



Max Richtman, Chair

May 7, 2021

The Honorable Patrick Leahy, Chairman
The Honorable Richard Shelby, Ranking Member
Senate Appropriations Committee
Washington, DC 20510

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

Dear Chairman Leahy, Ranking Member Shelby, Chairwoman DeLauro, and Ranking Member Granger:

The Leadership Council of Aging Organizations (LCAO) is a coalition of national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. Many of the federal programs under the jurisdiction of your Appropriations Subcommittees are critical to helping millions of older adults and family caregivers age with dignity, health, and independence in their homes and communities. This is especially important at a time when aging at home remains the safest option for older adults, who are at greatest risk for negative health outcomes associated with COVID-19.

With Fiscal Year 2022 ahead of us, the nation stands at a crossroads. The country is emerging from a pandemic which tested our will and exposed some of our deepest inequities. Communities of children are living in poverty; some of our most at-risk older adults are living alone in their neighborhoods in food, transportation and health care deserts. As members of the LCAO, we view the road ahead as a pathway to a stronger and more humane economy and a once-in-a-generation opportunity to prepare for America's future with investments that yield the greatest human return.

We strongly support the investment in non-defense discretionary spending that the President proposed in his Administration's \$1.5 trillion Fiscal Year 2022 Budget Summary. After a decade of appropriation caps and austerity for most federal domestic annually funded programs, this investment is a critical first step to address existing shortfalls and improve and expand access to services for at-risk older adults and their caregivers, in turn building a stronger and more equitable American economy. We urge Congress to build upon the proposed 16 percent increase for non-defense discretionary

spending to fund programs and services for older adults at levels that reflect the true and growing demographic and human need in communities across the country.

We encourage you to work toward the passage of final FY 2022 appropriations bills that include adequate funding levels for the OAA and other key programs within the Departments of Health and Human Services (HHS), Labor (DOL), Housing (HUD), Transportation (DOT), Agriculture (USDA), and Justice (DOJ) that prioritize and promote the goal to enhance the dignity, health, and independence of older adults. We ask you to consider LCAO’s funding requests, as outlined in the following chart and subsequent justifications.

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies		
Administration for Community Living		
Older Americans Act	Title III B Supportive Services	\$785 million
	Title III C-1 and C-2 Nutrition Services	\$1.904 billion
	Title III D Preventive Health Services	\$50 million
	Title III E National Family Caregiver Support Program	\$334,000,000 (includes \$400,000 for the RAISE Family Caregiving Advisory Council)
	Title IV Chronic Disease Self-Management Education	\$16 million

	Title IV Falls Prevention	\$10 million
	Title II Research, Demonstration and Evaluation	\$75 million
	Title II National Resource Center on Women & Retirement	\$575,000
	Title VI Parts A/B Nutrition Services	\$70.4 million
	Title VI Part C Caregiver Supports	\$21.6 million
	Title VII Long-Term Care Ombudsman Programs	\$70 million
	Title VII LTCOP for assisted living residents	\$65 million
	Community Care Corps Grants	\$5 million
	Holocaust Survivor Assistance Program	\$10 million
	Aging and Disability Resource Centers	Maximize funding
	Medicare State Health Insurance Assistance Programs (SHIPs)	\$79.5 million
	Elder Justice Initiative	\$100 million

Lifespan Respite Care Program		\$14.2 million
Alzheimer's Disease Program Initiative (ADPI)		\$35 million
Department of Labor		
Older Americans Act	Title V/ Senior Community Service Employment Program (SCSEP)	\$480.9 million
Administration for Children and Families		
Social Services Block Grant		\$1.7 billion
Community Services Block Grant		\$800 million
Low-Income Home Energy Assistance Program (LIHEAP)		Maximize funding
Centers for Disease Control and Prevention		
Safety of Seniors Act Falls Prevention		\$4.1 million
BOLD Act Initiatives		\$20 million
Health Resources & Services Administration: GWEP and GACA		\$105.7 million

AmeriCorps Seniors (Corporation for National and Community Service): Senior Corps	\$242 million (includes \$118.8 million for FGP, \$58.2 million for SCP, and \$63 million for RSVP)
Social Security Administration: Limitation on Administrative Expenses	\$14.2 billion

Subcommittee on Transportation, Housing and Urban Development	
Department of Housing and Urban Development	
Community Development Block Grant	Maximize funding
Section 202 Housing for Older Adults--new housing	\$600 million
Section 202 Service Coordinator Grant Program	Full funding for renewals and \$100 million for new service coordinator grants.
Public Housing Resident Opportunity for Self Sufficiency Service Coordinator Program	\$45 million

Section 202 Emergency Capital Repair Grant Program	\$5 million
Department of Transportation	
FTA Technical Assistance and Standards Development	Minimum of \$5 million

Subcommittee on Commerce, Justice, and Science	
Department of Justice	
Missing Americans Alert Program	Minimum of \$3 million
Subcommittee on Agriculture, Rural Development, and Food and Drug Administration	
Department of Agriculture: Commodity Supplemental Food Program	\$375 million
USDA Section 515 Construction	\$140 million

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

Older Americans Act (Department of Health and Human Services/Administration for Community Living–Administration on Aging)

The Value of the Older Americans Act

The OAA is the backbone of our nation's home and community supports 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 they prefer to be and where they are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid.

Growing Population and Need, Yet Limited Resources

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 [35 percent](#), and average life expectancy continued to climb. Older people accounted for about [16 percent](#) of the population in 2018, and with each passing day, an additional [10,000 Boomers 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; 4.8 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).

Yet, 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. 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 2022. Unless otherwise stated, we urge Congress to fund OAA programs, at a minimum, double FY 2021 enacted levels. Such funding levels are an important step toward restoring 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 supportive services to seniors. 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, 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 seniors from needing expensive nursing home care — which usually leads to their impoverishment and subsequent need to rely on Medicaid to meet critical health care needs. COVID-19 has shone a spotlight on how deep the need for these services is, as well as how this funding flexibility is instrumental in allowing 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 double appropriations for OAA Title III B in FY 2022 for a funding level of \$785 million.

OAA Title III C Nutrition Programs

OAA Title III C nutrition programs serve every state and Congressional district in the United States. More than two million older adults receive nutritious meals every year, each meal representing 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 programs, like Meals on Wheels, 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. There was existing unmet need for services prior to the COVID-19 pandemic, with older adults on waiting lists for services because nutrition programs did not have the necessary resources to address the full need in their communities. The number of older adults served through OAA nutrition programs has increased significantly due to COVID-19 and is not expected to decline. In order to address the nutrition and social needs of older adults, we urge Congress to double the funding for OAA Title III C in FY 2022 to a total of \$1.904 billion.

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. As Aging Services organizations look to reopen, they are considering hybrids of both virtual and in-person programming. 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 2022 to \$50 million.

OAA Title III E National Family Caregiver Support Program

As of 2020 over fifty-three 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 2017 the annual economic value of only forty-one million unpaid family caregivers was estimated at \$470 billion, which rivals the Medicaid budget. This economic value has only increased since then. 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. 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.

Title III E of the OAA provides funding to state and local programs to assist family caregivers of older Americans, enabling many 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 Family Caregiving Strategy. The strategy will identify 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 in all healthcare and long-term service and support settings, with the person and the family caregiver at the center of care teams; assessment and service planning (including care transitions and coordination) involving care recipients and family caregivers; information, education, training supports, referral, and care coordination; respite options; financial security and workplace issues.

We request that Congress work toward funding the National Family Caregiver Support Program at \$334 million in FY 2022. Included in the funding request for the National Family Support Program, \$400,000 is needed to sustain the efforts of the RAISE Family Caregiving Advisory Council in creating a National Family Caregiving Strategy.

OAA Title IV Chronic Disease Self-Management Education (CDSME)

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. Prevention and Public Health Fund 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 percent of the full population reach potential. FY 2022 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, one in four 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 three million fall injuries were treated in emergency departments, resulting in nearly 800,000 hospitalizations. One out of every five falls results in serious injuries such as broken bones and traumatic brain injuries. Over 95 percent of hip fractures are caused by falls, and falls are the most common cause of traumatic brain injuries (TBIs), resulting in nearly 80 percent of TBI-related emergency department visits, hospitalizations, and deaths in adults aged 65 and older. 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 are going unreported. Like all Americans, older adults are observing social distancing to maintain their health, and they are also susceptible to the health effects of

social isolation including increased risk from dementia, heart disease, stroke, depression, anxiety, and suicide. There are also specific correlations between the physical and mental health effects of isolation and increased fall risk. For example, recent research has found that older adults facing significant social isolation were 24 percent more likely to fall, and those with the least social contact has a 36 percent higher risk to be hospitalized 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 \$10 million to make these programs widely available to older Americans at risk across the nation.

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 2022, we urge Congress to make the first investment in the updated vision of OAA Title IV with \$75 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 2022.

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 Native American (Indian, Alaskan and 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. We encourage lawmakers to build on the 2020 COVID-relief funding for tribal aging programs given the current and future needs of American Indian elders and the pre-pandemic years of insufficient growth in funding to meet escalating need. The population of Native American elders 65+ is expected to grow by 115 percent by 2030. We urge Congress to double funding for Title VI in FY 2022 to reach \$70.4 million for Part A (nutrition and supportive services) and \$21.6 million for Part C (family caregiver support).

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 addressing barriers restricting access to residents 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.

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.

Community Care Corps Grants

We also urge you to include in any fiscal year 2022 funding bill support for Community Care Corps grants at \$5 million to continue the grants first funded in fiscal year 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. In the midst of the coronavirus pandemic, Care Corps grantees have fashioned creative ways to serve in the face of unanticipated challenges.

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 80,000-member Holocaust survivor population (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. 15,000 Holocaust survivors and more than 2,000 family caregivers have received services, and nearly 10,000 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, victims of childhood and domestic violence, refugees, and survivors of man-made or natural disasters, 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 \$5 million in FY 2021, the Holocaust Survivor Assistance Program now requires \$10 million in FY 2022 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.

Aging & 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 2022, Congress should continue investing in this model.

Other Important Aging Programs (Department of Health and Human Services/Administration for Community Living–Administration on Aging)

Medicare State Health Insurance Assistance Program (SHIP)

The Medicare State Health Insurance Assistance Program, through 2,000 local sites and nearly 16,000 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 must 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 seniors 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 \$52.1 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 be \$79.5 million. We request an increase in funding to at least \$79.5 million for

FY 2022 to continue to provide needed services to the growing numbers and diversity of Medicare beneficiaries.

Elder Justice Initiative

The Elder Justice Initiative, administered through 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, other APS support programs, programs to stop abuse in guardianship, elder 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 elder abuse and the work that must be done to develop effective, evidence-based prevention, intervention, and prosecution practices. LCAO applauds the FY 2021 emergency funding for the program and the American Rescue Plan Act funding of \$188 million for FY 2022 for the Elder Justice Act, including direct funding to Adult Protective Services programs and the Long-Term Care Ombudsman Program. However, this funding is not inclusive of the full scope of work of the Elder Justice and Adult Protective Services office. All of the programs overseen by this office are in need of expanded funding to combat the new challenges raised by the pandemic as well as meet the pre-existing need in local communities for these services. LCAO request \$100 million in support of these critical 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 percent of family caregivers report having used respite care service, despite nearly 38 percent 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 2022.

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 more than \$186 billion a year. 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 a \$7.5 million increase to the Alzheimer's Disease Program for a total funding level of \$35 million in FY 2022.

Older Americans Act (Department of Labor)

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. Older workers struggle with long-term unemployment longer than their younger counterparts, and this issue is becoming more acute as the COVID-19 pandemic economic downturn continues. In March 2021, over half of jobless adults age 55 and over were unemployed for 27 weeks or more. 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.

Current SCSEP funding levels help about 55,000 older workers 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. Yet this represents far less than one percent of the low-income adults age 55+ with incomes less than \$16,100 who are eligible for the program. 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.

The FY 2021 appropriation of \$405 million is \$60 million less than the funding nearly three decades ago. Minimum wage increases in 29 states and the District of Columbia have further eroded SCSEP investments. 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 \$480.9 million for FY 2022.

Administration for Children and Families (Department of Health and Human Services)

Social Services Block Grant (SSBG)

SSBG is a major funder of state and local services such as adult protective services (APS), adult day services, in-home supportive services, congregate and home-delivered meals, case management and other programs dependent on the grant. SSBG is a critical and consistent federal funding source for direct APS services, whose workers are often the first responders in cases of abuse, neglect, and exploitation. APS conducts investigations, evaluates client risk, develops and implements case plans, provides counseling, and arranges for a variety of services that also depend on SSBG. The strength in the program lies in its flexibility to allow state and local governments to determine how to use funds to best meet their community needs. In FY 2019, nearly 26 million individuals across the lifespan and their families benefited from SSBG. Static funding for SSBG fails to keep up with demand and rising costs, and from FY 2018 to FY 2019 the number of vulnerable and elderly adult recipients increased by 12 percent.

In the past SSBG has had bipartisan support on both the House Ways and Means Committee and the Senate Finance Committee. We urge Congress to continue funding SSBG at a minimum of \$1.7 billion for FY 2022.

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, Adult Protective Services, 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 increase funding to \$800 million for FY 2022.

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 2022 to help households struggling during the pandemic to maintain access to crucial utilities.

Centers for Disease Control and Prevention (Department of Health and Human Services)

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 patient's 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. Given the lack of new investments for several years, we urge that funding for NCIPC Elderly Falls activities be increased to at least \$4.1 million for FY 2022.

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 \$20 million in appropriations for FY 2022.

Health Resources & Services Administration (Department of Health and Human Services)

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 Geriatrics Academic Careers Awards (GACA) program supports the career development of individual junior faculty by providing clinical training in geriatrics. In FY 2022, we request at least \$105.7 million to support the GWEP and GACA program.

National Institutes of Health and National Institute on Aging (Department of Health and Human Services)

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.

AmeriCorps (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 Year 2021, 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 maintain funding for the Foster Grandparent Program at \$118.8 million and provide a modest funding increase for the Senior Companion Program (\$58.2 million) and RSVP (\$63 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 \$242 million in FY 2022.

Social Security Administration (SSA)

Social Security Limitation on Administrative Expenses (LAE)

Social Security Limitation on Administrative Expenses (LAE) LCAO is thankful for the \$1.3 billion increase in the Social Security Administration's (SSA) Limitation on Administrative Expenses in the Biden Administration's FY 2022 budget request.¹ After years of declining budgets, President Biden recognizes the importance of not only the income security that Social Security benefits provides but also the work needed to administer the program accurately and efficiently. The \$14.2 billion request for SSA's administrative funding is very helpful for the agency, and the amount will help provide important services to American workers and their families.

As important and welcome as the increase is, the proposed funding, unfortunately, is still inadequate and will not meet the rising needs of the agency. The population continues to age, with 10,000 Americans turning 65 every day. SSA has over \$400 million just in fixed annual inflationary costs that are earmarked for salaries, benefits, rent and guard costs, which cannot be shifted to meet other needs.² The Social Security Administration manages one of our largest government resources, paying out over \$1 trillion in benefits annually.³ For millions of Americans, Social Security is the face of the federal government. The agency boasts a 99 percent accuracy rate with less than one penny of every dollar spent on administrative costs.⁴ Concernedly, between 2010 and 2018, SSA experienced cuts-approximately 10 percent of its administrative budget-which resulted in field office closings, declines in the numbers of employees staffing

¹ Summary of the President's Discretionary Funding Request, p.38

² <https://www.ssa.gov/budget/FY21Files/FY21-IEAC.pdf>, Table 3.17, p. 144

³ Ibid, p.3

⁴ [2021APR.pdf \(ssa.gov\)](https://www.ssa.gov/budget/FY21Files/FY21-IEAC.pdf) p. 32

field offices and workload backlogs.⁵ Social Security's administrative budget should be increased to help ensure that the public can be served adequately by SSA staff, now, and as the nation emerges from the pandemic.

Subcommittee on Transportation, Housing and Urban Development

Department of Housing and Urban Development (HUD)

Community Development Block Grant (CDBG)

Since 1974, states have used CDBG funding for a variety of community development and anti-poverty programs, including programs for older adults and the facilities that serve them. These programs include constructing senior centers, providing home-delivered meals, completing home repairs, and modifying homes for accessibility. Further, according to the U.S. Conference of Mayors, every dollar of CDBG grant money leverages an additional \$3.65 in non-CDBG funding, making it an effective public-private partnership. LCAO urges continued bipartisan support and increased funding for CDBG.

Section 202 and Other Key Housing Programs for Older Adults

The need for affordable housing among older adults is significant. Only one of every three older adults eligible for rental assistance receives it because the programs are too small to meet the need. The U.S. Department of Housing and Urban Development (HUD) documented that older adult households comprise 66 percent of the latest increase of 582,000 households categorized as worst-case housing needs. Further, the share of older adults experiencing homelessness nearly doubled from 4.1 percent in 2007 to 8 percent in 2017, a sharper rise than the share of all U.S. individuals 62 or older. HUD has excellent programs to respond to the need for affordable older adult housing. Nearly two million low-income households with older adults rely on HUD's Section 202 Housing for the Elderly. LCAO supports greater collaboration between HUD, HHS, and other federal agencies to increase successful program linkages for older people to help them successfully age in place.

LCAO strongly supports increased funding for the HUD Section 202 Housing for the Elderly program and support the expansion of the Service Coordination Grant Program. We urge Congress to appropriate \$600 million to build an estimated 6,700 units of Section 202 housing. We are grateful that Congress has revived new construction funding for HUD's Section 202 Housing for the Elderly program in recent fiscal years. In

⁵ [SSA Staffing Shortage Hurts Hard-Working Americans | Center on Budget and Policy Priorities \(cbpp.org\)](https://www.cbpp.org/ssa-staffing-shortage-hurts-hard-working-americans)

FY 2022, we request full, 12-month funding for all current Section 202/Project Rental Assistance Contracts and the renewal of Service Coordinator grants. Approximately 2,000 Section 202 properties do not have Service Coordinators to assist residents. We are requesting an additional \$100 million in new Service Coordinator Grant Program funding to fund 400 positions in Section 202 communities. We are requesting \$5 million for the Emergency Capital Repair Grant program which provides one-time assistance to communities for issues that present an immediate threat to the health, safety, and quality of life of tenants. We also request support for the HUD-administered home modification program and full funding for the renewal of Project-Based Rental Assistance contracts for a full 12 months.

Service Coordinators in Public Housing

Service coordinators are a valuable resource and essential part of the management team in affordable housing communities, particularly those serving older people with low incomes. These professional staff save taxpayer dollars by providing access to community-based supports and services that enable residents to age safely in their own homes instead of having to move to more costly settings, such as a nursing home. Service coordinators assist older residents and/or residents with disabilities by identifying, locating, and acquiring the services necessary for them to live independently. LCAO urges Congress to provide \$45 million for the Public Housing Resident Opportunity for Self Sufficiency (ROSS) Service Coordinator Program in FY 2022.

Housing Choice Vouchers and Homelessness

LCAO urges Congress to support preservation of housing provided by the Housing Choice Voucher and Public Housing programs, which together assist almost 800,000 older adult households. Additionally, we urge lawmakers to appropriate adequate funding for Homeless Assistance Grants to help prevent and end homelessness among older adults.

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 2022 Department of Transportation appropriations bill includes at least \$5 million from the general fund for

the Federal Transit Administration's (FTA) Technical Assistance and Standards Development Program. Doing so would support the continued ability of this program to provide technical assistance, education and support to the aging, disability and transit communities to increase the availability and accessibility of transportation options that address the mobility needs of older adults and people with disabilities.

Subcommittee on Commerce, Justice, and Science

Department of Justice

Missing Americans Alert Program

This recently enacted initiative which expands, broadens and renames the Missing Alzheimer's Disease Patient Program, provides DoJ grants for training and technologies that will help first responders locate persons with Alzheimer's disease or autism who wander and go missing. Such a program saves time and resources for law enforcement, allowing them to focus on other security concerns. We urge, at a minimum, \$3 million in funding for FY 2022 for this vital program.

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 \$375 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.

Conclusion

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 protect older Americans against hunger, isolation, poor health, neglect, abuse, unemployment and other challenges will fail to reach the aging population in need of these services.

Under your leadership, LCAO hopes that in FY 2022, 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,

Alliance for Retired Americans
Alzheimer's Association
Alzheimer's Foundation of America
Altarum -- Center for Eldercare Improvement,
AMDA The Society for Post-Acute and Long-Term Care Medicine
American Association of Service Coordinators
American Geriatrics Society

American Postal Workers Union Retirees Department (APWU)
American Society on Aging
Association of Jewish Aging Services
B'nai B'rith International
The Gerontological Society of America
International Association for Indigenous Aging
Jewish Federations of North America
Justice in Aging
LeadingAge
Meals on Wheels America
Medicare Rights Center
National Academy of Elder Law Attorneys
National Adult Day Services Association (NADSA)
National Adult Protective Services Association
National Alliance for Caregiving
National Association for Hispanic Elderly
National Association for Home Care and Hospice
National Association for RSVP Directors
National Association of Area Agencies on Aging
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of State Long-Term Care Ombudsman Programs (NASOP)
National Association of Social Workers (NASW)
National Committee to Preserve Social Security and Medicare
National Consumer Voice for Quality Long-Term Care
National Council on Aging
National Senior Corps Association
Social Security Works

cc: Chairwoman Patty Murray and Ranking Member Roy Blunt, Senate
Subcommittee on Labor, Health and Human Services, Education, and Related
Agencies

Chairwoman Rosa DeLauro and Ranking Member Tom Cole, House
Subcommittee on Labor, Health and Human Services, Education, and Related
Agencies

Chairman Brian Schatz and Ranking Member, Senate Subcommittee on
Transportation, Housing and Urban Development, and Related Agencies

Chairman Peter A. DeFazio and Ranking Member Sam Graves, House Subcommittee on Transportation, Housing and Urban Development, and Related Agencies

Chairwoman Jeanne Shaheen and Ranking Member Jerry Moran, Senate Subcommittee on Commerce, Justice, Science, and Related Agencies

Chairman José Serrano and Ranking Member Robert Aderholt, House Subcommittee on Commerce, Justice, Science, and Related Agencies

Chairwoman Tammy Baldwin and Ranking Member John Hoeven, Senate Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies

Chairman Sanford Bishop and Ranking Member Jeff Fortenberry, House Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies

Members of the Senate and House Appropriations Committees