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February 13, 2019

The Honorable Lamar Alexander  
Chairman  
Committee on Health, Education, Labor  
& Pensions  
U.S. Senate  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Committee on Health, Education, Labor  
& Pensions  
U.S. Senate  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of our 38 million members and older Americans across the nation, AARP appreciates the opportunity to share our preliminary views on the reauthorization of the programs and services of the Older Americans Act (OAA), pending formal legislative language. Our priority is to ensure that the Act maintains critical service and information roles that promote greater responsiveness to the needs of older Americans. To that end, we look forward to working with the Committee to ensure the timely reauthorization of OAA.

While some individuals maintain good health well into old age, generally there is a decline in physical and cognitive function at older ages. Too often, advancing age and increasing frailty threaten the ability of older persons to remain in their own homes. The fear of having to enter a nursing home, with its associated loss of independence and threat of impoverishment, weighs heavily on the minds of many older persons and their family caregivers. Helping people to live in their communities with independence and dignity, as they grow older, is a bedrock goal of OAA. AARP believes that the programs, authorities and partnerships that have proven effective in meeting the needs of older Americans should be maintained and strengthened. We believe that older persons would be best served with an on-time reauthorization, with only minor adjustments to existing programs to modernize and streamline operations, improve efficiency and coordination, and enhance effectiveness.

AARP calls for funding at levels that will meet the needs of the growing older population. Every year, OAA programs provide services for 11 million older adults. Those services include home care, congregate (group) and home-delivered meals, case management, family caregiver support, transportation, adult day care, legal services, elder abuse prevention, and job training and employment opportunities for low-income older adults. Additionally, OAA Native American

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Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada  
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Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virgin Islands | Virginia | Washington | West Virginia | Wisconsin | Wyoming

programs provide nutrition, supportive and caregiver services to older American Indians, Alaska Natives and Native Hawaiians. OAA programs are cost-effective investments that serve the needs of older Americans while deferring or eliminating the need for costly institutionalization. While the age 60 and older population has grown by 63 percent since 2001, OAA funding in FY 2019 is only 22 percent above the FY 2001 funding level. When adjusted for inflation, total OAA funding over this time period has declined by 16 percent. Additionally, while AARP is open to potential new initiatives that complement existing programs, we do not endorse major new initiatives or changes that will divert already inadequate resources from core OAA programs. We urge that current OAA activities not be sacrificed to pay for new programs.

The OAA Title III-B supportive services program serves as an important component of the foundation of long-term services and supports (LTSS) that helps keep older adults where they want to live—in their homes and communities—which are generally less costly environments. OAA supportive services can also help delay or prevent the need for individuals to receive Medicaid LTSS. People age 80 and older are the most likely to need LTSS, and the age 80-plus population is projected to increase by 79 percent from 2010-2030. Investing more in home- and community-based supports will help prevent or delay unnecessary nursing home placement.

The OAA Title III-C nutrition services program plays an important role in reducing hunger and food insecurity—and promoting socialization, health and well-being—by providing nutritious meals. A 2018 report contracted by the Administration for Community Living (ACL) found that congregate meal program participants had lower health care expenditures and were more able to remain living in their home compared with non-participants. Cost data from home-delivered meal providers shows that they can feed a senior for an entire year for the same cost as one day in a hospital or 10 days in a nursing home. Yet, many low-income older adults who likely need meals do not receive them, according to a U.S. Government Accountability Office (GAO) report. Due to economic constraints, 4.9 million Americans ages 60 and older are going without enough food. Seniors that do not have access to enough food have lower nutrient intakes and worse health outcomes. Providing a greater investment in the nutrition programs can enable more seniors to remain at home and in better health, avoiding costlier services.

The Title III-E National Family Caregiver Support Program (NFCSP) provides grants to states and territories to fund a range of supports that assist family and other unpaid caregivers to care for their loved ones at home for as long as possible. Most of us are, have been, or will be a family caregiver or will need help to live independently. Family caregivers are the backbone of LTSS in this country. About 40 million family caregivers provide about \$470 billion annually in unpaid care to their loved ones—ranging from bathing and dressing to paying bills and transportation. Almost half of family caregivers perform medical and nursing tasks for individuals with multiple chronic physical and cognitive conditions, often with little preparation or training. Family caregivers also often serve as care coordinators, navigating systems of care and different providers. Family caregivers are likely to face greater strains in the future as the number of family caregivers is not expected to keep up with the large number of older adults needing care. Our country relies on the contributions of family caregivers. By supporting family caregivers, we can help people stay at home, helping to delay or prevent more costly nursing home care and unnecessary hospitalizations. We urge the Committee to increase the authorized funding level for NFCSP to provide family caregivers with critical support and allow

grantees the ability to fully respond to local needs without having to redirect resources from one population to another.

Additionally, AARP supports mandating the use of comprehensive, standardized family caregiver assessment tools to ensure that family caregivers receive the support and services they need. Understanding the family caregiving situation is a critical step in the process for linking the family caregiver to the most appropriate supports and services (e.g., counseling, respite care etc.). The circumstances of each caregiver are varied. Questions regarding the skills, abilities and knowledge of family caregivers can help to identify the tasks that are most problematic and stressful for the caregiver. This information, in turn, can lead to targeting supportive services more effectively and efficiently. Better targeting of supports and services can also protect family caregivers from negative aspects of caregiving and may improve care outcomes for the care recipient, including reduced usage of emergency services and delayed placement in nursing homes. The majority of Area Agencies on Aging (AAAs)—69 percent—already use a standardized assessment tool. The most effective interventions begin with an assessment, and we believe that using a standardized assessment tool should now be standard practice.

The OAA mandate to provide legal services—which helps ensure legal help for some of the most critical problems of the neediest older Americans—remains extremely important, and should be retained. Requiring services rather than providing discretion in this area is critical because prioritizing the provision of legal services is controversial in some communities. Without the mandate, the fundamental principle of access to justice may be denied to some older persons.

For many years, AARP has called on Congress to leave intact OAA language that targets the most vulnerable populations. AARP continues to support retention of the targeting provisions of the Act, especially language that targets low-income seniors, seniors residing in rural areas and seniors from racial and ethnic groups that have experienced discrimination. It is important to direct resources to areas that achieve the most impact while aiming to meet the goals of the Act. Toward this end, we support uniform data collection procedures and definitions that permit evaluation of program effectiveness, especially regarding gaps in service to rural, frail, low-income and minority older persons.

AARP welcomes the opportunity to work with the Committees to build upon the success of OAA programs and services through the 2019 reauthorization process, and appreciates your consideration of our preliminary recommendations.

Sincerely,

A handwritten signature in black ink that reads "Joyce A. Rogers". The signature is fluid and cursive, with the first name "Joyce" being the most prominent part.

Joyce A. Rogers  
Senior Vice President  
Government Affairs