



March 21, 2024

The Honorable Bernie Sanders, Chairman, and the Honorable Bill Cassidy, Ranking Member

United States Senate Committee on Health, Education, Labor, and Pensions (HELP)
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Bob Casey, Chairman, and the Honorable Mike Braun, Ranking Member

United States Senate Special Committee on Aging
G16 Senate Dirksen Office Building
Washington, DC 20510

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

USAgging appreciates the opportunity to provide input to the Senate HELP Committee as part of the Committee's efforts to reauthorize the Older Americans Act (OAA) with support from the Aging Committee. The OAA reauthorization is USAgging's top policy priority in 2024, and we look forward to working closely with you, your staff and other stakeholders to ensure that this update reflects what is most needed by older adults and caregivers now and the best ways to support the Aging Network in meeting those needs.

USAgging is the national association representing and supporting the network of Area Agencies on Aging (AAAs) and advocating for Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, case management, long-term care ombudsman programs and more to millions of Americans each year.

AAAs were formally established in the 1973 Older Americans Act (OAA) reauthorization as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. Beyond the OAA, large numbers of AAAs have Medicaid home and community-based services (HCBS) waiver roles (either directly with the state or via a contract with a managed care organization) and increasing numbers (47 percent) now contract directly with health care entities to address health-related social needs. As long-standing, trusted community resources on healthy aging and home and community-based services, AAAs are expert at providing programs and care that address the social and environmental factors that affect health outcomes. These social determinants/drivers of health include but are not limited to access to housing, employment, nutritious food, transportation and social support.

RFI General Questions:

1. What are the biggest challenges currently facing the older adult population? How have OAA programs performed historically in addressing these challenges? How can OAA programs be improved upon to better address these challenges?

THE DEMOGRAPHIC NUMBERS: The impact of an aging America has only begun to be felt and is the dominant issue of today and the future. According to US Census data, 17 percent of—or 55.6 million—Americans were 65 or older in 2020. With an estimated 10,000 people turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be 65 or older, a full 22 percent of the population.ⁱ Additionally, by 2035, older adults are expected to outnumber children under 18 for the first time in history.ⁱⁱ The population of older adults is also becoming more diverse, and the proportion of non-White older adults will continue to significantly increase over the next several decades.ⁱⁱⁱ

THE LACK OF INFRASTRUCTURE: One thing this rapidly growing and diverse demographic cohort agrees on is the overwhelming desire to age at home rather than in institutional settings: 85 percent of those age 65 and older want to remain in their home and community as they age.^{iv} This preference is also the most cost-effective solution for older adults, their families and governments at all levels.

USAgings’s Area Agency on Aging (AAA) and Title VI Native American Aging Programs members report a host of challenges faced by older adults in 2024—and those of their caregivers. While not an exhaustive list, we will share that older adults face significant challenges in being able to age well in the setting of their

choice, which is almost always their existing homes. Older adults are facing challenges such as rising housing and food costs, a nationwide lack of affordable and accessible housing and difficulty navigating communities that have not been designed to be livable for people of all ages and are not dementia-friendly. This includes a lack of accessible, affordable transportation, planning and zoning policies that fail to acknowledge the aging of America, and a long-term care system that is fragmented, underfunded and a mystery to navigate for many older adults and caregivers.

THE LACK OF SUFFICIENT FUNDING FOR THE ACT'S COST-EFFECTIVE SOLUTIONS: Community supports such as those funded via the OAA enable healthier aging and the ability for older adults to remain at home successfully with assistance, but there are not enough financial resources provided by the federal or state governments to meet the need that exists in all communities. The need for in-home supportive services which provides older adults help with Activities of Daily Living (bathing, toileting, dressing), keeping one's home safe and clean, meal preparation, as well as in-community supports such as transportation, legal services, information and referral, case management, home modifications and much more continues to grow as the population ages. While the critical nutrition programs in the Act administered by AAAs are better known than the wide range of vital supportive services noted above, AAAs use Title III B funding to weave together all the OAA funding streams and programs to ensure that for the consumer, they are getting what THEY need, not what someone else thinks they need.

The OAA and the Aging Network it charges to support older adults by creating options for aging well at home and in the community has a long and successful history. **One of the strengths of the Act is the purposeful emphasis on state and local planning and flexibility, which enables the Aging Network to:**

- plan accordingly for the demographic and other changes that the AAA and/or state has identified;
- create the home and community-based options people actually want and need, based on input from consumers and stakeholders and free of bias as to a particular provider model;
- meet the needs of those most at risk of institutionalization or loss of independence via targeting of services to specific populations identified by Congress and state and AAA leaders;
- ensure that scarce resources are used in the most efficient and cost-effective manner that best meet the desires and needs of the older adults and caregivers they serve; and

- address population health in a person-centered way, including supporting people living with dementia, other cognitive issues or multiple chronic conditions, or those most at risk due to social or economic needs.

Chronic underfunding has been a long-time challenge across the Act. Congress creates additional challenges when it funds some programs more than others because of name recognition or misperception of what today's older adults want and need. With this in mind, what is actually needed in the Act to best meet the needs of older adults today?

- **More resources for the core services in the Act.** (See USAging's Recommendation 1.1., below).
- **Preserved AAA flexibility on what programs and services are funded and to what degree based on local needs.** We ask for no new mandates or unnecessary restrictions or barriers on how AAAs carry out their critical planning, funding and coordination roles which have worked successfully for more than 50 years. This includes any proposals to elevate programs that are already funded in the Act (such as senior centers), carving out resources or diverting attention and resources to other issues that, while important to the health and well-being of older adults, cannot be supported through the Act without significant investments. We ask that you build upon and not alter the successful infrastructure base already laid out in the Act but instead focus on prioritizing the incredible services already outlined in the Act, help us modernize them appropriately and then work with appropriators to fund them!
- **Expanded state and local flexibility** to unify the Title III C nutrition program (see USAging's Recommendation 2.1, below) and allow for evidence-informed programming under Title III D (Recommendation 1.3) in the face of severely low funding.
- **Continued investment in the Aging Network's capacity and workforce**, including training and technical assistance on issues *reported by the field as needed*. See USAging's social isolation Recommendation 2.2, below. For example, AAAs see firsthand that social isolation of older adults is a critical and growing issue. AAAs are on the forefront of work to end social isolation, with 98 percent of agencies having a program or activity to address the critical need for social engagement. These programs include a wide variety of options, such as health and wellness activities, volunteer engagement opportunities for older adults, arts and creative activities, and technology engagement activities. Furthermore, to reach underserved populations and provide culturally responsive services, 69 percent of AAAs offer social engagement programming tailored to the needs of different communities, including older adults living in rural areas, racial or ethnic

minority groups, people with disabilities, veterans, LGBTQ+ and more.^v But more needs to be done to build the capacity of the Aging Network to support this critical work.

2. What are your top priorities for OAA reauthorization? Please explain why.

USAging has numerous top priorities for OAA reauthorization, which are detailed in full in our [Recommendations for the Reauthorization of the Older Americans Act Policy Brief](#). These include three main goals: ensuring AAAs and Title VI Native American Aging have what they need to serve more older adults who need help to age well at home; to meet the needs of today's and tomorrow's older adults; and maintain efficient oversight and management of local service delivery to ensure quality. To fulfill these three goals, USAging has outlined specific policy recommendations that are summarized below. For a detailed overview of each of these priorities, please consult the Policy Brief. We also expand on select priorities in later questions.

GOAL 1: To Serve More Older Adults Who Need Help to Age Well at Home

Recommendation 1.1: Significantly increase authorized funding levels to meet the real and urgent needs of a rapidly growing older population and the rising costs of service delivery.

Recommendation 1.2: Ensure that AAAs and other Aging Network community-based organizations are able to further meet their missions by securing health care or other private funding to serve more older adults.

Recommendation 1.3: Allow Title III D health and wellness programs to be evidence-informed— not just evidence-based—to expand the Aging Network's ability to reach older adults with emerging interventions and to extend the reach especially in rural areas and other areas which have limited funding for this important work.

Recommendation 1.4: Expand Title VI, Grants for Native American Aging Programs, to include a dedicated Supportive Services funding stream and boost the capacity of grantees through more robust training and technical assistance.

GOAL 2: To Meet the Needs of Today's and Tomorrow's Older Adults

Recommendation 2.1: Unify and modernize the Title III C nutrition funding streams

and programs to reflect recent innovations, the changing needs of consumers and the goal of local decision making inherent in the Act.

Recommendation 2.2: Reduce social isolation and loneliness among older adults by authorizing a national resource center dedicated to providing training and technical assistance for Aging Network professionals on innovative strategies to build and expand social engagement programs and activities.

GOAL 3: To Maintain Efficient Oversight and Management of Local Service Delivery to Ensure Quality

Recommendation 3.1: Increase the administrative funding ceiling by two percentage points to ensure appropriate program development, oversight and network management amid rising costs and eroding federal OAA funding.

3. The demographics of the older adult population are changing rapidly: Please describe changing needs and how the aging network (including area agencies on aging, senior centers, state units on aging, aging and disability resource centers, centers for independent living, etc.) plans to address them.

While we understand the importance of the disability services community and honor their role in supporting people with disabilities, we need to respectfully point out that the Older Americans Act was conceived and targeted to serving the needs of people age 60 and older. Although many older adults may age with a disability or acquire one as they age, which can and should be addressed by OAA and the Aging Network, addressing the broader role of all people with disabilities was not the intent of the Act and the services that it supports.

That's why it's important to note that Centers for Independent Living *are not part of the Aging Network*. They are key partners in and sometimes leaders of local Aging and Disability Resource Center (ADRC) activities and can be partners for AAAs on other efforts (such as coordinating vaccination programs). While the authority for ADRCs rests in the OAA, the bulk of funding does not. With very limited federal funding, ADRC systems (at the state and local level) are primarily funded by state funding or via other sources, such as Medicaid funding. USAging considers the CIL network, along with other disability CBOs, to be important partners for USAging and for AAAs and we work closely with them, but their role is vastly different from what the Aging Network is charged with under the OAA. **The Aging Network is comprised of State Units on Aging, Area Agencies on Aging and community aging providers, as well as Title VI Native American Aging Programs**

serving elders and caregivers. It's important in this reauthorization not to blur the lines or undermine the focus of the Act on older adults and caregivers of older adults.

Additionally, **it's important to note that ADRCs were not designed to be separate entities,** but rather represent a coordinated approach by state and local aging and disability networks to ensure that consumers could access services from any entry point. The original goal was to pull together those resources and tap into the wide range of local resources across the aging and disability space. However, that work builds on those local entities', such as AAAs, existing expertise and resources. In other words, ADRCs are programs or approaches or systems that build on what is already there but customized to improve the consumer's experience and access.

As noted earlier in our response, the number of older adults is growing, including the number of people age 85+, the fastest-growing age group. Part of the AAA's role is to use the targeting language created by Congress, combined with local research that informs the Area Plan, to ensure that their programs and services can address a wide array of needs from an increasingly diverse aging population (e.g., by age, race, cultures, etc.).

This targeting has always been the role of AAAs and they continue to rise to the occasion even as more targeted populations have been added to the Act over time. However, without expanded resources, the Act cannot meet the needs of everyone who is part of a targeted population or greatly needs assistance. Congress's reauthorization goals must take into consideration the appropriations reality we face. Expanding the population base without funding merely raises expectations that cannot be adequately fulfilled.

4. What changes could Congress make to improve the efficiency and effectiveness of OAA services and programs?

Please see the second part of our answer to question 1 and all of our answer to question 2, above.

We would also like to raise an emerging issue that we believe would greatly hinder the efficiency and effectiveness of OAA programs and services. USAgging strongly opposes any proposed recommendation to elevate, in authority or via a separate funding stream or title, one specific type of provider over the others (i.e., senior centers) and therefore disrupt

the way that AAAs make local allocation and programming decisions to meet the needs of older adults in a community.

Such a change is not needed as sufficient authority exists for single-PSA states and AAAs to fund OAA programs and activities at traditional senior centers or other types of community centers including hybrid models—and they already do so. According to forthcoming data from USAging, 96 percent of AAAs have a formal relationship with one or more senior centers in their planning and service area (PSA), 39 percent provide transportation to senior centers and one-quarter of AAAs own or operate one or more senior centers. AAAs help senior centers modernize their formats and offerings wherever possible, but it must be noted that 74 percent of AAAs report that the senior centers in their PSA's greatest need is attracting new audiences (generations, race, ethnicity).

Although traditional senior centers are successfully attracting older participants in many communities, AAAs have also consistently reported to USAging for many years that the traditional senior center model is of less interest to new generations of older adults, who often prefer to gather in multigenerational spaces or other spaces in their community for health and wellness programming. And most AAAs report that in many cases, older adults are not returning to such centers post-pandemic. Other changing preferences also include increased interest in grab-and-go or restaurant-based meals as an alternative to eating in traditional congregate settings such as senior centers. Efforts to modernize the Act for current and future generations need to take into account the changing preferences of older adults and where they want to receive services.

A move to create a separate title in the Act for senior centers also would create additional administrative burdens and concerns that would pull off funding from the direct delivery of services by establishing new and complicated funding streams, needing to build capacity for reporting and monitoring of direct federal funding to name only a few. Additionally, if senior centers are elevated or receive dedicated funding or heightened authority in this Act, this opens the doors to having other types of local providers demand their own funding stream, further fragmenting service delivery and planning locally and tying the hands of the State Units on Aging and AAAs and increasing administrative costs versus targeting resources directly to services. AAAs were added to the Act in 1973 to ensure optimal development and coordination of local service delivery—and Congress should not take us backwards by fragmenting out services and funding, especially not in 2024 given all we face as an aging nation.

To be clear, AAAs support keeping their ability to fund senior centers and the nutrition and the other wellness activities at such centers and other community spaces. They are a key provider type in the AAA's OAA toolbox and in some communities, are key gathering places for some older adults. However, any elevation of senior centers' status or any dedicated titles, subtitles or line items should be rejected in this reauthorization. It does not align with current realities, consumer preferences or what's in the best interest of maintaining the efficiency of the Act and it would hinder the AAA's role to target limited resources in a person-centered manner to those older adults in the community who are at greatest social and economic need as outlined in the Act. **AAAs need to retain authority over the OAA programs and services and providers that they fund at the local level if the network's federal-state-local infrastructure is to work properly, efficiently and with the highest quality of services.**

RFI Targeted Questions:

1. Legislation passed by Congress in response to the COVID-19 pandemic made temporary changes to some OAA programs, including flexibility for nutrition services funding and adjustments to eligibility for home-delivered meals.

- a) What impact did these changes have on older adults and program operations?**
- b) How should Congress consider these changes outside of a public health emergency?**
- c) What changes made during the COVID-19 pandemic but not mentioned above should Congress examine for this reauthorization?**
- d) How should Congress consider the impact of the pandemic when working to reauthorize OAA?**

The pandemic-related added flexibilities transformed the Aging Network's ability to:

- improve existing protocols and programs to meet a dramatically changed set of needs among older adults (e.g., creating grab-and-go meals, technology deployment to allow for virtual contact, grocery and personal supply deliveries, PPE distribution and much more);
- stand up additional programs to further meet those needs (e.g., wellness check-ins, social engagement programs, vaccination assistance and support); and
- expand partnerships at the local level (e.g., public health, medical community, community/cultural groups connected to hard-to-reach populations); among many other changes shaped during the COVID-19

pandemic.

In addition to added flexibility during the pandemic, the COVID-19 relief funding for OAA in the Families First, CARES and the American Rescue Plan Acts gave a much-needed infusion of resources to the Aging Network to assist more older adults, the population most vulnerable to health crises and loss of independence during the pandemic. However, these newer clients continue to need support—and may need even more help as they age.

USAgging recommends that the lessons learned and innovations developed during the pandemic inform this reauthorization. All our recommendations reflect these factors, as well as current realities in the field in terms of demand for services, the increasingly complex challenges faced by older adults and caregivers, the workforce shortage and rising costs of AAAs and providers. Please see USAgging’s [Recommendations for the Reauthorization of the Older Americans Act Policy Brief](#) for more details.

We will also note that *we do not support* 100% state flexibility outside of a disaster situation. While we believe that the Title III C nutrition program should be unified (see our Recommendation 2.1), there is no need to streamline the other existing funding streams in Title III at this time, nor create new funding streams in Title III.

2. During the COVID-19 pandemic, OAA partners, including congregate meal providers, adapted to new ways of delivering services, such as providing grab and go meals.

- a) In the absence of a public health emergency, is it appropriate to retain flexibility in meal delivery services for the congregate meals program? If so, why? What effect would changes in meal delivery services have on older Americans?**
- b) Should Congress consider any requirements related to different ways of providing congregate meals?**

Yes, USAgging agrees it is appropriate to maintain strategic flexibility in meal delivery services, as well as ensure that AAAs can, with state guidance, determine how to allocate funding to meet local needs. The pandemic illustrated the importance of this local flexibility, which led to the aforementioned innovations at the AAA and provider levels, but this moderate, sensible policy solution is not new.

USAging has long encouraged greater flexibility between the Title III C nutrition program funding streams to better align resources to local needs. The COVID-19 pandemic and the Aging Network's incredible innovation and resilience have changed the thinking about how nutrition services are delivered in the community—and what older adults want now and in the future. This reauthorization should modernize the way Title III C is administered at the state and AAA level, making operations simpler and increasing the local AAA's ability to provide person-centered services that still focus on good nutrition for healthy aging and reducing social isolation. While we appreciate ACL's 2023 efforts to add limited flexibility via their final OAA regulations of 2024, we believe that a change in the statute is long overdue.

While maintaining the integrity and goals of the C1 congregate meals program and the C2 home-delivered meals program, it's time to create one funding stream and one nutrition program, with approved activities that reflect the history, present and future of nutrition service delivery. **USAging supports the unification of Title III C Nutrition Services**, with several authorized program options under it. This would be similar to the multiple approved activities to support caregivers under Title III E, the National Family Caregiver Support Program, or the host of authorized services under Title III B Supportive Services.

Under a unified Title III C, congregate and home-delivered meals programs would retain their unique value and be tracked as they are now. However, a third option could be added to capture the flexible solutions the Aging Network created during the pandemic and allow for future flexibility as generational change and the diversification of the population demands innovation and creativity. For instance, a third category of OAA meals could authorize a grab-and-go or pick-up option, with certain standards attached. Note that this unification would mean one funding stream for all Title III C-authorized activities, leaving it up to SUAs and AAAs to then allocate funding across the subcategories of services that best reflects local need. This would eliminate the need for C1-C2 transfers, a frequent barrier to more effective use of nutrition funding.

3. Congress made several changes to OAA through the Supporting Older Americans Act of 2020, including adding caregiver assessments to the National Family Caregiver Support Program as well as efforts to improve social isolation.

- a) **Have these policies better informed resources needed by caregivers or older Americans? Please explain why or why not, and if yes, how.**
- b) **How can Congress improve these efforts?**

c) What changes made in the Supporting Older Americans Act of 2020 but not mentioned above should Congress examine for this reauthorization?

USAgging supported the changes made to the Act in 2020 regarding elevating the importance of addressing social isolation and loneliness. Given our members' pivotal role in creating social engagement opportunities—often through their community providers but also directly via other AAA-delivered programs—this issue has long been important to USAgging. In fact, we have operated [engAGED](#): The National Resource Center for Engaging Older Adults (funded by the U.S. Administration for Community Living) for many years, including before the pandemic. Having the engAGED Resource Center in place was pivotal to ensuring the Aging Network's quick and effective response to the social isolation needs of older adults during and after the pandemic. And this need continues today.

One oversight in 2020, however, was not codifying this important training and technical assistance resource for the Aging Network. That's why our Recommendation 2.2 reads as follows: **Reduce social isolation and loneliness among older adults by authorizing a national resource center dedicated to providing training and technical assistance for Aging Network professionals on innovative strategies to build and expand social engagement programs and activities.**

Multiple references to preventing social isolation and loneliness were added to the OAA in 2020, and the Aging Network has a long history of promoting social engagement through all its programs. However, a successful national resource center focused on supporting AAAs and Title VI programs' efforts should be codified in the Act. This would ensure the continuation of training and technical assistance designed specifically for the Aging Network on social engagement. The center would provide ongoing training, technical assistance, best practices and innovative ideas to the Aging Network entities that are doing this work, including AAAs, service providers and other community groups.

Currently this work is dependent on ACL's decision to fund it from its discretionary pool of dollars and, as their attention has turned to more consumer-focused social isolation campaigns to broader audiences beyond older adults, dedicated professional resources to the Aging Network stand to be diminished. Adding authorization for a national center focused on the Aging Network professionals who deliver social engagement opportunities is not only needed but complements the 2020 statute additions and ensures that the Act addresses emerging needs through

proven delivery systems.

On the issue of **caregiver assessments**, it's important to note that AAAs have performed caregiver assessments and screenings long before the term was defined in the Act in 2020. Part of the AAA's role is to screen and/or assess (very different processes) any potential clients to properly determine their needs and what any responses should be in terms of service delivery, referrals or other supports. This includes the caregivers AAAs are tasked with serving in Title III E National Family Caregiver Support Program (and where state or other funding is available, other caregivers).

Additional changes are not necessary and warn against unnecessarily restricting states or AAAs to use a specific type of caregiver assessment or meet a certain standard (such as an evidence-based tool). We opposed that approach in 2020 and will do so again. While we appreciate the desire to take outside-of-OAA research and advancements in serving caregivers and apply it to the OAA, doing so can overlook the fact that AAAs are already experts at supporting caregivers and know best how to conduct assessments and provide services and that funding realities should warn against unnecessary narrow or unrealistic directives or unfunded mandates *that only complicate the actual delivery of services to caregivers.*

We also ask Congress to consider our Recommendation 1.4, which builds on changes we recommended in 2020 re: Title VI of the Act to better support the tribal aging programs that deliver services under that title to elders in Indian Country and beyond. While a small portion of that previous recommendation was enacted, more needs to be done to support the Title VI Native American Aging Programs, which are phenomenally under-resourced yet serve perhaps the country's most disadvantaged populations.

4. ACL recently finalized regulations regarding OAA. Should Congress consider any changes in response to the new rule?

USAgings commends the U.S. Administration for Community Living (ACL) for its comprehensive efforts in updating the OAA regulations. USAgings is supportive of most of ACL's changes, which aim to allow OAA programs to better serve older adults and to establish clear and formal guidance that reflects the intent of the statute as well as the realities that the Aging Network—and more importantly, older adults and caregivers—face today.

However, USAging has a major objection to one section of the regulations that could undermine and compromise the ability of AAAs and other Aging Network community-based organizations (CBOs) to further meet their missions by securing health care or other private funding or contracts to serve more adults. This is referred to as the Contracting and Commercial Relationships provision, which can be found in § 1321.9(c)(2)(xiv) of the final rule.^{vi}

As federal OAA funding has eroded even as the population of older adults has grown dramatically—AAAs have had to turn to other funding streams and relationships that enable them to supplement their OAA funding to better meet their missions to address the critical needs of older adults. These contracts and commercial relationships allow AAAs to serve more older adults, expand and extend their services, support populations for whom OAA services are not available or adequate, create specialized services for people living with dementia, and much more.

In fact, ACL has championed and supported the Aging Network’s ability to do this and to be excellent partners with health care over the past dozen years. Thanks in part to ACL’s funding and encouragement, the Network has successfully expanded into the contracting arena: 47 percent of AAAs reported at least one health care contract in the 2021 USAging Request for Information survey on CBO–health care contracting.^{vii} AAAs are also working with their networks of local providers (often, but not always, in partnership with their local OAA providers) on these contracts, with AAAs often serving as Community Care Hubs/Network Lead Entities. In the same 2021 survey, 44 percent of AAAs reported contracting with health care entities as part of networks of AAAs and CBOs.

Yet the final update to the 2024 OAA regulations would allow an overreach of state authority. Language included in the updated OAA regulations would give SUAs approval over any contracts a AAA enters into, including the aforementioned outside-of-OAA contracts where OAA funds are not used.

To interpret all contracts as under the SUA’s purview, regardless of authority or funding, defies logic, contradicts the statute and neglects consideration of the many roles that AAAs and service providers play today, beyond their OAA roles, in order to meet their missions to serve older adults and enable them to age well at home and in the community, as well as supporting caregivers and people with disabilities. A SUA cannot be responsible for approving a AAA’s commercial or contracting relationships that are outside of the SUA’s oversight of the AAA. The SUA has no stake in the contracts and activities, no authority to deny the activities and does not fund the activities through OAA

dollars—therefore, they should not have approval. We raise a practical matter as well: involving SUAs in the contracting process will create significant conflicts, delays and complications, swiftly leading to a reduction in AAAs' ability to expand services through contracting and other relationships.

In the 2020 reauthorization, Congress validated limiting SUA authority to the use of OAA funding, adding language in Sec. 306(g) that makes clear that “nothing in the Act shall restrict [AAAs] from providing services not provided or authorized by the Act, including through 1) contracts with health care payers; 2) consumer private-pay programs; or 3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.” However, in addition to ACL's 2024 regulations, other areas of the Act include dated language that has complicated the implementation of the new provisions.

To correct this pressing issue, USAging urges Congress to clarify and rectify the conflicting and ambiguous language in multiple sections of the Act to ensure that:

- When OAA funds are leveraged to secure health care contracts or establish private-pay programs, State Units on Aging have a clear, non-burdensome and appropriate oversight process for the AAAs' activities.
- When OAA funds are not used in the creation of non-OAA programs or the AAA secures other revenues to meet their mission, the State Unit on Aging is only responsible for ensuring the continued oversight of the AAA's or providers' OAA-funded programs.

It is not appropriate for states to have any approval over a AAA or their provider's outside-of-OAA contracting or other endeavors intended to serve the health and aging needs of older adults, as well as caregivers. These changes are critical to meeting the needs of older adults being served by AAAs and their provider partners with non-OAA revenues; the ability of the Aging Network to truly offer a range of options for living well at home when OAA funding comes up short; and the advancement of better health as we age by addressing older adults' health-related social needs (HRSNs).

When Congress added Section 306(g) in 2020, the intention was to clarify that a AAA's role within the Act did not limit its activities outside of the Act, and that AAAs have autonomy over non-OAA funded activities. Requiring AAAs to seek State Unit on Aging (SUA) approval for activities and partnerships that do not involve OAA funds would restrict AAA activities related to health care contracting, contradict Sec. 306(g) of the Act and not be in the best interest of the consumer. Statutory

language in the Act has led some to interpret that a SUA has authority for approval of such activities. **It is imperative that Congress clarifies this language in the 2024 reauthorization.** Since the SUA has no stake in the contracts and activities, no authority to deny the activities and does not supply OAA funding for the activities, it stands to reason that they should not have approval.

We respect and support that the statute gives SUAs oversight over AAAs' OAA-related activities and want to ensure that both SUAs and AAAs are clear on all statutory and regulatory obligations and responsibilities to deliver the highest-quality services to older adults and caregivers. SUAs already have ample authority and recourse in the event that a AAA is, for any reason, noncompliant with the assurances it has provided to the SUA about its OAA work.

However, in the past decade, some SUAs have discouraged or created barriers to AAAs' and providers' outside-of-OAA contracting. The intent of the AAA contracts has been and continues to be focused on expanding their capacity to support the ability of more older adults to age well at home. This represents an overreach of authority and is not in the best interest of the populations served by the Aging Network. The SUA already has mechanisms in place to ensure the highest quality delivery of OAA services by the AAA. But states should not have the authority to decide what other funding, programs or business relationships AAAs engage in unless they can prove that those activities have undermined the financial, conflict-of-interest (COI) and other assurances the AAA (or providers) has already given regarding their critical OAA role.

Furthermore, we note that AAAs are not state entities and are not beholden to any state beyond specific obligations they make in exchange for state-administered funding. They are independent nonprofits (roughly 41 percent), or part of county, municipal or councils of government (roughly 53 percent), or housed in other institutions (roughly 7 percent). The OAA gives AAAs clear roles and responsibilities under the Act, and the SUA has oversight of that work within OAA. It is egregious to presume that a state's OAA authority somehow extends to all the functions of a AAA or an OAA service provider, regardless of statutory authority or a funding stream.

We note that the 2022 AAA National Survey, funded by ACL and conducted by USAging in partnership with Scripps Gerontology Center, indicates that OAA funding represents only 39 percent of the median AAA's budget.^{viii} It does not diminish the importance of the AAA's OAA role to secure additional funding streams, and this multiple-funding-source reality is, in fact, a testament to the charge given by the OAA to create as many options as possible for aging well at home. That does not

mean, however, that a state's authority over those other activities automatically extends beyond OAA. USAging looks forward to working with Congress on clarifying language to prevent further conflict and confusion on this important issue.

Thank you for seeking input from key stakeholders such as USAging and our AAA and Title VI Native American Aging Program members on this important reauthorization of the Older Americans Act. USAging stands ready to answer any questions from the Committees' Senators or staff members, and we look forward to working with you to pass a bipartisan update of the Act in 2024. For more information, please contact our policy team: Amy Gotwals, Chief, Public Policy and External Affairs, agotwals@usaging.org, and Olivia Umoren, Director, Public Policy and Advocacy, oumoren@usaging.org.

Sincerely,



Sandy Markwood
Chief Executive Officer

ⁱ U.S. Administration for Community Living, *2021 Profile of Older Americans*, 2021, https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf.

ⁱⁱ U.S. Census Bureau, *2023 National Population Projections Tables: Main Series*, 2023, <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>.

ⁱⁱⁱ Population Reference Bureau, *Population Bulletin: Aging in the United States*, 2015, www.prb.org/wp-content/uploads/2016/01/aging-us-population-bulletin-1.pdf.

^{iv} AARP, *2021 Home and Community Preferences Survey*, 2021, www.aarp.org/research/topics/community/info-2021/2021-home-community-preferences.html.

^v USAging, *AAA Social Engagement Programs and Partnerships*, 2023, <https://www.usaging.org/Files/Fast%20Facts-AAA-engagement-programs-508.pdf>

^{vi} U.S. Administration for Community Living, *Older Americans Act Final Rule*, 2024, <https://www.govinfo.gov/content/pkg/FR-2024-02-14/pdf/2024-01913.pdf>.

^{vii} USAging, Aging and Disability Business Institute, *AAAs Address Social Needs Through Contracts with Health Care*, 2022, www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2022/07/Survey-Spotlight-AAAs-508.pdf.

^{viii} USAging, *2023 Chartbook: More Older Adults, More Complex Needs: Trends and New Directions from the National Survey of Area Agencies on Aging*, <https://www.usaging.org/Files/AAA-Survey-Report-23-508.pdf>.