue to simultaneously navigate inflation, supply chain challenges and rising gas prices, volunteer shortages and additional labor costs, leaving them scrambling to successfully serve the growing number of individuals in need. In order to address the nutrition and social needs of older adults, we urge Congress to provide a minimum of \$1.284 billion for the OAA Title III C Nutrition Program in FY 2024.

OAA Title III D Preventive Health Services

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. In addition, the first Advance Care Planning (ACP) Program has recently been approved by ACL, which can help ensure that older adults’ care preferences are understood and followed. However, investments have not been sufficient to ensure the diverse array of proven, cost-effective interventions can be implemented in communities nationwide, nor do they allow the woefully underfunded network to amass the critical evidence-based data lawmakers seek. During the pandemic, many of the programs have been deployed as digital offerings, reaching more adults than before, but with significant

costs. Aging Network providers intend to keep some of the virtual programming even as they begin to restore in-person models. Therefore, additional resources are needed to maintain the new reach and means of delivery so older adults don't lose access to these key services. We urge Congress to double appropriations funding in FY 2024 to \$53 million.

OAA Title III E National Family Caregiver Support Program

As of 2020 more than 53 million family caregivers—meaning an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation—provide the vast majority of our nation's long-term services and supports (LTSS). For context, in 2021, the annual economic value of the care provided by ~~only 38~~ millions of unpaid family caregivers was estimated by AARP at \$600 billion, which is more than all out-of-pocket spending on US health care that. Enhanced support for family caregivers is critical for two reasons: 1) family caregivers enable older adults and individuals of all ages with disabilities to live in their homes and communities, thereby preventing or delaying more costly nursing home care; and 2) family caregivers often experience significant risks to their own health and well-being in addition to financial constraints, work and family demands, and the challenges of providing care. The caregiving role itself is an important social determinant of health for the person receiving care, as well as the family caregiver.

Title III E of the OAA provides funding to state and local programs to assist family caregivers of older Americans, enabling many caregivers to continue employment while providing critically needed care. The National Family Caregiver Support Program (NFCSP) was the first federal program to recognize the needs of the nation's family caregivers. Supportive services help family members who provide in-home care to older adults; state and local agencies provide family caregivers with information and assistance about available services for older people; individual counseling and training assists family caregivers in decision making; respite care provides temporary relief from caregiving responsibilities; and supplemental services complement family caregiver's activities.

The Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregiving Advisory Council was established to further address the critical issues faced by families by creating a National Strategy to Support Family Caregivers. The strategy, which was released in September of 2022, identified actions that communities, providers, government, and others can take to recognize and support family caregivers including: promoting greater adoption of person- and family-centered care; improving assessment and service planning (including care transitions and care coordination) involving care recipients and family caregivers; information, education, training supports, and referral services; promoting respite options; addressing financial security and workplace issues.

We request that Congress work toward funding the National Family Caregiver Support Program at \$410 million in FY 2024. Included in the funding request for the National Family Support Program, \$500,000 is needed to sustain the efforts of the RAISE Family Caregiving Advisory Council in updating, republishing, and tracking implementation of the National Family Caregiving Strategy.

OAA Title IV Chronic Disease Self-Management Education

Chronic diseases are the leading causes of death and disability in the U.S., whose costs constitute 90 percent of the nation's \$3.8 trillion in health expenditures. Older Americans are disproportionately affected by chronic conditions; eighty percent have at least one chronic condition, and nearly 70 percent of Medicare beneficiaries have two or more. Data show that as an individual's number of chronic conditions increases, there is a corresponding escalation in unfavorable outcomes including poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice -- all of which lead to higher health costs and ultimately increased Medicare and Medicaid spending.

CDSME is a low-cost, evidence-based disease management intervention which studies show to be effective at helping people with all types of chronic conditions adopt healthy behaviors, improve health status and reduce use of hospital stays and emergency room visits. PPHF allocations to ACL for CDSME have remained at \$8 million since FY 2016, supporting over 14,000 community-based delivery sites which have provided services to more than 550,000 individuals. However, given that nearly 200 million people report having a chronic disease, the reach of these programs has been only 0.25% of the full population reach potential. FY 2024 funding should be increased to \$16 million to expand access to evidence-based, cost-effective chronic disease management programs to a greater number of states and older adults in need across the country.

OAA Title IV Falls Prevention

Falls are the number one cause of injuries and deaths from injuries among older adults. Each year, 1 in 4 older adults falls, but only half report falls to their doctors. The most recent data reveals over 35.6 million falls were reported, and more than 34,000 deaths occurred. That means an older adult dies from a fall every 16 minutes. If current rates continue, we can expect one death every 8.6 minutes by 2030.

Each year, more than 3 million fall injuries were treated in emergency departments, resulting in nearly 800,000 hospitalizations. The nation is spending \$50 billion to treat fall injuries annually, 75 percent of which is paid for by Medicare and Medicaid. These costs are expected to exceed \$101 billion by 2030.

During the coronavirus pandemic, it is all but certain that increasing numbers of older adult falls have gone unreported. There are specific correlations between the physical and mental health effects of isolation and increased fall risk. Research has found that older adults facing significant social isolation were 24 percent more likely to fall, and those with the least social contact had a 36 percent higher risk of hospitalization due to a fall.

Evidence-based fall prevention programs offer cost-effective interventions by reducing or eliminating risk factors, promoting behavior change, and leveraging community networks to link clinical treatment and community services. These programs have been shown to reduce the incidence of falls by as much as 55 percent and produce a return on investment of as much as 509 percent. In fact, in an October 2019 report on falls prevention, the Senate Special Committee on Aging recommended "continued investment in the development of and expanded access to evidence-based falls-prevention programs to ensure greater awareness of the risk of falls among older adults and promote preventive steps that can be taken to avoid a fall."

Given that falls prevention has been flat funded while the incidence and costs of falls continue to climb, we request that appropriators increase the investment in these cost-effective programs to \$15 million to make these cost-effective programs widely available to older Americans at risk across the nation.

OAA Title IV Demonstration on the Direct Care Workforce

Direct care workers are the paid frontline of support for millions of older adults and people with disabilities. Throughout the national Aging Network, in every state and locality, many older people rely on home care workers to support them through a range of daily tasks, and their family members look to these workers for respite and support. Unfortunately, direct care workers are not adequately compensated or valued. Additionally, career advancement and training programs are insufficient for these workers, and the growing recruitment and retention crisis threatens both this sector and the livelihood of older adults. In turn, primarily because of growing demand and high turnover within direct care, the long-term care sector will need to fill 8.2 million job openings in direct care between 2018 and 2028.

Title IV of the OAA included a new section (119) that would support demonstration projects for the "recruitment, retention, or advancement of direct care workers, and the soliciting, development, and implementation of strategies." As demand for these workers have intensified due to the COVID-19 pandemic, our sector will need to design, implement, and evaluate a range of workforce interventions and innovations that help employers recruit and retain more workers, and support workers to advance in their careers. ACL should be provided with funding that would allow the agency to implement demonstrations that would help prove the concept of what approaches are most effective. Then they could build the knowledge and basis for awarding grants to all states throughout the nation to implement the best and most effective practices. We urge Congress to allocate \$8 million in FY 2024 to allow ACL to fully fund hub operations and establish demonstration grants to test recruiting, retention, and training approaches among direct care workers that could be replicated and scaled across states.

Additionally, we are requesting a \$3 million allocation for a new "Developmental Disabilities Projects of National Significance (+\$3 million)/Independent Living Projects of National Significance (+\$500,000)" to extend the scope of the above described initiatives to the direct care workforce that supports people with disabilities who are not covered by the statutory authority of Older Americans Act.

OAA Title VI Native American and Native Alaskan/Hawaiian Aging Programs

OAA Title VI Native American aging programs fund nutrition and family caregiver support services to American Indian, Native Alaskan, and Native Hawaiian elders. Title VI Grants are a primary authority for funding aging services in Indian Country, where elders are the most economically disadvantaged in the nation. But there has been insufficient growth in funding to meet escalating need. The population of Native American elders over age 65 is expected to grow by 115 percent by 2030. We urge Congress to double funding for Title VI in FY 2024 to reach at least \$76.5 million for Part A (nutrition and supportive services) and at least \$24 million for Part C (family caregiver support).

OAA Title VII Long-Term Care Ombudsman and Prevention of Elder Abuse

OAA Title VII funds ombudsmen and their trained volunteers who advocate for residents

of long-term care facilities to resolve quality-of-life concerns and care problems, protect residents' rights, and improve the long-term supports and services system. They also address issues of elder abuse, neglect, and exploitation. These programs serve some of the older Americans at greatest risk. Additional elder abuse programs are supported under this title and include prevention, detection, assessment, treatment, and intervention activities.

Additional funding is needed for the State Long Term Care Ombudsman Programs (SLTCOP) to address the unfunded mandate to serve all long-term care residents, as well as to address pandemic-related barriers to access and appropriately respond to the pandemic's aftermath. The advocacy and protections the SLTCOPs provide is necessary to address the trauma and impact residents, family members, and staff have experienced during the pandemic. Many SLTCOPs, due to the risks, have lost paid staff and volunteers. Programs need to fill these losses with new and additional paid staff and new volunteers. For example, resources will be used for staffing, volunteer recruitment and support, in person and remote trainings, trauma training, and technology. To accomplish this, the SLTCOPs need stable annual funding. This will secure the ability to respond appropriately to protect residents' rights to be treated as individuals with autonomy, choice, independence, and access to quality health care.

The LCAO requests \$70 million to support core SLTCOP work and \$65 million to work with residents of assisted living, board and care, and similar community-based long-term care settings as these are less regulated and residents often need greater advocacy. We also urge you to invest \$50 million in the State Long-Term Care Ombudsman Program (SLTCOP) under the Elder Justice Act to support its critical work in elder rights activities to prevent abuse, neglect and financial exploitation, and to support doubling funding for the National Ombudsman Resource Center. Without this funding, hundreds of thousands of residents will remain at risk and without regular and easy access to an advocate.

Additionally, Title VII authorizes funding to protect Native elder rights and prevent elder abuse. The concerns of tribal elders and the systems serving them are uniquely complex. However, this section of Title VII has never been funded, putting tribal elders at increased risk of abuse, neglect and exploitation. LCAO urges Congress to provide funding to tribal programs for these activities.

OAA Title II & IV Aging Network Support Activities

Aging Network Support resources invest in training and technical assistance, innovation and dissemination of best practices, and coordination of strategies and services throughout the Aging Network. Many of the national resource centers which focus on special national priorities or promote equity through outreach to diverse older adults and the organizations which serve them, are supported through this funding. Similar to other OAA requests, LCAO calls for doubling the funding to \$60 million for FY 2024.

OAA Title II Research, Demonstration, and Evaluation Center for the Aging Network

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. However, without funding, this research center will not realize these important goals or procure critical evidence-based data necessary to support continued investments in essential programs for older adults. As such, in FY 2024, we urge Congress to invest at least \$10 million.

OAA Title II National Resource Center on Women & Retirement

The National Resource Center on Women and Retirement (the Center) provides a one-stop gateway to financial literacy programs to assist the nation's underserved population of lower income and minority women and those with limited English-speaking proficiency. The Center integrates financial information, tools and resources on retirement planning for women and families to improve their financial health and avoid financial exploitation. The Center was highlighted and made permanent in the recent OAA reauthorization. We request \$575,000 for the National Resource Center on Women & Retirement for FY 2024.

Aging and Disability Resource Centers (ADRCs)

Aging and Disability Resource Centers are authorized in the Older Americans Act but represent collaborative efforts of aging and disability entities to facilitate and streamline access to the most appropriate and cost-effective public and private LTSS options for older adults, people with disabilities and caregivers across the country. This "no wrong door" model aims to build on, not supplant, existing state and community systems and resources to create greater access points to LTSS information and assistance for people of all ages and incomes. In FY 2024, Congress should continue investing in this model; LCAO supports the recommended funding level of \$102.1 million.

Community Care Corps Grants

We also urge you to include in any FY 2024 funding bill support for Community Care Corps grants at \$5.5 million to continue the grants first funded in FY 2019 to support innovative local models in which trained volunteers assist family caregivers or directly assist older adults or adults with disabilities in maintaining their independence by providing non-medical support in order to supplement other caregiving options. These activities help meet the growing demand for services from a large and growing aging and disability population and the desire of individuals to live independently.

Holocaust Survivor Assistance Program

Administered by the Administration for Community Living (ACL), the Holocaust Survivor Assistance Program leverages public-private partnership opportunities with nonprofits, foundations, and the private sector to address the urgent needs of the 30,000 - 60,000 living Holocaust survivors in this country (one-third of whom live at or below the poverty level). Holocaust survivors are at increased risk of depression, social isolation, and extremely poor health outcomes associated with institutionalization. Since the program's creation in FY 2015, the Holocaust Survivor Assistance Program has funded over 400 different person-centered, trauma-informed (PCTI) programs, leading to decreased loneliness and depression; reduced caregiver stress; and increased feelings of safety, security, and social support. 28,000 Holocaust survivors and more than 5,000 family caregivers have received services, and nearly 15,000 professionals have been trained in the PCTI model.

As nearly 90 percent of adults in the U.S. have been exposed to a traumatic event, including aging military veterans, first responders, survivors of childhood and domestic violence,

refugees, and people who have experienced man-made or natural disasters, and now COVID-19, ACL has developed a strategy to expand the national capacity for PCTI Care for Holocaust survivors to other older adults with a history of trauma. Receiving \$6 million in FY 2022, the Holocaust Survivor Assistance Program now requires \$10 million in FY 2024 to build on previous advancements serving the Holocaust survivor population and further embed person-centered, trauma-informed approaches at all levels of the aging services network.

Medicare State Health Insurance Assistance Program (SHIP)

The Medicare State Health Insurance Assistance Program, through 2,200 local sites and nearly 11,500 SHIP staff and volunteer counselors, provides older Americans, people with disabilities, and their families with unbiased, free, and personalized information to help them navigate Medicare enrollment and obtain benefits. The average Medicare beneficiary must choose between 60 Medicare plan options each year. They have to navigate the complexity of comparing plan benefits and making a selection that takes into account all the factors that impact out-of-pocket costs and network access.

SHIPs operate in every state, territory, and the District of Columbia. They provide enrollment clinics, “Welcome to Medicare” events, information seminars, and one-on-one counseling that helps older adults and people with disabilities to choose wisely and, once they do, to navigate Medicare’s benefit and appeals processes to get the most out of their hard-earned Medicare benefits. SHIPs have been crucial in helping beneficiaries learn to navigate the new Medicare plan finder tool, explaining the new Medicare supplemental benefits and changes in consumer protections such as special enrollment periods.

The current funding level of \$55.2 million for SHIP amounts to less than a dollar for every person enrolled in Medicare. If the investment in SHIP had kept pace with the growth in the older adult population and inflation over the past decade, the funding level would exceed \$80 million. We request an increase in funding to at least \$80 million for FY 2024 to continue to provide needed services to the growing numbers and diversity of Medicare beneficiaries.

Adult Protective Services

The Administration for Community Living’s Elder Justice and Adult Protective Services office, funds continued work on the national Adult Protective Services (APS) data system, formula grants to APS agencies, elder justice innovation grants, programs to stop abuse in guardianship, abuse prevention programs in Indian Country, expansion of forensic centers to assist in crime identification and prosecution, and self-neglect prevention programs. This work is critical given the scope of the crisis of abuse of older adults and people with disabilities and the work that must be done to develop effective, evidence-based prevention, intervention, and prosecution practices. LCAO applauds the inclusion of continued funding for Adult Protective Services in FY 2023, building on the basic infrastructure laid in FY 2021 and FY 2022 funding. However, without continued and expanded funding these programs and older adults across the country will lose key services and supports. The programs overseen by this office are in need of expanded funding to support basic systems to support adults who have experienced abuse, neglect, and exploitation. LCAO requests \$100 million in support of APS grants and continued funding of national elder justice activities.

Lifespan Respite Care Program

Millions of American families are faced with unexpected illness, disease, or disability every year, and these events can forever change an individual's and family's trajectory. While each situation is unique, the one thing that they often have in common is the incredible value of family caregivers. National, state and local surveys have shown respite to be among the most frequently requested services by family caregivers. Only 14% of family caregivers report having used respite care service, despite nearly 38% feeling respite would be helpful.

Respite—short-term care that offers individuals or family members temporary relief from the daily routine and stress of providing care—bolsters family stability and maintains family caregiver health and well-being. While the benefits of family caregiving are plentiful, caregiving can take its toll—older spousal family caregivers experience higher mortality rates, rates of acute and chronic conditions, and depression than non-caregivers. Respite can save dollars by helping to avoid or delay out-of-home placements or hospitalizations. The program remains underfunded, and we request that Congress work toward funding the Lifespan Respite Care Program at \$14.2 million in FY 2024.

The Alzheimer's Disease Programs

The most common type of dementia, Alzheimer's disease, afflicts one out of every 10 people 65 and over—or over five million older Americans. It is the most expensive disease in America, costing Medicare and Medicaid \$186 billion. The Alzheimer's Disease Program allows states, communities, nonprofits, and Indian tribes greater access to funding opportunities under the OAA.

Research shows that education, counseling and other support for family caregivers provided under ACL's Alzheimer's Disease Programs can delay institutionalization of loved ones and improve a caregiver's own physical and mental well-being—thus reducing costs to families and government. To keep pace with the increasing numbers of individuals and families impacted by dementia, we are asking for \$37 million in FY 2024 for the Alzheimer's Disease Program.

Department of Labor

Older Americans Act

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is the only federal job training program focused exclusively on helping older Americans return to the workforce, prioritizing services to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment. Significant majorities of participants have incomes below the poverty line, are women, and are people of color. Low-income workers age 55+ from every state and nearly all U.S. counties develop new skills and add relevant work experiences through community training assignments with Aging Services Network and other local programs. SCSEP represents a strong return on investment as those who secure unsubsidized employment earn more in their first year than the annual SCSEP training costs and 7 in 10 remain on the job more than one year after leaving the program.

Older workers struggle with long-term unemployment longer than their younger

counterparts, an issue that becomes more acute during economic downturns such as during the pandemic. The labor force participation rate for adults age 65 and over had its largest 12-month drop in 60 years. Nearly 1 million of these older workers left the labor force, giving up on employment and training opportunities that were out of reach. As of March 2023, 24.2 percent of unemployed workers age 55 and older were long term unemployed (27 weeks or longer), while 18.2 percent of unemployed workers age 16 to 54 faced the same length of unemployment.

The FY 2023 appropriation of \$405 million is \$60 million less than the funding nearly three decades ago. Current funding levels are only adequate to serve far less than one percent of those who are eligible. Minimum wage increases in 29 states and the District of Columbia have further eroded SCSEP investments. Nationwide, the number of available participant slots has decreased by 3,080 since 2017. At a minimum, SCSEP investments need to grow to ensure the same number of older adults can remain in the program. We urge Congress to continue its support for the Senior Community Service Employment Program by providing funding that is at least equal to the level approved in the bipartisan 2020 OAA reauthorization of \$540.3 million for FY 2024.

Department of Health and Human Services: Administration for Children and Families

Community Services Block Grant (CSBG)

Since 1981, states have utilized these CSBG flexible funds to improve community health and living conditions for older people and families with low incomes. For those aged 55 and older, these services include home-based household and personal care services, nutrition and wellness programs, and transportation to and from medical appointments or adult day health centers, making this program a pre-Medicare/Medicaid partner in the long-term care continuum. In FY 2017, over 22 percent of those served by CSBG, or nearly 2.4 million, were adults age 55 and older, and more than 8.5 percent of those served were 70 years or older. Overall, over 1.7 million older adults were helped to live independently in their own homes and remain engaged in their communities. LCAO urges continued bipartisan support for CSBG and maximize funding for FY 2024.

Low-Income Home Energy Assistance Program (LIHEAP)

About a third of the households receiving LIHEAP benefits include an older adult age 60+ for whom this assistance means avoiding difficult choices between paying for utilities, food, or medicine. The level funding provided in recent years is only sufficient to serve 20 percent of the eligible population. During the pandemic, the need for utility assistance skyrocketed as unemployment rates soared and shutoff protections expired. Twenty-two percent of utility customers reported that they had reduced or put off expenses for basic needs like medicine and food in order to pay their utility bills. LCAO joins advocates from across the country to urge Congress to maximize funding for LIHEAP in FY 2024 to help households struggling during the pandemic to maintain access to crucial utilities.

Social Services Block Grant (SSBG)

The Social Services Block Grant is a critical source of flexible funding for older adults. In 2020, the latest year data is available, SSBG served almost 2 million older adults including counseling, meals, adult day care, and home care services. SSBG provides critical funding to programs like Adult Protective Services, constituting the majority of the program's funding in

some states. Cuts or eliminations would be devastating. LCAO calls on Congress to fund SSBG at a minimum of \$1.7 billion.

Department of Health and Human Services: Centers for Disease Control and Prevention

Safety of Seniors Act Falls Prevention

The CDC National Center for Injury Prevention and Control (NCIPC) reports on the latest fall risk and protective factors; conducts research to develop, implement and evaluate the most effective clinical approaches to fall prevention; and develops and disseminates clinical tools and resources to help healthcare providers conduct fall prevention. The CDC's Stopping Elderly Accidents Deaths and Injuries or STEADI tools and resources have encouraged providers across the US to screen, assess, and intervene to reduce their older patients' fall risk by recommending clinical and community-based interventions, including those supported by ACL grants.

As the incidence and cost of falls continues to rise exponentially, the federal government should be making additional investments to expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to evidence-based falls prevention. An increase in the Elderly Falls program at CDC (STEADI) would expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to clinical and community programs and strategies. The Senate Special Committee on Aging October 2019 report on falls prevention recommended strengthening screening and referral pathways and taking steps to ensure greater utilization of CDC's STEADI resources.

CDC is working with healthcare systems and providers to encourage them to screen, assess and intervene to reduce fall risk among their older patients. They are also working to educate Americans on how they can take simple steps to prevent injuries as they age. Additional investments would expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to clinical and community programs and strategies. The investment in this important work in FY 2023 is greatly appreciated, and we urge that funding for NCIPC Elderly Falls activities be increased to at least \$6.1 million for FY 2024.

BOLD Act Initiatives

In 2018, Congress passed, and the President signed, the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115-406) that calls on the Centers for Disease Control and Prevention (CDC) to establish Centers of Excellence in Public Health Practice dedicated to promoting Alzheimer's disease management and caregiving interventions, as well as educating the public on Alzheimer's disease and brain health, which will establish Alzheimer's disease as a public health issue, increasing American awareness and care training around the disease. To fund BOLD Act initiatives at CDC, LCAO is requesting \$30 million in appropriations for FY 2024.

Department of Health and Human Services: Health Resources & Services Administration

The Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA)

As the only federal program specifically designed to enhance the skills and training of health care teams serving older adults to improve care quality, safety, and reduce the cost of care, GWEP provides appropriate training for the entire care team. GWEP targets training to family caregivers, direct care workers, and health care professionals (such as physicians, nurses, social workers, pharmacists, and psychologists). With our nation's burgeoning population of older adults, we need a stronger and sustained federal commitment to our eldercare workforce. In addition, the GACA program supports the career development of individual junior faculty by providing clinical training in geriatrics. In FY 2024, we request at least \$82 million to support the GWEP and GACA programs.

Department of Health and Human Services: National Institutes of Health and National Institute on Aging

LCAO supports increased investment at the National Institutes of Health and the National Institute on Aging to better prevent, treat, and cure chronic diseases of aging as well as research on care and caregiving support. Aging itself remains the most important risk factor for many devastating diseases and conditions, including Alzheimer's disease and related forms of dementia (AD/ADRD); most types of cancer; many types of heart disease; osteoporosis and hip fracture; kidney failure; and diabetes. This is one of the most cost-effective ways to reduce health care spending that benefit us all as we age. In addition to funding dementia research, NIH/NIA resources are also being used to combat COVID, explore health disparities, develop person-centered caregiving models and increase the pay scale for young researchers. It is estimated that Medicare and Medicaid alone will spend more than \$186 billion this year on treating Alzheimer's disease (AD) and other dementias. As many as five million Americans age 65 years and older may have AD with a predicted increase to at least 14 million by 2050. LCAO has been pleased with the strong bipartisan/bicameral support for NIH and NIA and we ask that Congress continue to provide increased investments in these research programs that help our nation improve the quality of life for older adults and future generations while saving hundreds of billions in health care costs. LCAO calls for the National Institute on Aging, as a component of NIH, to receive a commensurate funding amount and be funded at least at \$4,035 million.

Department of Health and Human Services: Centers for Medicare and Medicaid Services

Medicaid Home and Community-Based Services

LCAO urges a \$150 billion investment in Medicaid home and community-based services. This critical funding would help older adults and people with disabilities live with dignity and choice, create quality jobs for home care workers, and enhance supports for family caregivers.

Medicaid Quality Reporting

LCAO supports reporting requirements and funding at \$278 million for the Adult Quality Measurement and Improvement Program and new HCBS Measurement Program. Consistent reporting across measure sets would best allow CMS and states to assess and improve quality, outcomes, and equity.

Medicare Enrollment

LCAO strongly supports the proposal for SSA and CMS to jointly pilot efforts to improve Medicare enrollment, including for those who are not already collecting Social Security, and to explore opportunities to eliminate remaining post-enrollment coverage waits, such as the need

to receive a mailed Medicare card before connecting with one's earned benefits. In so doing, the pilot would build on the bipartisan Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act policies. LCAO supports \$20 million to fund these cross-agency projects.

Medicare Low Income Programs

We appreciate the budget provisions that would ease access to the Medicare Savings Programs (MSPs) and Part D Low-income Subsidy (LIS). This financial assistance allows enrollees to maintain their Medicare coverage, access care, and afford other necessities, like food and housing. However, outdated rules and burdensome processes unduly restrict participation. To begin to correct this, we support (1) Aligning MSP and LIS eligibility methodologies to reduce administrative barriers, ease enrollment processes, and eliminate duplicative eligibility determinations; and (2) Aligning the Qualified Medicare Beneficiary (QMB) renewal period with other Medicaid groups to promote parity, reduce the risk of churn, and improve maintenance of eligibility. LCAO supports \$5.8 million in funding to address these important changes.

Corporation for National and Community Service

AmeriCorps Seniors (Senior Corps)

The three federal initiatives that comprise the Senior Corps—Retired Senior Volunteer Program (RSVP), Foster Grandparent Program, and Senior Companion Program—cost-effectively address many unmet needs in our communities. Together, they enable more than 220,000 Senior Corps volunteers to provide essential services to their neighbors that local, county, and state governments cannot afford to replace. All Senior Corps volunteers reap the mental and physical benefits that come from remaining active and helping their neighbors.

Senior Corps volunteers provide unique and special services to their communities. It takes incredible dedication and compassion to help older adults with their daily activities, children with disabilities to find success in the classroom, or to provide food, comfort, and companionship to older people living alone in rural areas. These programs and their volunteers provide much-needed services at an extremely low cost. All Senior Corps programs have a required non-federal funding match, which is often met by local and state governments, nonprofits, and the private sector. In FY 2020, Congress approved an increase in the stipend for the means-tested programs of the Senior Corps (SCP and FGP) and a modest increase for RSVP. In Fiscal Years 2021 and 2022, Congress sustained that stipend increase and supported modest program growth. With the challenges Senior Corps and the nation faced during the coronavirus pandemic, local programs, in many instances, were able to work around restrictions of social distancing and closed schools and day care centers. We encourage Congress to once again renew support for a stipend increase and program growth by funding the Foster Grandparent Program at \$131.335 million, funding the Senior Companion Program at \$58.705 million) and funding RSVP at \$63.0 million to enable those programs to respond to a post-pandemic period of growth in addressing unmet community needs. Accordingly, we support Senior Corps funding at a total of \$253.04 million in FY 2024.

Department of Transportation

Federal Transit Administration—Technical Assistance to Improve Senior Transportation Options

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 2024 Department of Transportation appropriations bill includes at least \$7.5 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.

Subcommittee on Agriculture, Rural Development, and Food and Drug Administration

Department of Agriculture

It is critical that proven and effective federal nutrition programs serving our older adults at greatest risk for food insecurity are protected and further strengthened; particularly now as both the need and demand for nutritious meals are already substantial and will only continue to climb exponentially due to a rapidly aging population. In addition to increasing funding for the nutrition programs authorized under the OAA, we urge Congress to fully fund the Supplemental Nutrition Assistance Program (SNAP), the Commodity Supplemental Food Program (CSFP) and the Senior Farmers Market Nutrition Program (SFMNP).

Supplemental Nutrition Assistance Program (SNAP)

An estimated 4.9 million people age 60 years and older are food insecure, and millions more face the threat of hunger. SNAP is the largest federal nutrition program, providing food assistance to over four million older adults alone, and is a critical component of our nation's response to the growing issue of hunger. For older adults, utilization of SNAP supports health and independence, and helps alleviate the burden of choosing whether to forgo food so that they can pay for rent, medicine, or other expenses. LCAO applauds the protection of SNAP in the bipartisan Agricultural Improvement Act of 2018 and urges Congress to defend SNAP from regulations that reduce benefits or restrict eligibility and access.

Commodity Supplemental Food Program (CSFP)

CSFP, sometimes known as the Senior Food Box Program, provides nutritious non-perishable food to low-income older adults once a month. This program helps older adults with limited financial resources and often restricted mobility receive the nutrition necessary to maintain and improve health and well-being. Food provided through CSFP is designed to address the nutritional needs of older people, helping mitigate the impacts of hunger and malnutrition on health. We urge Congress to fund CSFP at \$338.64 million to maintain service levels that have been increased with pandemic relief investments, but also provide any needed adjustments to reflect any USDA revisions for food packaging costs.

We respectfully ask you to recognize the importance of programs that improve the health and well-being of older people and their families. Without your investment in these discretionary initiatives, the valuable services that prevent and reduce hunger, isolation, poor health, neglect, abuse, unemployment and other challenges among older Americans will fail to reach the aging population in need of these services.

Under your leadership, LCAO hopes that in FY 2024, all these programs will be funded at levels that enable them to meet a rapidly growing demand for services, and that current threats to these vital

programs will be rejected. Thank you for your consideration, and we look forward to working with you to ensure sustained investment in the OAA and other key aging programs.

Sincerely,