

July 19, 2024

U.S. Senate Health, Education, Labor, and Pensions Committee
U.S. Senate Special Committee on Aging
Washington, DC 20510

Delivered via electronic mail to: OAA@help.senate.gov

The Gerontological Society of America (GSA) appreciates the opportunity provided to provide comments on the draft reauthorization language of the Older Americans Act (OAA).

Notably, we congratulate and applaud the U.S. Senate Health, Education, Labor, and Pensions (HELP) Committee and the U.S. Senate Special Committee on Aging, Members and staff for your bipartisan approaches in drafting language to reauthorize the OAA with increased support and new programs that support meaningful lives as we age.

Since 1965, the OAA has created numerous programs and direct-care supports and services, such as transportation, congregate nutrition, disease prevention and health promotion services, evidenced-based wellness courses, home-delivered meals, care coordination, and referral and information systems, in addition to the Long-Term Care Ombudsman (LTCO) Program which addresses the needs and rights of people living in nursing homes and assisted living facilities. These programs have resulted in older people and those who care for them live longer, healthier lives. The networks of State Units on Aging (SUA) and Area Agencies on Aging (AAA) and the other aging network providers have ensured that older people in all communities across the nation have access to supportive programs.

GSA and its members have a long history with the OAA. GSA honors aging across the life course and is the nation's oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. The principal mission of the Society — and its 5,400+ members — is to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. We encourage interdisciplinary research collaboration and communication. We routinely convene communities of interest to discuss issues of importance and make recommendations to address the specific needs of older people.

In January, GSA supported the Leadership Council of Aging Organizations (LCAO) Chair's letter calling for reauthorization of the OAA in alignment with the principles of bold investment, innovation and flexibility, diversity and equity, and bipartisanship. Additionally, in June GSA joined LCAO in requesting increased funding for the Administration for Community Living (ACL), the agency which carries out a vast majority of the provisions of the OAA.

GSA is in support of the draft language proposed by the Committees, notably the following amendments to the Act:

We strongly support the ACL Research, Demonstration, and Evaluation Center for the Aging Network. When funded adequately the Center will produce high-impact, evidenced-based programs administered by ACL across the aging network. GSA had direct involvement in creating the Center during the last OAA reauthorization process in 2020. We agree with the draft language in Section 201, which GSA believes strengthens the Center by adding language to the Center's goals that includes evaluating whether a program reduces health care expenditures, along with the language calling for recommendations relating to further research, evaluation, and demonstration projects. **We urge Congress to fund the Center in the authorization at least \$75 million annually.**

We support language in Section 401 which would result in establishing a Direct Care Workforce National Resource Center to support the growth and professionalization of the direct care workforce necessary to meet the needs of older people and people with special needs. The Center would also address training and educational needs for family caregivers. We also support the amendments that would allow for greater support for caregivers' access to supports, services, and information as part of a caregiver assessment process within the National Family Caregiver Support Program.

GSA supports language in Section 812 extending the sunset date for the RAISE Family Caregivers Act to September 30, 2029.

GSA is a member of the [National Alliance for Caregiving](#) where we help advance the [Act-On RAISE Campaign](#). GSA also serves in leadership as a member of the [Eldercare Workforce Alliance](#). Caregiving is important to GSA's members. Caregiving is routinely in the top five topics of submitted research abstracts for the GSA Annual Scientific Meeting (ASM), where we assemble more than 3,500 professionals from around the world. GSA publishes research in our peer-reviewed journals and disseminates this evidence through several mechanisms, including during the ASM. GSA's Family Caregiving Interest Group and Paid Caregiving Interest Group continue to amplify research in this area including with community-based partners. On April 16, 2024, GSA member Jasmine Travers, PhD, MHS, RN, ACPCNP-BC testified before the Senate Special Committee on Aging during a hearing regarding shortages and improving the long-term workforce. Further, GSA has supported legislation that increases supportive measures for family and paid caregivers, such as the [Long-Term Care Workforce Support Act \(S. 4120\)](#), the [Alleviating Barriers for Caregivers \(ABC\) Act \(H.R. 8018\)](#), and the [Credit for Caring Act \(H.R. 7165\)](#).

We support the language in Sections 202, 309, 402, and 403, adding provisions of evidenced-informed practices when providing information and technical assistance and carrying out home modification and falls prevention programs.

We support language in Section 201 establishing an information clearinghouse dedicated to collecting, maintaining, and disseminating information for best practices and resources to support LTCO programs, along with the inclusion of evidenced-based programs to prevent elder abuse,

neglect, and exploitation. In addition, we support clarifying that the position of Director of State Long-Term Care Ombudsman Program the LTCO must be filled and on a full-time basis.

GSA has promoted efforts to support elder justice through our membership in the [Elder Justice Coalition](#), and in advocating for increased funding with the LCAO for elder rights support activities, Adult Protective Services State Grants, and the LTCO program.

We support language in Section 822 that calls for a report relating to comparing health outcomes for older people living both apart from or with or near family members that also assesses the degree to which social isolation and loneliness is prevalent. The report would also assess the mental and physical health of older people.

As a member of the [Coalition to End Social Isolation and Loneliness](#) (CESIL) and as an active participant in the Foundation for Social Connection, GSA has advocated for passage of the [Improving Measurements for Loneliness and Isolation Act \(H.R.6284\)](#), which would establish a national working group to create recommendations for standardizing the measurements and definitions of social isolation and loneliness for public and private research and clinical use. In June, GSA attended the [2024 Global Loneliness Awareness Summit](#) with CESIL and advocated on Capitol Hill for the [Improving Measurements for Loneliness and Isolation Act \(S. 3260 & H.R. 6284\)](#).

We support language in Section 306 increasing supportive measures for older people needing assistance with obtaining adequate housing, including residential repairs, renovations, and weatherization. We also support the approach in reframing the term “mentally impaired older individuals” to “older individuals with cognitive, physical, or mental impairments,” using people-first language.

We support language in Section 201 creating a new role at ACL which would administer services for older people with mental health and substance use disorders and cognitive impairment, serving as an advocate for the related needs of people with such disorders and diagnoses. This role would also include developing objectives, priorities, and a long-term plan for supporting state and local efforts in education, prevention, detection, and treatment of Alzheimer’s disease and related dementias, in addition to depression, neurological disorders, mental health and substance use disorders and cognitive impairment. Further, as a member of the Leaders Engaged Against Dementia (LEAD) Coalition, GSA has advocated for increased funding for evidence-based research around brain health.

We support the provision in Section 821 for a study that analyzes housing programs and services for older people which would include interagency coordination of federal housing programs, availability of affordable housing, identification of overlaps and gaps in housing programs and services, and recommendations to improve the supply, accessibility, and affordability of housing for older people and coordination of services.

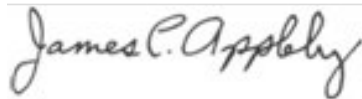
Finally, GSA supports significant increases authorizations of appropriations in each of the OAA’s titles. Funding has not kept pace with the demand for services nor the cost of providing the range of quality supports and services older adults need and deserve as they age. GSA believes that the investment in

community-based supports and services is returned many times in savings to the health care system, particularly Medicare, Medicaid, and Veterans' programs.

Thank you again for the opportunity to provide information regarding this draft language. If you have any questions, please contact Patricia D'Antonio, Vice President of Policy and Professional Affairs at pdantonio@geron.org or 202-587-5880 or Jordan Miles, Director of Policy, at jmiles@geron.org or 202-587-5884.

We look forward to continuing to work with you on the OAA reauthorization process.

Sincerely,

A handwritten signature in black ink that reads "James C. Appleby". The signature is written in a cursive style and is contained within a thin black rectangular border.

James C. Appleby, BSPHarm, MPH, ScD (Hon)
Chief Executive Officer